Grace Intergrated Care Ltd

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Inspection report

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Date of inspection visit:
27 September 2017

Date of publication:
31 October 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Grace Integrated Care Limited is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were seven people using the service, all of whom resided within Northamptonshire. People's packages of care varied dependent upon their needs. People's care was provided by the nominated individual, the registered manager and five members of staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The overall rating of requires improvement that was awarded following the CQC's previous comprehensive inspection of 22 September 2016 and was available in the office. Grace Integrated Care Limited continues to have an overall rating of requires improvement.

We found information within people's records was not sufficiently detailed to promote their health and welfare. The medicine people were prescribed was not always detailed within their care plan, and records did not concisely provide sufficient information to ensure staff administered people's medicine safely.

The nominated individual and registered manager had not assured themselves of the suitability of staff to work with people as they had not followed their policy and procedure for the recruitment of staff. Potential staff had been recruited with references that were not from the person's current or previous employer or their place of education.

The nominated individual and registered manager had not followed the policy and procedure when a concern had been raised by a person using the service. They had undertaken an investigation as a result of the information; however they had not made a safeguarding referral to the local authority.

People's records included information as to potential risks, which were supported by assessments and care plans. These records provided information for staff as to how they should provide care and support to people safely, for example through the use of equipment when assisting people to mobilise and the number of staff needed to be involved to promote safety.

People's safety and welfare was promoted by staff that understood and had received training on their role in protecting people from risk. Safety and welfare was further promoted through the assessment and on-going review of potential risks to people. Where risks had been identified measures had been put into place, which included the use of equipment to reduce the likelihood of risk and were recorded within people's records and understood and implemented by staff.

People's needs were effectively communicated and recorded and understood by staff, to ensure people's

needs were met. People's care and support needs were recorded by staff which provided a clear record as to the support and care people received.

Staff understood the importance of seeking people's consent prior to providing care and support. Staff liaised with health care professionals where necessary and kept in contact with people's family members where they had concerns about people's health. People received support with the preparation, cooking and eating of meals where needed to ensure people's nutritional needs were met.

People spoke positively about the caring approach of the registered manager and staff. Staff spoke about their role in maintaining people's privacy and dignity and supporting people to make choices about their care. The staff liaised with health care professionals, where required to do so which included contacting health care professionals when people were unwell.

People were involved in their initial assessment and the development and reviewing of their care plan, which meant people's care reflected their individual needs and expectations. People were confident to raise concerns about the service with the registered manager and action was taken where concerns and complaints were made. However the documentation recording concerns and complaints and the investigation carried out were not robust. People did not receive a written acknowledgement of their complaint or the outcome following the investigation.

We found some information submitted by the nominated individual and registered manager in the Provider Information Return (PIR) not to be accurate. We found there to be no effective system to monitor the quality of the service, which meant shortfalls had not been identified. Policies and procedures were not consistently followed.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's records did not provide sufficient information about people's medicine, which meant there was a potential for people not to receive their medicine as prescribed.

The recruitment of staff was not consistent with the provider's policy and procedure.

Staff had a good understanding and awareness as to their role and responsibility in safeguarding people from potential abuse. However we found the registered manager had not made a safeguarding referral to the local authority.

People's safety was promoted through the on-going assessment of potential risk and plans detailing how the risk was to be managed safely. There were sufficient numbers of suitable staff to meet people's needs safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the appropriate knowledge and skills and were employed in sufficient numbers to provide their care and who understood the needs of people.

The provider and staff understood their role in promoting people's independence and offering choice when delivering care and support.

People were provided with support, where required, to meet their dietary requirements.

People were supported by staff who liaised with family members and health care professionals, where required, to promote their health and welfare.

Is the service caring?

Good

The service was caring.

People were supported by a consistent member or group of staff who they had developed positive professional relationships with, which had had a positive impact on their well-being.

People or their representative had signed their care plan and spoke positively about the support they received from staff who they said were kind and caring.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People had raised concerns and complaints. However the management of concerns and complaints was not in line with the policy and procedure.

People received care and support that was responsive to their needs and were involved in their assessment and development of care plans identifying their needs. Staff knew how to support people and took account of people's wishes and views.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance systems and processes were not systematically embedded and therefore shortfalls were not identified. We found the nominated individual and registered manager had not provided staff with clear guidance and information when determining their performance. This limited the provider's ability to drive improvement.

Information submitted within the PIR was not always an accurate reflection of the service. Policies and procedures were not consistently followed.

People's views were sought and people using the service spoke positively about the registered manager.

Grace Intergrated Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September 2017 and was announced.

The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the completed PIR.

Prior to the inspection we sent surveys to six people who used the service, of which four were returned. We sent surveys to four staff of which none were returned. We sent six surveys to family members of those using the service of which one was returned. We sent one survey to a community professional, which was not returned.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We sought people experiences and views by telephone. We spoke with three people who used the service and the family member of one person.

We spoke with the nominated individual and the registered manager. We spoke with three members of staff by telephone.

During the inspection visit we looked at the care records of three people who used the service. These records included care plans, risk assessments and daily records. We also looked at recruitment and training records for two members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns and a range of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

We found people's medicines were not managed so that they received them safely, which meant people's health and welfare could be compromised. Care plans did not always provide information as to the medicine people had been prescribed. Care plans stated the role of staff in the management of people's medicine, where their help was needed. This included either reminding people to take it or administering their medicine. Staff when they administered people's medicine signed the medicine administration record (MAR). However when we looked at a MAR we found information about people's medicine had not always been sufficiently detailed to ensure people received their medicine safely. For example, a person had been prescribed a medicine. The MAR stated 'antibiotic' four times a day. It didn't state the name of the medicine, the dosage or time to be given.

People's care plans and records detailed staff had applied creams. However it was unclear what type of cream was being applied, or where on the person's body the cream should be applied. It was not clear whether the cream had been prescribed by a health care professional. The registered manager when asked was not able to conclusively provide an answer. Where creams are prescribed these should be detailed on the MAR, detailing where the cream is to be prescribed and how often. The MAR should then be signed to say the cream has been applied.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and records confirmed they had received training on medicine management. A person using the service told us. "Staff administer my medicine; I couldn't manage without their help."

The Provider Information Return (PIR) stated that the service was safe by 'conducting a vigorous recruitment process, making sure all checks are complete.' We found this not to be accurate. People using the service were put at risk as staff recruitment practices were not robust, as the nominated individual and registered manager had not followed their recruitment policy and procedure. A letter to the applicant offering a position of employment subject to satisfactory checks was not sent by the nominated individual or registered manager as stated by the policy and procedure.

Staff recruitment records for the two members of staff did not contain references from their present or most recent employer, or from their place of learning. References obtained were character references or from staff family members. References had been signed but not always dated.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. Staff records contained information to confirm their identity.

Assessments had been undertaken to assess risks to people who used the service. For example, if people had difficulty with mobilising around their home and required equipment, their care plans provided information as to what equipment was to be used, for example a hoist or walking aid to assist in the moving of people safely. People's records also detailed if they had a 'life line pendant' (a system to enable people to request assistance is an emergency) and informed staff they should ensure this was within a person's reach before leaving their home.

The PIR stated they promoted people safety. 'Making sure service users and staff are protected from harm and abuse and report all incidents and we take all allegations seriously.' We found shortfalls in how the registered manager responded to information they received. A person using the service had contacted the registered manager, raising concerns that a personal item had gone missing. The registered manager had not as a result of the information made a safeguarding referral to the local authority, but had undertaken their own investigation. We discussed this with the registered manager, who told us they had not thought it warranted a referral. However the registered manager said in the future they would take the appropriate action.

People's comments within the CQC surveys that were returned reflected complete confidence that people felt safe from abuse or harm from care staff.

Staff received training on the promotion of people's safety and welfare, which included receiving training in basic first aid, the moving and handling of people using equipment and health and safety. People's safety was maintained. People we spoke with supported this. "I feel safe, as I am reassured by the staff's confidence when they provide my care."

Staff were trained in safeguarding adults at risk as part of their induction so they knew how to protect people from avoidable harm and risk. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the registered manager and the role of external agencies. Staff told us, "If I had any concerns about a person I would speak with the manager, I know I can also speak with CQC or social services.

People's records contained information as to the number of staff required to ensure peoples care and support promoted their safety. We found there were sufficient staff to meet people's needs and keep them safe.

Good

Is the service effective?

Our findings

People's comments within the CQC surveys that were returned reflected that a majority of people received care and support from consistent staff, which arrived on time and had the necessary skills and knowledge to meet their needs. People stated staff stayed the agreed length of time and completed all tasks as identified within their care plan.

Staff attended a one day course as part of their induction; this was provided by an external company. A certificate of attendance listed the topics covered, which included medicine awareness, safeguarding adults, moving and handling people safely, food hygiene and infection control. This training was renewed annually. The registered manager had recently enrolled all staff to undertake the Care Certificate. This is a set of standards for staff that upon completion provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

People told us they had confidence in staffs' ability to provide their care. They told us. "I have every confidence in them (staff). They know what they're doing. We see the new ones being trained. There's a new one at the minute who comes out with the manager or other staff, so that they can be shown what to do."

Staff told us, upon their recruitment they had worked alongside the registered manager, 'shadowing' them, being introduced to people using the service, and learning about how they wished their care and support to be provided. This enabled all parties to get to know each other and for staff to develop an understanding as to how people wished their care to be provided. A staff member said. "I've been shown how to do my job. I've been 'shadowed' various times and received advice on how to communicate well with people." Staff records contained information about staff's induction and on going supervision to ensure they were providing people's care and support consistent with the person's wishes as detailed within their care plan.

Staff told us communication between themselves and the registered manager was effective. They told us the registered manager was always contactable and that any changes to people's needs were shared amongst the staff team, either in person or by telephone. We found people's care and support needs were recorded by staff which provided a clear record as to the support and care people received.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found people's records identified that they had made decisions about their care, which was supported by people's comments.

Staff told us how they always sought people's consent before providing care and they encouraged people to made decisions. This was consistent with information provided within the PIR.

People were supported to have sufficient to eat and drink. One person when speaking about the service

said. "They're (staff) all wonderful. They're ever so good to me. Get me a nice breakfast." A member of staff told us. "I always ask people what they want to eat. To help them choose I take the packets of cereal people have to them." People's care plans provided information where people required assistance with the preparation of drinks, snacks and the cooking of meals. Care plans identified people at risk of having insufficient to eat and drink, and included the action staff needed to take. For example, preparing a sandwich and drink for a person, and when leaving the person ensuring they had a drink close to them. A second example was where a person was at risk of choking when eating, the person's records stated staff were to ensure the person was sat upright when eating.

People's records did not contain the contact details for health care professionals. The registered manager told us, these were known to people's family members. Staff told us they spoke with family members where they had concerns about people's health and made appointments on behalf of people, when requested to do so by family members. The registered manager told us staff contacted them if they had concerns about a person's health and that they then contacted the relevant health care professional.

We spoke with the registered manager about people's health needs and we found they had a good understanding of people's needs and on-going health issues. For example, they told us how a person's health condition increased their anxiety and staff had liaised with health care professionals on the person's behalf to ensure they had the medicine they required to manage their condition.

Good

Is the service caring?

Our findings

People were supported by a consistent group or individual member of staff which included the nominated individual and the registered manager. This meant caring relationships had developed and continued to develop with people using the service and in some instances their family members. This was supported by the comments we received from people who used the service, which included. "The staff are all so lovely." And "I think they (staff) are all very good."
People's comments within the CQC surveys that were returned reflected that a majority of people were introduced to staff. People's views fully reflected they were happy with their care and support and that they were happy with the service they received. One survey included an additional to support this. 'They are kind and a caring team of carers who have taken to what I want and need.'

A person told us how staff from Grace Integrated Care had visited them in hospital to undertake their initial assessment. They told us their wishes about the care they wanted had been discussed and that upon discharge from hospital, their package of care was put into place with immediate effect.

All the care plans we viewed had been signed by the registered manager and the person receiving care and support or their family member. People we spoke with told us they had been involved in the development of their care plan, which included when it was reviewed. A family member told us. "The registered manager brought me a copy of the care plan, which shows the number of visits we have each day, which I signed." People told us they had received information about the services of Grace Integrated Care Limited. People's records showed they did not require the support of advocacy services, some people were supported by their family members.

Staff we spoke with were knowledgeable about the people they cared for and were able to tell us about the care they provided. Staff spoke about the people they cared for and were aware of their role in maintaining and promoting people's independence. Staff members told us how they ensured people were involved in their care, by always asking them what it was they required. "I always ask if people want a bath or shower or a wash. Its important people make decisions for themselves.

We asked people whether they thought their privacy and dignity was respected. People's comments included. "Oh yes, the girls (staff) are very polite, they make sure they close my curtains and door." And. "They (staff) always knock the front door before letting themselves in." People's care plans provided information for staff which helped them to promote people's dignity. For example, where people had a hearing impairment then staff were to speak clearly and in short sentences to provide the maximum opportunity for people to hear them.

Requires Improvement

Is the service responsive?

Our findings

We found two complaints had been made by people using the service or a family member. The nominated individual and registered manager had not followed the complaint policy and procedure when receiving information of concern. We found the records of concerns and complaints were brief, and did not provide a clear account of the investigation. People's full names and addresses were not documented, nor were there sufficient records to determine the date and times and information as to how the investigation was carried out. People's concerns and complaints and the outcome of the investigation were not confirmed to the complainant in writing.

People we spoke with told us they would have no hesitation in raising concerns, but of those people spoken to a majority of them had had no reason to complain.

One person told us they had raised concerns that staff were not arriving at a time to meet their needs. They told us the registered manager had visited them at their home to discuss their concerns. The agreed changes had been made to their care plan and they were now happy with the care they were receiving, as staff now arrived at the time agreed.

People's comments within the CQC surveys that were returned reflected that a majority of people knew how to make a complaint and that staff responded well to concerns or complaints they raised. A person within the survey wrote. 'Everything has improved since our last review. All my concerns have been taken on board and acted upon

People who use the service and family members spoke to us about the reliability of the service. "They're very nearly always on time, and if they are running late they ring us to let us know." "Always on time, you can rely on them always." And "Everything I require is done."

People's comments within the CQC surveys reflected fully that people were involved in decision making about their care and support.

People's needs were initially assessed by a representative of social services. The person's assessment was then referred to the registered manager for consideration. The registered manager told us they completed their own assessment of the person's needs.

Assessments were used to develop care plans. Care plans identified the number of visits each person required, the times and the number of staff involved. We found an inconsistent level of information in people's care plans. For example, some did not fully detail people's needs and the care staff were required to provide. For example, the morning visit for one person did not refer to an aspect of their care. The registered manager and staff when we spoke with them were aware of the person's needs; however the lack of accurate and comprehensive information could compromise people's care and support.

People's care plans provided information about people's specific health related conditions. However the

care plan did not provide information as to how this affected the person to support person centred care. We found the level of detail within people's care plans to be different. For example, some people's care plans listed their care and support, whilst others provided clearer guidance for staff, which included people's preferences. This supports a person centred approach to care, where the care provided focuses on the person. For example, one person's care plan detailed they liked their lights to be dimmed when staff left their home.

Staff we spoke with were knowledgeable about the people they cared for and were able to tell us about the care they provided. Staff members told us how they ensured people were involved in their care, by always asking them what it was they required. A member of staff told us. "I always ask people what they would like to wear, it's the small things they make such a difference." People we spoke with and a family member confirmed staff provided the care as detailed within the care plan.

Requires Improvement

Is the service well-led?

Our findings

We found records relating to the service were not robust in a number of areas.

We found the service's leadership and management had not been aware and had not identified the issues we found as part of the inspection visit. We found the registered manager's own audits to review the quality of the service had not identified concerns. For example, the registered manager had reviewed MAR's but had not identified that these did not in all instances reflect the times and dosages of prescribed medicines. When we spoke with the registered manager about the application of cream to people, they did not know whether these were prescribed creams.

We found information recorded by staff about the care and support of people had not been challenged by the registered manager when they had been reviewed. This meant that questions we put to the registered manager to seek clarification about what staff notes had meant were left unanswered. For example, we asked them what was meant by staff who had written about the 'spraying' of a person's legs and feet.

We found there to be a lack of information made available to staff as to the registered managers expectations or the criteria used to determine staff's competence. We found staff records were incomplete in relation to staff recruitment. Staff were inducted into the service however the records to support this were not robust. There was no clear policy and procedure to systematically review staff's performance. Spot checks were carried out by the registered manager, observing staff in the delivery of personal care and support, which included staff being, asked questions as to their role and responsibilities. However there was no record of the specific questions asked or staff responses. The registered manager had not assured themselves of staff's understanding of the policies and procedures for the service.

We looked at records which recorded the time staff arrived and left a person's home. In a majority of cases the times of staff's arrival and departure recorded were an exact match to the person's care plan. For example, arriving at 08:30 and departing at 08:45. We asked the registered manager whether they had considered challenging the times recorded. They said they had raised with staff the need to accurately record their arrival and departure times.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a representative of the local authority who commissions the service to provide people's care. They told us they had undertaken a review of the quality of the service being provided and as a result had identified areas for improvement. This was confirmed by the nominated individual and registered manager.

We spoke with the nominated individual and registered manager about their processes for monitoring the quality of the service being provided. They told us they would take action, by contacting external organisations who provide a service for providers to monitor the quality of the service they provide.

We saw that CQC registration requirements, which including the submission of notifications to CQC to meet their legal obligations were not being met. For example, the nominated individual and registered manager had not identified that a concern expressed by a person was a potential safeguarding issue. This meant they had not made a safeguarding referral to the local authority or submitted a notification to CQC.

Staff spoke positively of the registered manager saying that they often worked alongside the registered manager in the delivery of people's care and support. Staff confirmed they had attended staff meetings, where they had been informed of improvements that were required. A member of staff told us that all had been asked to ensure that they arrived at people's homes on times and that if they were running later to inform the registered manager. The registered manager had asked staff to record the time they arrived and left people's homes.

People's comments within the CQC surveys that were returned reflected fully that people knew how to contact the service and that their views about the quality of the service were sought. They stated information provided by the service was clear and easy to understand.

We found that people and their relatives were given opportunities to influence the service and share their views about the quality of service provided. People, and in some instances their relatives, were involved in reviews of their care. This enabled them to make changes to their package of care and the support to be provided. The registered manager met with people and their relatives when they reviewed their care plan and part of the review captured their views of the service being provided.

The size of the service meant the registered manager was part of the care team, working with the nominated individual and four members of care staff to deliver care and support to the seven people using the service. Staff told us they registered manager was available to provide advice and support.

People's views had been sought, however there was no evidence that the information gained from surveys was collated and the outcome shared. People and a family member spoke positively about the registered manager, they told us they were very approachable and they had regular contact with them as they provided in some instances their personal care and support. Once the registered manager had received a referral from the funding local authority they met with those looking to commission a service and their relatives to establish their needs and to find out what their expectations of the service were.

There was an emergency business continuity plan in place; that would enable the provider to continue to meet people's needs in the event of an unplanned event, such as an interruption to gas or electricity supply or adverse weather. The plan detailed the commitment by the provider to liaise with other services, to ensure staff were available to provide people's care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The administration of people's medicine was not always managed safely. Medicine administration records had not always detailed the dosage of medicine and the time for its administration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system and processes to monitor the quality of the service was not in place.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively. Information about staff members as set out in Schedule 3 of the regulations had not always been confirmed before they were employed. Satisfactory evidence of conduct in previous employment or education. (references)