

Immaculate Grace Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Immaculate Grace Care Ltd is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including, older people, people with mental health problems, and people living with dementia. At the time of the inspection visit the service supported 19 people.

People's experience of using this service:

- People had not always received visits from consistent staff, at the times arranged. People told us this had improved in the last few weeks.
- Staff understood how to keep people safe and protect them from avoidable harm.
- People's needs were assessed to ensure they could be met by the service.
- Staff knew about the risks associated with people's care, but management plans had not been completed for all identified risks.
- Staff were recruited safely, and there were enough staff to provide the care and support people required.
- There were safe procedures to manage people's medicines and to prevent the spread of infection.
- Staff received training to be effective in their role. Some people had been concerned about the level of staff skills, but told us these had improved recently.
- There were processes to support staff, but these had not been implemented regularly.
- People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.
- Staff were caring and respected people's rights to privacy and dignity.
- People were involved in planning their care and were regularly consulted about the care provided,
- Care plans contained the information staff needed to provide personalised care.
- Systems were in place to manage and respond to any complaints or concerns raised, but how complaints were recorded needed improvement.
- The provider had processes for assessing and monitoring the quality of the service. Improvement was required to ensure effective oversight of the service.

Rating at last inspection: Requires Improvement. The last inspection report was published on 18 May 2018.

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection. We had also received concerns about the service that we had referred to the local authority and to the provider to investigate which we needed to review. The overall rating for the service has not changed

and remains requires improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Immaculate Grace Care Ltd

Detailed findings

Background to this inspection

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

Inspection team: One inspector, an assistant inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Immaculate Grace Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people and people living with dementia. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This comprehensive inspection took place on 3 April 2019. The inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the provider or registered manager and other staff would be available to speak with us.

Inspection activity started on 14 March 2019 and ended on the 3 April 2019 when we visited the office location to meet with the provider and the registered manager, speak with staff; and to review care records and policies and procedures.

What we did: Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. This included concerns and complaints we had received and information the provider must notify us about, such as allegations of abuse. We reviewed the Provider Information Return

(PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioners for the service. The commissioners informed us that they were planning to cancel their contract with the provider. We also contacted the local Healthwatch. Healthwatch is an independent consumer organisation that promotes the views and experiences of people who use health and social care services. They had no information to share with us.

We spoke with the provider, who is also the Nominated Individual for the service, the registered manager, a care co-ordinator, the administration manager and two members of care staff. We also spoke with two people, and four relatives of people who used the service by telephone.

We reviewed a range of records. That included, three people's care records, including risk assessments and medicine records. Two staff personnel files, including recruitment, induction and training records. Staff work programmes and allocation records. Records of complaints and management audits and checks.

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

RI: Some aspects of the service were not always safe and there was an increase risk that people could be harmed. Regulations were met.

Staffing and recruitment.

- Prior to this inspection visit we had received complaints from four people about late calls. Two people told us their calls could be up to two hours late and one person said an afternoon call was so late the staff combined it with their evening call. We referred these concerns to the local authority safeguarding team, commissioners for the service and to the provider to investigate.
- The provider told us this had occurred in December 2018 and January 2019 and was due to short notice absence by staff which had now been resolved.
- During this inspection we asked people if care staff arrived at the times expected. Most people we spoke with had experienced late calls and inconsistency of care staff. However, they all said this had improved recently. One person told us, "They (care staff) didn't arrive on time in the past, but they do now. It has certainly improved since January (2019)." Another said, "I really wasn't happy, I like to know whose coming, there's been some big improvements recently."
- Staff work schedules were prepared two weeks in advance, and showed calls were scheduled routinely to the same staff at the same time.
- The provider used an electronic call planning system which monitored the time staff arrived and left people's homes. The system alerted the office if staff had not 'logged in' so the office staff could find out why and let people know staff were running late. This system was now working effectively.
- There were sufficient staff to ensure people received all their care calls.
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work.

Systems and processes to safeguard people at risk of abuse.

- The provider had policies and procedures to safeguard people from the risk of abuse, such as recruitment checks on new staff and a staff training programme. However, these had not always been implemented safely. For example, in January 2019, a manager had sent a person not employed by the provider and without any recruitment checks, to carry out care on their behalf. Another person told us, how the manager had carried out care calls, that had been assessed for two staff due to moving and handling needs, on their

own. They said, "The manager was coming on her own to care for my [family member] and I used to help... I hadn't had any experience in care and when our new male carer arrived he told me I shouldn't have been doing any of it." The manager concerned no longer worked for the provider.

- Care staff had completed training on how to recognise abuse and understood the importance of safeguarding people. They were aware of the different signs of abuse and their responsibilities to report concerns to the registered manager.
- The registered manager and provider knew the procedure for reporting concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management.

- People's individual risks were assessed prior to starting the service and care plans described the actions staff should take to minimise the identified risks.
- However, risks were not consistently identified. For example, not all people at risk of pressure area damage or people who had bed rails had risk assessments completed. The registered manager advised these would be put on place.
- Staff knew how to manage risks associated with people's care and had completed training to manage people's risks and keep them safe. This included, helping people to move, and administration of medicines.

Using medicines safely.

- Where people were supported to take their medicines, this was recorded in their care plan.
- Staff had been trained to administer medicines and had competency assessments completed to make sure they understood how to manage medicines safely.
- People said staff made sure they took their medicines as prescribed.
- Staff signed a medicine administration record (MAR) to confirm medicines had been given.

Preventing and controlling infection.

- Staff completed training and understood their responsibilities in relation to infection control and hygiene.
- Staff confirmed they had a supply of single use gloves and aprons which they collected from the office each week.

Learning lessons when things go wrong.

- The provider had a procedure to record and review any incidents or accidents.
- Staff understood the importance of reporting and recording accidents and incidents, so care could be adjusted and people remained safe.
- Staff told us there are incident forms they could complete at the back of the folders in people's homes.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before they started using the service.
- A member of senior staff told us how they assessed people's needs, "I will complete an initial assessment. I take all the paper work for the care plan and ask the client what their needs are, what they want from us, and any preferences they have. We may involve the family too, it depends on what the client wants."
- Care records documented the support people required.
- People's needs were kept under review to make sure they continued to be met.

Staff support: induction, training, skills and experience.

- Staff told us they received an induction when they started work at Immaculate Grace Care Ltd. which included training and 'shadowing' three shifts with a team leader. They also had opportunity to read care plans to get to know what care and support people required.
- The induction training staff received was based on the modules in the Care Certificate. The Care Certificate is the nationally recognised induction standard.
- We received concerns from people prior to the inspection that staff were not skilled in carrying out their roles. Such as moving people safely. The providers investigation found the previous manager had sent staff to people who had not completed the required induction training.
- The provider advised all staff had completed training updates at the end of January 2019, including moving people. However, observations of staff practice were not consistently completed to make sure staff put their training into practice safely.
- People we spoke with during this inspection confirmed staff skills had improved recently. One person told us, "Carers now, in the last few weeks are very good. In the past some of them didn't even know how to use a slide sheet." They went on to say their relative used a hoist for transfers and that care staff were competent and doing this safely.
- Staff received on-going training to support them in their role. One told us, "I have recently updated my medication and manual handling training, we regularly have training."

Ensuring consent to care and treatment in line with law and guidance.

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 checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- People using the service made daily decisions for themselves, or with the support from relatives and staff.
- At the last inspection we found staff had little understanding of their responsibilities under the Act. At this inspection this had improved. One told us, "I would always assume capacity, if they don't have capacity this is decision specific and can change at each visit. We get them (people) involved in decisions as much as possible and also involve families and/or medical professionals."
- Records demonstrated people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.

Supporting people to eat and drink enough to maintain a balanced diet: Supporting people to live healthier lives, access healthcare services and support:

- Staff made sure people who required support with their nutritional needs had sufficient amounts to eat and drink.
- Staff understood people's individual dietary needs.
- People we spoke with made their own health care appointments or had family who supported them to arrange these.
- Staff monitored people's wellbeing, such as their general health, and informed families or referred people to health care professionals if they identified any concerns. One told us, "I would call the GP if the client needed one or dial 999, I have done it in the past. Then I tell the office and write what I have done in the file at the house."

Staff working with other agencies to provide consistent, effective, timely care.

- The management team and staff worked with health and social care professionals to improve outcomes for people. Such as GP's and district nurses.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Requires Improvement: People were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity.

- Prior to the inspection visit we received concerns from people about the times of calls and the continuity of staff who provided their care. People said staff did not arrive when expected and they did not have regular care staff which they would like.
- People we spoke with during the inspection told us the continuity of staff had improved recently and they were now visited by staff they knew and liked. A relative told us, "Yes we are now, (visited by staff they knew) the morning ones we have are consistent and I even know who is coming in the afternoon."
- Although people told us the service was now more consistent and reliable the provider needed to ensure this was maintained.

Staff confirmed they visited the same people regularly. One told us, "I have the same clients all the time, I don't have to go to other clients often, but we don't have lots (of people), so I know all of them anyway."

- People told us they had not always been happy with the attitude of staff or the way they had been treated. People said this had recently improved.
- People told us staff now treated them well. One told us, "I have a shower every day, they (care staff) are very chatty... and the shower is lovely."
- People said staff were kind and thoughtful. One said "They always ask if we're alright. We have got to know them and they all seem to be nice." They went on to tell us their care worker, "Brings the paper in with him every morning and he always makes me a cup of tea."
- Staff knew people well and told us they had time to talk with people. For example, one said, "I feel I know the clients I work with, I visit the same people all the time. I chat with the clients and their families."
- Staff had completed diversity and equality training and respected people's diversity. The provider supported two people who were gender specific about intimate personal care due to their religion. Care staff told us female staff were always allocated to provide this.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their assessment process, and care plan reviews. However, some people who had raised concerns about their care were not always happy with how this had been managed.

- People made everyday decisions about their care.
- Staff understood people's communication skills. They told us about one person who was unable to speak much English, "[Name] makes herself understood with gestures and pointing, we have two staff who provide her care and can speak the same language."
- The provider had devised a communication chart with specific pictures to support people with communication difficulties, or who were unable to speak English make choices about their care.
- Some people said they had difficulty understanding some care staff whose first language was not English. The provider told us they made sure during recruitment that all staff could speak, read and write English and could take and follow instruction in English.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respected their privacy. One staff member told us, "I always tell people I have arrived. I shout out to let them know I am there. I show my badge and introduce myself, as some of the clients with dementia forget who I am. I respect that it is the clients home I am going into."
- Staff completed dignity and respect training and provider surveys asked people their opinions about dignity and respect. Recently returned surveys showed people felt treated with dignity and respect.
- Staff knew how to promote people's independence. For example, "I encourage independence appropriate to the person, even if it is just washing their own face."

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: People's needs were not always met. Regulations have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had not always been satisfied with the care they received, as the service had not always been responsive to their needs. Comments from people included, "They have been the worst agency around, a manager was trying to do too much. There has been great improvement recently it's all running smoothly now." Another said, "If you had rung me a month ago it would have been a different story. I complained over the phone about the time keeping and attitude of staff, it didn't make any difference then, but now it seems to have turned a corner."
- People's care and support was planned with them when they started using the service. Each person had a care plan for staff to follow. A staff member told us, "Care plans are in the homes, I have enough time to read them. They include risk assessments and can be updated via a digital app, so it happens quickly. The office staff review them often."
- Care plans were individual and provided staff with information about how to support people in a way that met their likes, needs and preferences.
- Staff used an electronic system for logging into people's homes. The system included a task list that corresponded with the person's care plan. Staff were unable to 'log out' of the call until all tasks on the system had been ticked as complete.
- Information was available in different formats, such as large print or other languages if required. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

Improving care quality in response to complaints or concerns.

- The provider had systems to manage and respond to any complaints or concerns raised. However, this had not been consistently implemented.
- Four people we spoke with had made complaints about the times of calls and the standard of care received. People had mixed views on how their complaint had been responded to. Some said this had been resolved to their satisfaction while others felt it had not.
- Not all the complaints people told us about had been recorded in the complaints log.
- The provider told us they entered all complaints onto an electronic 'issue log' which they showed us. However, this contained other information as well as complaints and would be difficult to monitor for trends

and patterns.

- There was no entry record in the complaints log to show how many complaints had been received, the nature of the complaint, or the outcome of the investigation. The provider told us one would be put in place.

End of life care and support

- None of the people supported by the service were at the end stage of life.
- However, care records contained information about people's end of life wishes, if they chose to share it.
- Staff told us, "We had three clients who were end of life care and they had a specific care plan for that, but they have passed away now."

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care.

- At our last inspection we rated well-led as 'Good'. At this inspection we found improvements were needed in the management of risks and complaints, consistency of staff support and oversight of the service. We rated this key question as Requires Improvement.
- Since the last inspection visit on 11 April 2018 (report published 18 May 2018) the registered manager had taken an extended leave of absence from September 2018 until beginning of February 2019. During this time the provider and deputy manager were in day to day control of the service.
- In December 2018 and January 2019, we received several complaints from people. A common theme of people's concerns were late calls, inconsistency of care staff and lack of staff skills to meet people's needs. We referred the concerns to the local authority and to the provider to investigate. During the provider investigation they became aware that the deputy manager had not carried out their duties in-line with policies and procedures and had put people at risk of harm and abuse. They took action to address the situation and make sure people were safe.
- The provider advised that due to personal circumstances they had not had full oversight of the service during this time. They said in future they would check to make sure managers completed all allocated responsibilities.
- The provider had held a meeting with all staff to reiterate the professional boundaries policy and what was expected to them. They said they would include professional boundaries information in the service user handbook, so people knew what is expected of staff.
- Since the registered manager returned a full audit of records has been completed. Following the audit improvements had been made in the staff allocation of care visits and how medication records were audited.
- The registered manager and provider were aware of their responsibilities; the rating of the last inspection was displayed in the office and they had submitted a notification when important events or incidents had occurred.

- Staff understood their role, they enjoyed their work and felt supported by their managers.
- There was an 'on call' system at evenings and weekends so staff working outside office hours always had access to management support and advice. Staff told us the 'out of hours' worked well.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People had not been satisfied with the service they received or the way it was managed, but said this had improved recently. One person said, "Care is now a lot better. Up until a few weeks ago the time of calls was always late. Since [name of care staff] has been our carer things are so much better. [Another care workers name] is brilliant."
- Following the inconsistency of people's care the provider had sent letters to people to apologise that the service they had received had not met the expected standard.
- Staff had regular staff meetings, but individual meetings and observations of their practice had not taken place regularly. However, records confirmed from February 2019 these were happening more often.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Feedback from people, relatives and staff was encouraged through, reviews of their care and quality questionnaires. Feedback was used to support continuous improvement
- In March 2019 reviews of people's care was carried out to make sure their needs were being met and a survey was sent to people to gain their views about the service.
- Completed reviews and returned surveys from people and staff in March 2019 contained positive and negative feedback from people. The registered manager advised they had reviewed the returned information but had not as yet responded to people's comments.
- The provider and registered manager told us they would be instigating satisfaction visits with people so any concerns could be picked up early.
- Staff felt supported and able to raise any concerns directly with the managers and said communication within the service was good.
- A staff member told us, "Things are definitely improving since [registered manager] has come back."

Working in partnership with others

- The management team had developed positive working relationships with people's families and health and social care professionals which assisted in promoting people's physical and mental health.