

Greys Nursing Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Greys Nursing limited is a domiciliary care service. At the time of the inspection they were providing personal care to 55 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People felt the care they received kept them safe and staff received relevant health and safety training. Risks to people were usually assessed and managed, however, they did not use a screening tool to assess the level of risk to people, for example, high or low.

Systems were in place to ensure medicines had been ordered, received and disposed of appropriately. Medicines were only administered from appropriate packaging. The registered manager was arranging for all staff to undertake competency assessments and they agreed to update their policy, so it reflected current legislation.

People received person-centred care. They were complimentary about the staff who cared for them and said they would recommend the service to others. Care plans outlined the care that should be delivered at each visit although some information was basic.

The management team had introduced some quality management systems, however, further improvement was needed. Managers had recognised their processes needed to be developed and commissioned a new care recording system, which had the capacity to broaden their quality management framework. The management team were confident the new system would enable them to review records in a timelier way, and further improve how they managed care, people's medicines and staff records.

The registered manager was responsive throughout the inspection. Shortfalls identified during the inspection were addressed promptly and information about how they would continue to make improvements was sent after the site visit.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 May 2019). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service between 15 April 2019 and 1 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care and good governance.

We undertook this targeted inspection to check they had followed their action plan and to confirm they now met legal requirements. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Greys Nursing Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a targeted inspection to check whether the provider had met the requirements set at the last inspection. These were in relation to Regulation 9 (Person-centred care), Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

One inspector and 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 July 2020 and ended on 4 August 2020. We visited the office location on 4 August 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The registered manager sent us information about how they would continue to make improvements to the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question where the provider was in breach of regulations. The purpose of this inspection was to check if the provider had met the requirements set at the last inspection.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood how to keep people safe. They had completed relevant training. Staff told us their training was refreshed annually.
- Risks to people were usually assessed and managed. The service completed a range of assessments to help manage risk such as mobility and pressure sores. However, the service did not always use a screening tool to assess the level of risk to people, for example, high or low, and an environmental risk assessment had not been completed for one person who had recently started using the service. The registered manager said they would address these areas as a matter of priority. We found no evidence that people had been harmed.
- Care records contained basic explanations of the control measures for staff to follow to keep people safe. For example, the risk assessment for one person who was partially sighted and at risk of falls, stated that 'care staff were to make sure everything was left in its correct place.'
- People felt the care they received kept them safe. One person said, "They do everything right. They have all the tackle on; masks, gloves etc. I have no sweat with them. I am quite happy; they are brilliant." A relative said, "They check [my relative's] skin. I know because I read the notes."
- The care planning and risk assessment process was being further developed. An electronic care recording system had recently been installed. The management team were confident this would support them to continue improving risk management.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Medicines were managed safely. People's medicines were only administered from appropriate packaging; most people used 'dosette' systems which were prepared by a pharmacist and medicine administration records (MAR) were pre-printed. One person said, "My meds are done correctly and recorded on the MAR sheet. They give me my eye drops properly. I have no concerns"
- Systems were in place to ensure medicines had been ordered, received and disposed of appropriately. Arrangements were recorded and clearly identified who was responsible. Staff told us these worked well.
- People had medicine risk assessments and care plans; their medication was listed with descriptions of tablets, frequency and important information, for example, 'taken preferably with meals', 'avoid grapefruit juice'.
- The provider planned to do further work to ensure staff had the knowledge and skills to administer medicines safely. Staff had completed medicines training but not all had been observed to make sure they were giving the right medicines support. The registered manager said during the Covid-19 pandemic it had been difficult to carry out direct observation competency assessments but these would be completed by 13 September 2020.
- The provider had medicine guidance although the provider's policy did not refer to the current legislation. The registered manager said they used their own policy and guidance from the local authority, which was based on current legislation, to ensure people were supported to take and look after their medicines effectively and safely. The registered manager said they would update their policy by the end of September 2020.
- Medicines were administered as prescribed. Administration records were generally well completed and had been audited by the management team. The most recent MARs audited were from May 2020; the registered manager was confident the new electronic care recording system would enable them to review records in a timelier way, and further improve how they managed medicines.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question where the provider was in breach of regulations. The purpose of this inspection was to check if the provider had met the requirements set at the last inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to assess, plan and record people's care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received person-centred care. They shared examples of how the care they received met their preferences and wishes. One person said, "My care plan was discussed with me and my daughter. We talked about the whole picture and it meets my needs." A relative told us, "We have good communication with the manager and the care workers. They understand the whole picture and are guided by [name of person]. They are very responsive."
- People were complimentary about the staff who cared for them. One person said, "The carers come on time. They are very good and help me to have a little walk." Another person said, "I have been with the company about three years. The carers are regular faces, all female which suits. They are on time and they are very caring and kind. They couldn't be nicer and they are like friends."
- People's needs were assessed before they started using the service, but the management team did not always visit people before the service commenced. The registered manager said this was not always possible so on occasion they had to use the local authority assessment and talk to people over the telephone. One member of staff said it was sometimes difficult when they visited new people because information about how to deliver care was limited.
- Care plans outlined the care that should be delivered at each visit although some information was basic. A relative told us, "The company isn't strong on paperwork, but they give excellent care." The management team had attended recent care planning training and said they wanted to improve the care planning process and ensure these were person centred. They showed us a document called 'all about me', which they said would be completed with people to gain more personalised information.
- Staff completed daily notes at each visit. team. The management team audited these to make sure people received the agreed care. The registered manager said the new electronic care recording system would enable the management team to review records in a timelier way; alerts were automatically generated if care workers did not complete the visit notes correctly.

Is the service well-led?

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question where the provider was in breach of regulations. The purpose of this inspection was to check if the provider had met the requirements set at the last inspection.

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 the provider had failed to monitor the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People told us they received a quality service and would recommend Greys Nursing Limited. They spoke highly of the care workers and management team. During the Covid-19 pandemic they said their care had continued with no missed calls. One person said, "The manager is wonderful, so accommodating."
- The registered manager had a clear vision for the service. Staff told us high quality care was promoted and the management team was hard working and accessible. A representative from the local authority said, "The registered manager is responsive and structured in their management approach."
- Quality management systems were being improved. Some audit processes were in place to monitor the quality of the service. For example, medicine and care record audits. The provider had recognised their systems and processes needed further development and commissioned the new care recording system, which had the capacity to broaden their quality management framework. The management team had started to add records for people who used the service and staff.
- The registered manager was responsive throughout the inspection. Where appropriate, shortfalls identified during the inspection were addressed promptly and information about how they would continue to make improvements to the service was sent after the visit to the office.