

Graceland (UK) Limited

Grace Care UK

Inspection report

13 The Approach
Leicester
Leicestershire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

About the service:

The service is a domiciliary care service, situated in Leicester. It provides personal care and treatment of disease, disorder and injury to older people, people with physical disabilities, younger adults and children from the ages of 13 to 18, living in their own homes. At the time of the inspection visit, three people were provided with personal care by the service.

People's experience of using this service

Risk assessments were in place to protect people from risks to their health and welfare.

Staff recruitment checks were carried out to protect people from receiving personal care from unsuitable staff.

A person and relatives said that safe personal care was provided.

Staff had been trained in safeguarding (protecting people from abuse). Staff members understood their responsibilities to safeguard people and to contact relevant agencies if needed.

The registered manager was aware that certain incidents, if they occurred, needed to be reported to us, as legally required.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs. Further specialist training had not yet been provided on people's health conditions.

Staff members understood their responsibilities under the Mental Capacity Act 2005 (MCA) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care. Capacity assessments were in place to determine how best to support people who did not have capacity to decide aspects of their lifestyles.

A person and relatives told us that staff were very friendly, caring and kind. They said they had been involved in making decisions about how and what personal care was needed to meet personal care needs.

Care plans contained personalised information about people's preferences and likes and dislikes, though there was little information about people's history, which would help staff to ensure that people's needs were fully met.

Staffing levels were sufficient to always provide people with the care they needed though care calls were not always timely.

People and relatives, except one relative, were confident that any concerns they had would be properly followed up. They were satisfied with how the service was run. Staff members said they had been supported in their work by the registered manager.

Audits to measure that a quality service had been provided to people were carried out though not all the important issues had been audited.

Staff worked in partnership with relatives so that people got the support they required from other agencies.

The voice of people, relatives and staff were not comprehensively involved in the running of the service to help drive improvements.

Rating at last inspection:

The service was rated Good at the last inspection. Our last report was published for the inspection of August 2016.

Why we inspected.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up.

We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

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

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service rating dropped to Requires Improvement.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service rating dropped to Requires Improvement.

Details are in our Well Led findings below.

Requires Improvement ●

Grace Care UK

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 conducted the inspection.

Service and service type:

Grace Care UK is a home care agency that supports people who live in their own homes. Not everyone using the service receives the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager who was registered with the CQC. A registered manager is a person who, with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced two days in advance. This is because we wanted to make sure that the registered manager was available to assist us with the inspection.

What we did when preparing for and carrying out this inspection:

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. We took this into account when we made judgements in this report. We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicester, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During the inspection, we spoke with a person provided with personal care and two relatives of people using the service. We also spoke with the registered manager and two care staff.

We reviewed a range of records. This included accident and incident records, two people's care records and medicine records. We also looked at two staff recruitment files.

We asked the registered manager to email further information to us, so that we could judge whether a quality service was provided to people. We reviewed this information as part of the inspection process.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good; Systems to keep people comprehensively safe and protected from avoidable harm were in place.

Assessing risk, safety monitoring and management.

- The registered manager had assessed risks to people. Information was in place of what action should be taken to reduce these risks.
- Staff had been trained about what to do in the event of fire.
- Staff members had a good understanding of people's needs to keep people safe. For example, how to assist people to eat without the risk of choking.
- An assessment of health and safety of premises had been carried out for one person. However, this information was not in another person's care plan. The registered manager said this would be included in this care plan.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives confirmed that people felt safe with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Staffing and recruitment

- There were enough staff to meet people's needs. A person and relatives, except one relative, said that staff were available to support them. One relative said that in the past for a small number of times, two staff did not attend calls needed to safely meet a person's needs. This had been rectified by the registered manager.
- Staff said there were enough staff attending calls to keep people safe.
- People were supported by staff who were suitable to work with people. Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.

Using medicines safely

- Relatives said their family members had been prompted by staff to take their medicines when they were supposed to. Some people were safely able to administer their own medicine. One person said, "I am able to take my medication myself."
- Records showed that people had received their prescribed medicines.
- The provider had a detailed policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people.
- A medicine audit checked that medicine had been supplied to people as prescribed.

Preventing and controlling infection

- Staff were aware of the need to use protective equipment when providing people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

Learning lessons when things go wrong

- The registered manager said that they were aware of the need to learn if situations went wrong. For example, when a person hit their hand against a wall, the person was spoken with to advise them to wait for staff support before they walked. This showed action to try to ensure the person did not suffer another injury and prevent this from happening again.

Is the service effective?

Our findings

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

Good: People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Staff said that care and support plans helped them to provide care that met people's needs.
- A person said that their needs were fully met by staff.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People staff were trained to do their jobs. A person said, "Staff know what they are doing. They know how to help me and to use my rotunda to transfer."
- People were supported by staff who had received ongoing relevant training.
- Staff said if they requested more training, the registered manager would arrange this for them.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people.
- New staff shadowed experienced staff. Staff told us that if they had not felt confident after this shadowing, more shadowing to support them would have been provided..
- Staff had induction training. This did not include the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. The registered manager said this training would be considered for new staff.
- Staff had not received specialist training in people's health conditions. Staff said it would be useful to have this awareness to understand people's needs better. The registered manager said training on relevant issues such as Multiple Sclerosis would be provided.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- A person told us that staff provided good food, "The food is well-prepared."
- Staff asked people about their food choices. We saw this included in records of people's care.
- Where staff supplied food and drinks, they had information about people's needs to ensure that the food was safe for people to eat and drink.
- Staff were aware of people's dietary requirements.
- People had food provided that respected their cultural choices.
- Relatives told us that people were offered drinks by staff and left a drink between calls. This helped to prevent people being at risk of dehydration.

Supporting people to live healthier lives, access healthcare services and support

- People said that if they needed to see a doctor, this was reported to the relative. One person said, "If I'm not well staff will speak to my [partner] to get the GP or nurse will see me." A relative told us that staff had been very observant and reported signs of a possible infection which meant a quick referral to a GP for treatment.
- There was evidence that people, prompted by staff, saw other health professionals such as specialist nurses and occupational therapists to meet their health needs.
- People's health and wellbeing was supported by staff. Records of people's care showed this happened.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in MCA and DoLS.

- Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.
- We checked whether the service was working within the principles of the MCA.
- Staff members were aware of this legislation.
- A person told us that staff asked their permission before personal care was provided: "Yes, they [staff] would never do anything without my say-so."
- Information in care plans directed staff to communicate with people and gain their consent about the care they were providing. Staff members told us that they asked people their permission before they provided care.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said that staff were kind and caring. A person said, "I couldn't ask for better staff."
- People and relatives said that staff listened to what they said, and that people's wishes were respected.
- Information in care plans included respect for cultural practices. The registered manager said that a person who used the service in the past wanted a staff member from their cultural background and they were able to recruit to fulfil this wish.
- People were able to follow their own cultural or spiritual needs. Their wishes were recorded in care plans.
- The service user handbook, provided by the service, stated that staff should treat people equally whatever their backgrounds. There was a statement about non-tolerance for any discrimination against people whatever their race or religion.

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

- People and relatives told us that they had been involved in care planning at the beginning of their involvement with the service. This was evidenced in records.
- Reviews of people's care had taken place but there was no evidence that people and their representatives had been consulted whether care still met people's needs. The registered manager said reviews in future would always include people and their representatives.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected people's privacy and dignity. A person told us, "Staff show me respect."
- People and relatives said staff ensured people choices, such as food, drink and clothes choices.
- Care plans had information about people's preferences such as supplying a person with lightly toasted bread and having two sugars in their coffee.
- A person said staff supported them to be independent.
- A staff member described how people were encouraged to do things for themselves that they could do, such as washing areas that they were able to reach.
- People said they had choice in how they lived their lives. A person said, "Staff fit in with what I want to do rather than the other way around."
- Staff were trained to do respect people's confidentiality. This was emphasised in the staff induction programme when they started work and reinforced by the staff handbook.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

Personalised care

- There were usually enough staff to provide people with the care they needed. However, a relative said on a small number of occasions only one staff member had attended calls when two staff when needed.
- A person and a relative said that calls were not always timely. A person said staff sometimes came early and this did not suit their preferred daytime routine.
- The relative said this had meant their family member had to wait for personal care to be provided, which caused discomfort. At other times, evening calls had been early and this had not suited her family member who refused to be assisted to go to bed which meant they instead had to assist their family member.
- A person and relatives said staff supplied good support when they were with people.
- Care plans had some information about people's likes and dislikes, though this did not fully cover their aspirations and their hobbies and interests. This meant staff did not have comprehensive information to assist them to provide people with all their individual needs.
- Staff members were aware of people's important routines.

Improving care quality in response to complaints or concerns

- A small number of complaints had been received from another relative since the last inspection. These had been investigated and a response provided to the complainant. However, a written response to the complainant had not been sent. This would have provided evidence of the investigation and outcome. The registered manager said this would be carried out in the future.
- The person using the service said they had no current complaints about the service. In the past they had spoken to the registered manager about the attitude of a staff member and this had been quickly sorted out.
- A relative said they had complained about untimely calls but the registered manager had not responded. The registered manager said no information of concern had been received from this relative.
- There was a complaint policy and procedure in the service user's guide. The procedure did not include all relevant information such as how to contact the complaints authority and the role of the local government ombudsman. The registered manager said the procedure would be amended to include this information.

End of life care and support

- There was a system in place to record people's wishes and preferences when they wished to discuss this.
- Staff had not been trained in end-of-life care. The registered manager said this would be arranged.

The provision of accessible information:

- The service identified people's information and communication needs by assessing them.
- The registered manager said that there were no people currently using the service who could not understand written or verbal communication. If necessary, communication methods such as large print would be provided if needed.

Is the service well-led?

Our findings

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

Requires improvement; Service management and leadership was not comprehensively consistent, as risks had not been comprehensively dealt with.

Continuous learning and improving care.

- Audits were in place to monitor the service and drive improvement were in place for issues such as whether people's care and medicine needs had been met. However, not all audits on important issues had been carried out such as staff training, staff recruitment and whether calls had always been timely.
- Management carried out checks on staff to assess whether they were providing a good quality service. We saw action had been taken when issues of performance had been identified.
- Staff members felt supported in their role and told us the registered manager promoted a high standard of care. They said the registered manager listened to any suggestions they had and had introduced improvements to the personal care provided to people.

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

- The person we spoke with and a relative of another person told us they would recommend the service. The person said, "I would definitely recommend the service." A relative told us, "Staff are very conscientious and friendly. Care is very good."
- The registered manager was aware of the need to send us notifications of important events so that we could check that appropriate action had been taken.
- The registered manager was aware of the need to send us notifications of important events so that we could check that appropriate action had been taken.
- The previous rating indication was displayed in line with our requirements.
- People's care was regularly reviewed to ensure it met their individual needs.
- Staff were clear on who they would report concerns they had to management and felt confident in raising these issues.
- The service had an appropriate statement of purpose. This set out the aims, objectives and ethos of the service to provide people with person centred care.
- Duty of candour requirements were understood by the registered manager if anything went wrong in providing personal care, to provide a written apology and explanation of events to the 'relevant person.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff were supported and able to develop in their role. Staff members confirmed they received regular supervisions and support from the registered manager.
- Staff members spoke positively about the culture of the service and described how all staff cared that people they supported were kept safe and provided with respectful and dignified care.

- Staff members understood their roles and responsibilities. There were clear lines of delegation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The views of people, relatives and staff were not comprehensively sought. There had not been a survey of people's views since 2015. Surveys seeking the views of relatives and staff had not been initiated. This meant comments had not been systematically received to drive improvements in the service.
- A person and one relative told us the registered manager was someone they felt they had a positive relationship with. One relative said the registered manager had not responded to concerns they had. The registered manager denied this was the case.
- Staff had received training about equality and diversity to ensure staff were able to support people's needs, whatever their background or preferences.
- Staff reported any incidents of concerns to relative so they could refer to outside professionals such as the GP and district nurse if this was needed.