Grace Live In Carers Ltd

Grace 24/7 Care

Inspection report

Rooms 1-20 Ivy Mill Business Centre
Crown Street, Failsworth
Manchester
Lancashire
M35 9BG

Tel: 01614083816
Website: www.graceliveincarers.co.uk

Date of inspection visit:
17 January 2018

Date of publication:
22 February 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Grace 24/7 is a domiciliary care agency which provides care and support to people living in their own houses and flats in the community. The care agency, which is run from an office in Failsworth, Oldham offers a variety of services, including assistance with personal care, meal preparation and domestic tasks. Not everyone using Grace 24/7 receives a regulated activity; 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.

We last inspected the service in September 2016. At that inspection we found breaches of two of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medicines management and recruitment. At this inspection we found improvements had been made and the service was no longer in breach of any of the regulations.

We carried out this announced inspection on 17 January 2018. 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.

People we spoke with were complimentary about the care and support they received from Grace 24/7. They told us they felt safe, and that all the staff were caring and kind. Staff treated people who they were assisting with dignity and respect.

Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people. Two discrepancies we found were rectified during our inspection.

The service managed medicines safely. Staff had been trained in medicines administration and medicines records we checked had been completed correctly.

All new staff received an induction to the service and their role. Staff had undertaken a variety of training which enabled them to carry out their roles effectively. They received regular supervision which gave them with opportunity to voice any concerns and discuss any training needs.

Risk assessments, both environmental and personal had been completed and were reviewed regularly, to minimise risks to staff and people who used the service. Assessments of people's needs were thorough and care plans were detailed. They provided staff with sufficient information to guide them on how to care for each person in a person-centred way. Work rotas were arranged so that people were generally supported by a regular team of carers who were familiar with their needs.

People and their relatives were involved in the assessment and care planning processes. The service was

working within the principles of the Mental capacity Act 2005.

Accidents, incidents and complaints were recorded and dealt with appropriately. People knew how to contact the service and to make a complaint if they needed to.

The registered manager showed good leadership skills and staff told us they worked well together as a team. There were systems in place to monitor the quality of the service, such as audits and 'spot check's'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Arrangements were in place to safeguard people from harm and abuse.

There were sufficient staff to meet the needs of the people using the service.

Recruitment checks had been carried out. This helped to ensure staff were safe to work with vulnerable adults.

Risk assessments were in place to guide staff and protect people from harm.

Is the service effective?

Good

The service was effective.

New staff received a thorough induction. Staff received regular supervision.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively.

Is the service caring?

Good

The service was caring.

People were complimentary about the staff and said they were caring.

People's dignity and privacy were respected.

Is the service responsive?

Good

The service was responsive.

Care plans and risk assessments were detailed and person-centred. They were reviewed regularly which ensured they

correctly reflected people's needs.

People knew how to make a complaint if they needed to. Complaints were recorded and investigated thoroughly.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who showed good leadership skills and staff worked well together as a team.

Quality assurance processes such as audits ensured that standards were monitored regularly.

Grace 24/7 Care

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 was planned to check 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.'

The inspection took place on 17 January 2018 and was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of this type of service or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and family members of people receiving support from the service. We gave the provider two days' notice of our inspection. This was because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist us with our inspection. We also needed to give sufficient time for the provider to contact people and ask their permission for us to speak to them on the telephone.

Before the inspection we reviewed information we held about the service. This included the inspection report from our last inspection in September 2016 at the service's previous location and the provider information return (PIR). A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We sought feedback from Manchester City Council who are the main commissioners of the service and asked them if they had any current concerns about the care provided, which they did not.

During our visit we spoke with the registered manager, the nominated individual and a care coordinator. We were unable to speak with staff on the day of our inspection as they did not attend the office. However, we spoke with three staff on the telephone two days after our inspection site visit. On the day of our inspection we visited two people in their own homes to gather their opinion of the service. We also spoke on the telephone with three people who personally used the service and six relatives of the people using the service to gather their opinion about the care provided.

As part of the inspection we reviewed three people's care records which included their care plans and risk assessments. We also reviewed other information about the service, including training and supervision records, three staff recruitment files and quality assurance documents.

Good

Is the service safe?

Our findings

People who used the service and some relatives told us they felt safe with the care provided by Grace 24/7. Comments included, "I am happy that she's safe with them. They come in two's and they're really good with her"; "He's absolutely safe in their care. They always look after him and are very good at knowing when something's wrong" and "I have absolutely no concerns over her safety".

The service had a safeguarding policy to guide staff on best practice and all staff completed training in safeguarding as part of their annual mandatory training programme. Staff we spoke with were able to describe what constituted abuse, what they would do and who they would speak to if they had any safeguarding concerns.

We reviewed three staff files to check the recruitment process. At our last inspection in September 2016 we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's recruitment process was not always robust. At this inspection we found that improvements had been made and the service was no longer in breach of this regulation. However, we found some minor discrepancies which were sorted out on the day of our inspection. The records we checked contained application forms, photographic identification and Disclosure and Barring Service (DBS) checks. A DBS check helps a service to make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable adults and children. One file contained a character reference which had not been signed. The same file did not contain a reference from the person's most recent employer. Both these discrepancies were rectified during our inspection.

Staff had undertaken training in infection prevention and control as part of their mandatory training. All staff in a care and support role wore uniform. A supply of personal protective equipment (PPE), such as disposable gloves and aprons was provided by the service and kept at the home of each person receiving care. We asked people if staff used gloves and aprons when carrying out personal care tasks and they confirmed that they did. This helped protect people who used the service from the risk of cross infection.

The service identified and managed risks appropriately. As part of the initial assessment process and development of a care package, environmental hazards, such as condition of lighting, and appropriate space for carrying out care tasks in people's homes were assessed. In addition to environmental risk assessments, personal risk assessments for people receiving care had been carried out. These included, for example, moving and handling risk assessments and falls risk assessments.

Through talking to people who used the service and relatives we concluded that there were sufficient staff to provide safe and effective care. As far as possible visits were grouped together into geographical areas, which helped to minimise driving time between visits and enabled care assistants who did not drive but walked or travelled by bus to get to their visits easily.

Staff were allocated to a particular team for their visits and as far as possible remained on that team unless there was a particular problem, such as staff sickness. This helped to promote continuity of care and

enabled people to be supported by a team of staff who were familiar with their needs. Rotas were prepared three or four days in advance and staff accessed them from their phones or computers. The service did not use agency staff as the regular care team picked up any extra visits which needed covering due to staff sickness or holidays.

We asked people if the care assistants were punctual and we received positive replies. Comments included, "They're always more or less on time. It's give and take because something could have happened elsewhere, or they might have to stay longer with me. They never ever leave early"; "They always arrive on time, but I've not been there sometimes, so they phone me now to make sure I'm in and let me know they're on their way. I have a mobility scooter and I don't want to be stuck in, so that's why I sort it out myself with the carers. It works out well for me" and "They're more or less on time, give or take half an hour". People told us that it was extremely rare for a visit to be missed and on the occasions when staff had been late they had been informed prior to the visit by a member of the office team. One person told us that staff sent them a text message if they were running late as this was their preferred method of communication. One person said "They're usually on time or at least turn up within the hour if something has delayed them elsewhere. They always let me know if something's happened".

We checked to see if medicines were managed safely. All staff received medication awareness training and were assessed in medicines administration before they were allowed to support people with their medicines. This ensured they were knowledgeable in this area and were competent to administer medicines safely. Some people were unable to take their medicines orally and received them through a different route. For example through their PEG tube (percutaneous endoscopic gastrostomy – a tube which is inserted through the abdominal wall into the stomach), Staff had been trained to give medicines in these ways where needed. Where staff were administering medicines, people had medicines administration records (MARs) in place. These were returned to the office every month and checked to identify if there were any omissions. Those we viewed during our inspection had been completed correctly.

The registered manager told us the process followed when a medicines error was identified. This included the immediate response of contacting the person's doctor or NHS 111, the emergency helpline for advice. Following this the staff member made a statement about the error and received retraining in medicines administration. This showed the service took the management and administration of medicines seriously and was proactive in preventing medicines errors.

Good

Is the service effective?

Our findings

People who used the service and their relatives expressed positive views about the care and support provided by Grace 24/7. One person said, "They're very good and have always done everything they should. I'm very pleased with them".

We looked at the training and supervision of staff. New staff received an induction which covered all aspects of the service, polices, mandatory training and staff roles and responsibilities. All new staff undertook 'shadowing' shifts, where they worked alongside a more senior staff member who provided guidance and support. This enabled them to gain the appropriate experience until they felt confident to work unsupervised. New care assistants were registered to undertake the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of the training of new care workers. Mandatory training covered a range of topics, including moving and handling, infection prevention and control, medicines management. Moving and handling included a practical demonstration and supervised practice. Staffs' knowledge was tested through the use of workbooks.

Some care packages required staff to be trained in specific tasks. Where this was the case, specialist training was provided by visiting healthcare professionals. For example training had been provided on the use of a feeding pump, as one person receiving care needed assistance in this area. A feeding pump is an electronic device which delivers liquid food through a tube to the person, over a recommended period of time and at a recommended rate.

Staff were supported to improve the quality of care they delivered through face-to-face supervision meetings every three months and through an annual appraisal. Supervision meetings covered a number of areas, including training needs and any concerns the staff member had about the people they were supporting. 'Spot checks' were also carried out. These are supervision sessions where a senior member of staff makes an unannounced visit during care delivery and observes the care assistant carrying out care tasks. These help to ensure staff are carrying out care to the required standard and as described in the person's care plan. One person we spoke with commented about staff, "They're very good. One of the office staff visits occasionally and does spot checks on the staff.

As part of their care package some people received support with meals. Staff were allowed to prepare simple snacks, heat up prepared meals in a microwave and make sandwiches and light meals. Sufficient drinks were provided to ensure people were adequately hydrated. Basic training in food hygiene was given as part of the mandatory training programme. Staff did not regularly monitor people's diet or fluid intake. However, the registered manager told us that occasionally they were asked by the district nursing service to monitor a person's food intake so that they could assess if they needed to be prescribed supplementary 'build up' drinks.

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 MCA requires that as far as possible

people make their own decisions and are helped to do so when needed. Where people 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. Staff received training in the MCA in order to help them gain an understanding around issues of capacity, choice and consent. People we spoke with told us staff sought their consent before carrying out any care tasks and we saw from the care files we viewed that people were actively involved in making decisions about their care and support.

Good

Is the service caring?

Our findings

People and relatives we spoke with were very positive and complimentary about the service they received from Grace 24/7. Comments included, "They're lovely girls with a really good attitude. We've seen three different girls so far but they're all very good"; "The carers are very friendly and polite"; "The carers are fine, they're always very polite and kind to her"; "The carers are great, I've no problems with them at all'' and "(Name) loves all the carers. She has a laugh and joke with them and she has more confidence now due to having the same carers".

We asked people and their relatives if staff treated them with dignity and respect and everyone responded positively. Comments included, "He has a regular carer and someone who covers when the other one is off. They're both very good indeed and always treat him respectfully. They're very polite"; "The carers are nice; I get on great with them. They're always very respectful. I've no problems with them at all. We have a laugh"; "All her personal care such as giving her a wash is given in bed, but they make sure it's done in a very dignified way'' and "They're always very respectful to him and they make sure the door is closed to protect his privacy.''

People told us staff were polite and addressed them appropriately. One person said, "They're very patient with her and call her by her name. Mum has a fear of falling and they're very good in that respect. They're very reassuring and calming".

We asked staff how they maintained the dignity and privacy of the person they were supporting. They were able to describe ways in which they would do this, such as closing doors and curtains and covering the person with a towel while carrying out personal care.

Care plans we reviewed showed that people were encouraged to be as independent as possible, within their capability. For example, one care plan described how a person could wash and dress themselves, but needed help to put their shoes on. One person told us, "Grace carers have a good attitude to people, helping them to live their lives how they want".

All staff received training in equality, diversity and human rights as part of their mandatory training. From reading the provider's Statement of Purpose' and through talking to people who used the service we saw that the service strived to provide care in a way that respected people's individuality.

Good

Is the service responsive?

Our findings

We looked at how the service assessed and planned the care it provided. Following an initial referral to the service from a commissioning authority one of the care coordinators carried out a needs assessment in conjunction with the person and/or their family. The assessment gathered a range of information including details about mobility, nutrition, hygiene and personal care, communication, mental ability, behaviour, social profile, medicines and the home environment. Following this initial assessment the care coordinator reviewed the staffing levels and skills to ensure the service had sufficient skilled staff to meet the person's needs and provide the care that was required. If this was the case, initial care plans and risk assessments were written and any equipment required put in place before the care package commenced.

We reviewed three care files which contained comprehensive information about each person. Care plans were person-centred and thorough, giving details of what actions carers needed to take to support the person and what the person was able to do for themselves.

One care plan for a person with diabetes described the signs and symptoms of high and low blood sugar levels. This acted as an 'aide memoire' for staff. Care plans demonstrated a good understanding of each person and gave care workers clear instructions about how to assist the person in a way that was individual to them. For example, one person who was unable to take food orally and was fed through a PEG tube had a care plan for this particular task. The care plan described how the feed should be set up, how much water was required to flush the tube between feeds and the rate at which the feed should run. The care plan provided care assistants with the necessary information to care for this person's PEG tube correctly and safely. A PEG tube is a narrow tube inserted through the skin into the stomach. It allows people who have swallowing problems to receive food, fluids and medication.

Care assistants recorded the care and support they had provided in a daily record which was kept in the care file in the person's home. Care plans were reviewed twice a year or more frequently if a person's needs changed. This ensured all the information was relevant and reflected the person's current care and support requirements.

People we spoke with were happy with the way the service communicated with them. They told us that if care assistants identified any problems during their visits, for example with a person's health, assistance was immediately sought and they were kept informed of the outcome. Comments included, "They contact the doctor if they have any concerns and they've phoned an ambulance for him twice and he's ended up in hospital both times''; "The carers always share concerns when something is not well with (name)'' and "They write everything in the book and leave me notes to let me know if he needs any shopping. They always make sure I'm informed about things".

Although people who used the service had set times for their visits, these could be rearranged to accommodate unexpected events, such as hospital appointments or trips out with family or friends. One person told us, "(Name) has a very specific timetable and they were aware of that right from the start and so far, have been very good at keeping to times because other timetables also link in. They're very good at

adapting to change in the timetable. They adapt and are very accommodating.''

People were provided with guidance on how to make a complaint when their care package first started. All complaints were logged and details recorded of who had made the complaint, what it was about and action taken. We saw that where a complaint had been made it had been responded to appropriately. The majority of people we spoke with told us they were happy with the service provided and had no complaints. Comments made included, "I've no concerns at all about her care. As long as she's happy, I'm happy"; "We've no concerns or complaints, there's nothing untoward at all"; "I have no complaints whatsoever, it's the complete opposite in fact"; "I've no concerns or complaints but I've got the number for the care office just in case I need to contact them". One person told us about a complaint they had made but said that it had been addressed immediately and dealt with efficiently and appropriately.

Good

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in place as required under the conditions of their registration with the Care Quality Commission (CQC). They had registered with the CQC in December 2015. The registered manager, who was a qualified nurse, was supported in her role by the nominated individual and a small team of office-based care-coordinators. Care-coordinators were responsible for liaising with commissioning authorities to take on new care packages, undertaking pre-assessments writing and reviewing care plans and risk assessments and general office administration.

People who used the service, relatives and staff were complimentary about the management of Grace 24/7. One relative told us, "I've spoken to the manager a few times and she's clearly got a good vision, a modern vision in comparison to others, and is very forward thinking.'' From our discussions during the course of the inspection we saw that the registered manager was committed to developing and improving the service.

Staff we spoke with told us everyone worked well together as a team. People found the registered manager approachable, supportive and flexible. One care assistant told us ''They look after the staff.'' The registered manager talked to us about the importance of valuing the good work of the care team. In order to show staff that they were appreciated she had introduced a number of annual awards and winners received a trophy and money towards a holiday.

Staff meetings were held on a regular basis. We looked at the minutes from the previous two meetings, where topics discussed included a reminder to staff about signing MARs, uniform policy, and staff appraisals. Staff meetings are an important method for communicating information, gaining staff opinions and promoting team work.

The registered manager demonstrated a good understanding of their role and of the responsibilities that were required of them in terms of monitoring the quality of the service. They were aware of their legal obligation to notify the CQC about important events that affect people using the service, and checks of our records showed that this had been carried out when needed. Accidents and incidents were recorded and investigations undertaken where necessary to ensure lessons were learned.

The views and opinions of people using the service were gathered twice a year during the care plan review meetings. These gave people the opportunity to comment on the service provided by Grace 24/7.

We saw that there were quality assurance processes in place which helped the service review and monitor its standards. Care documentation such as MARs, daily care log and care plans were returned to the office at the end of each month and checked to ensure they had been completed correctly and there were no omissions. We saw that where problems with documentation had been identified action had been taken to remind staff about the importance of keeping accurate records. As described in the 'effective' section of this report, regular 'spot checks' were carried out to check that staff were carrying out care and support correctly and in line with the client's care plan

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was on display in the office. The service did not have a website.