

## **Chapel Care Ltd**

## Percurra Grantham & Newark

### **Inspection report**

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**NG317FZ** 

Website: www.percurra.com/grantham&newark

Date of inspection visit:

06 July 2021 08 July 2021 18 July 2021 21 July 2021

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#### 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

About the service

Percurra Grantham & Newark is a domiciliary care agency service providing support and personal care to people aged 47 and over at the time of the inspection.

Not everyone who uses 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. The service was providing support to 10 people with personal care needs at the time of our inspection.

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

People and their relatives told us the service enabled them to feel safe and live their "best lives" independently as far as possible in their own homes. Staff were very observant and acted promptly to address any risks or concerns identified.

Professionals told us staff were proactive and worked positively with other agencies to promote and maximise people's outcomes.

People told us care was always delivered in a person-centred way. "Without having to be told.". Packages in place were tailored to the needs of the person and updated when required.

People, relatives, staff and professionals were all very positive about the engagement the provider and team had with everyone, describing it as inclusive, comprehensive and supportive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Why we inspected

This service was registered with us on 10/04/2019 and this is the first inspection.

This was a planned comprehensive inspection

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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? Good ¶ 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. Is the service caring? Good The service was caring. Details are in our caring findings below. Is the service responsive? Good The service was responsive. Details are in our responsive findings below. Is the service well-led? Good The service was well-led. Details are in our well-Led findings below.



# Percurra Grantham & Newark

**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.

#### Inspection team

The inspection was carried out by one inspector.

#### 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.

At the time of the inspection the registered manager was on long term sick leave, and the nominated Individual was acting as manager with support from a Team Leader. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service 24 hours' 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 July 5th and ended on July 21st. We visited the office location on July 8th

#### 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.

#### During the inspection-

We spoke to the nominated individual who is responsible for supervising the management of the service. In this case they are also the provider.

We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service including rotas, policies and procedures. We looked at two staff files in relation to recruitment and staff supervision.

#### After the inspection

We spoke on the telephone with two people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider, team leader and care workers.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received email contacts from a social worker and a solicitor. We also spoke with another social worker, an occupational therapist, an advocate and a GP.



## Is the service safe?

## Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well cared for by staff. Relatives and professionals agreed with this. One relative said they (staff) are amazing, so pro-active and so well-trained, I can trust them, and that gives me peace of mind"
- A commissioner told us that care plans were very thorough and followed on from comprehensive assessments by staff. Also, that staff's understanding of safeguarding was sound, and they were pro-active in seeking advice when required.
- Staff told us that training was thorough and a mixture of e-learning and face to face modules which give them confidence in their role

Assessing risk, safety monitoring and management

- Everyone we spoke too commended the staff on being pro-active in their approach, which meant risks were identified and mitigated against and referrals to external agencies were made in a timely manner.
- One Health professional told us that they (staff) were very good at identifying potential issues before they became a problem and immediately sought advice to keep people safe.
- Many relatives commented on how the staff signposted or referred people to external services or advice, that they were not previously aware of and how helpful this had been.
- One relative told us how the staff had arrived to find an emergency situation which they had immediately reacted appropriately too, and taken control of until help had arrived.

#### Staffing and recruitment

- People told us staff never let them down and they were always on time. The provider told us they had never missed a call. No one we spoke to could remember staff being late, but there were many instances where staff had stayed longer to assist with a situation.
- The provider only accepted new people if they had enough staff to provide a stable, flexible service. When staff were unavoidably absent there was always a contingency available. All staff told us they felt valued and supported, which benefitted the people they looked after.
- Staff had been recruited safely with robust pre-employment checks completed before they started shadowing more experienced staff and working independently.

#### Using medicines safely

- People had their medicines administered by staff who were trained, and had their competencies assessed. Administration recordings were also checked at regular unannounced on-site spot checks by the team leader.
- There were clearly defined medication pathways for family and staff depending on the people's needs.

This meant that where a person had family participating with their medication administration as well there was a clear formal understanding about responsibilities to ensure that there was no duplication and medication was administrated safely. For Percurra staff medication recording is electronic, but where family members are participating as well then, a paper record is left in the house which is then updated on the electronic record by staff.

- As required medication protocols known as PRN protocols are in place with good communication and documentation between staff and family members caring for the person.
- There was daily oversight of the electronic medication administration by the provider or team leader to ensure people had not missed their medication.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors to the office premises from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service, when appropriate and for staff routinely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- During the Covid-19 pandemic as far as possible, the same staff visited the same people to reduce risk.
- Staff had good access to all PPE, were testing weekly and had all had both vaccinations, this provided a good degree of protection to people.

#### Learning lessons when things go wrong

- The provider and management team were always looking for ways to improve care, and this was evident in people's feedback. Equally if the provider felt the care package was becoming unsafe or putting staff at risk, they were confident to discuss this with social workers or commissioners before things escalated.
- Where an incident had occurred, lessons had been learnt and action was taken to mitigate further risks. This included the completion of a rigorous environmental assessment for every person to protect the person and staff.



## Is the service effective?

## 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples needs were assessed and written in great detail, prior to them starting using the service with as many people as required involved in them. They effectively captured people's likes and dislikes as well as their needs and any risks.
- People, relatives and staff all told us the ethos of the organisation is to encourage, motivate and support their clients to live the best life they can independently in their own home.
- One relative told us their relatives were now able to "live their best lives, as care was so well tailored to their needs so in a very short time they became happy and comfortable again."

Staff support: induction, training, skills and experience

- Staff spoke of having had great training from the beginning, they felt confident and competent in what they were doing.
- Staff spoke of many unannounced spot checks being done in a way which made them feel valued and reassured they were doing the very best for the people they cared for.
- Most staff had many years of care behind them but spoke of this organisation as being the best they had worked for. Relatives could not speak highly enough of the care delivery.
- One relative told us they had been a carer at a senior level for many years and said, "These staff are well trained, and well supported in their roles" (by the management team).

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

- People and relatives told us food preparation and delivery were always part of their care plans. Staff cooking fresh vegetables was much appreciated, as was the constant provision of drinks.
- One person told us staff enabled and supported a batch cooking afternoon which allowed the person to fill their freezer with home cooked food they liked to eat for the first time in 10 years.
- When there were concerns about people's nutrition or hydration these were built into the care plan and daily recordings kept.

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

- Relatives and professionals all described the staff as being extremely proactive. One GP Care-Co-ordinator was complimentary about how staff supported a person, this had a positive impact on their health outcomes
- Staff were able to accompany people to appointments, and when multidisciplinary professional meetings were held in people's homes, they were also invited.

• One Care professional said, "Throughout our engagement with Percurra they have demonstrated professionalism in different ways. For example, care package management and staff motivation. Percurra puts people under their care at the centre of intervention. For example, the first care package was complex in nature. This family changed service providers three times within a very short period but when Percurra got involved; this family appreciated the way their care and support was organised including staff induction. Percurra delivered exactly what the family needed. Their involvement has made a huge difference in the individual's wellbeing"

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

- Staff told us they signposted people and their relatives to additional services and support when required. Relatives, solicitors and the advocate supported this.
- The most common comment received from a relative included, , "They (the staff) just go above and beyond in every way, staff make sure my relative has access to everything they need to enrich their lives."
- One person who had experienced a number of care agencies mover a decade said, "This agency have been life changing for me, I can't express how different they are. I am really happy."

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People said staff respected their wishes and choices. Relatives said the company were, "Amazing and gave them peace of mind" they also felt, "They (staff) can be trusted to keep (relation) safe but would also immediately alert me if there were concerns." This gave them confidence they (relative) could go away.
- Several people had a diagnosis of dementia and lacked capacity in some areas of their lives. They were supported by staff to make decisions about their day to day lives. Where appropriate those who had Powers of Attorney or family members were consulted in taking best interest decisions.



## Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. Close gap

This meant 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

- The provider had clear standards and expectations of providing a service that fully respected equality and diversity provider said "I judge no-one, I treat everyone equally". Through discussion with staff they showed the same values and told us this is why they had chosen to work for this organisation.
- One staff member told us "They (the management team) have moral, ethical behaviour towards people and carers. Another member of staff said "they have a great ethos that's why I work for them they look after people and staff.
- Throughout the inspection we observed the entire team demonstrated an extremely inclusive and caring approach. The provider told us they had wished to set up and run an ethical company which respected everyone's values and was not judgemental.
- Equally staff felt supported and valued and spoke of many occasions where the provider had gone above and beyond to support them to support a person in difficulties. This trust was reflected in their confidence at work.

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

• One person with a complex painful condition felt able to have a discussion with the team leader about them having a Respect Form in place to ensure in the event of any significant deterioration in their condition their wishes and feelings were clearly written down whilst they had the capacity to do so. This was done in conjunction with their medical advisor and solicitor.

Respecting and promoting people's privacy, dignity and independence

- Peoples needs and requests for dignity, privacy and respect were carefully detailed in their care plans. These were seen to be very specific about how people wish to be addressed, bathed and toileted in the way they were comfortable with."
- People were positive about staff's approach, one person told us,"I feel so safe with the staff and now feel so content, staff are careful and kind, they respect when on some days I will be slower and will assist when needed. I am never rushed or roughly handled."
- Another person told us, "This agency has changed the way they I about receiving care. Staff allow me to maintain my dignity and respect and this enables me to do things I wouldn't have thought possible.".
- People told us they, "felt nurtured" and for one person after ten years of having carers they finally felt their dignity and privacy was respected and this was helping them regain confidence in their ability to engage

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with the outside world again.



## Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- People received a bespoke personalised service to meet their specific needs, preferences and wishes. Every person we spoke with told us they received care and support which was completely personalised and relative to them. It was noted pets had specific packages as they were acknowledged to be important to people.
- Relatives also told us the company offered, "Bespoke packages" "tailored to my relatives specific needs."
- The provider told us no call was ever less than an hour, and people and relatives supported this.
- One person said: "I feel no stress when they are in my home they know what to do and how to help me.". They said they "Feel nurtured" as staff know them and how to work with them without having to be told." This opinion was reiterated in similar words by relatives, clients and professionals spoken too.
- Staff were skilled and proactive in identifying people's changing needs and responding to them by seeking out the appropriate service. People, relatives and professionals all told us this attitude meant people could safely and happily continue to live in their own homes.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were mindful of people's difficulties with communication and adapted theirs accordingly. There were careful observations of body language which enabled dignified care to take place.
- For one person they had supported them to have an independent advocate, when we spoke to them they told us the organisation was very proactive and had been keen to get them involved and work with them to benefit the person. The advocate said they respected the organisation for doing this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- For some client's companionship calls had been put in place to support personal care calls throughout the pandemic. This was due to them previously having had an active social life in their village, despite their diagnosis of dementia and to support their mental health. This was done in conjunction with family members and involved professionals.
- Staff also showed flexibility around calls if someone needed to be in bed to watch a football match kick off with their son for instance.

• For one person the carers attitude and support has enabled them to regain confidence in dealing with the outside world after many years.

Improving care quality in response to complaints or concerns

- •No complaints were identified. The provider reacts to comments or concerns pro-actively to address any issues quickly.
- Customer reviews and surveys were seen, and relatives all spoke about how useful these were and how suggestions were acted upon promptly.

#### End of life care and support

• The organisation has not yet had a package which has included end of life care but three staff had experience of such care delivery and the provider would ensure adequate training was in place.



## 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone spoken to told us the Provider/NI continually plan's, promote and essentially deliver bespoke high-quality care which is constantly tweaked as people's needs change.
- The provider is open and honest in all dealings with everyone, not being afraid to admit if people's care needs become beyond the staff's ability. They will pro-actively reach out to commissioners to address concerns if either they do not feel they can meet people's escalating needs any longer or if they feel people or staff are at risk for any reason.
- People, relatives, staff and professionals were all very positive about the engagement the manager and team had with everyone, describing it as inclusive, comprehensive and supportive.
- Staff told us the company had moral and ethical behaviour towards them, which they said made an enormous difference to how they delivered care.
- There were many examples given where the provider had assisted and supported staff through difficult and challenging situations. This had a very positive impact on morale, which was also noted by relatives and professionals, who were impressed by the commitment shown by staff at all times, "going above and beyond".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Although currently the organisation was small, there was an effective management structure in place, and although there was a hierarchy everyone felt able to go to or raise issues with the provider or team leader at any time.
- Although staff used an electronic system and device the vagaries of working with intermittent signals in rural areas meant any changes are always communicated immediately to staff. Staff told us either the team leader or the provider were always available, and this gave them additional reassurance.

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

- The management team and all staff were very clear about their roles, responsibilities and accountabilities.
- Communication was excellent as was observation, a clear and meaningful dialogue between staff and managers meant risks were quickly identified and mitigated against.

• Regulatory requirements were also known, understood and acted upon. Service delivery was of a consistent high quality.

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

• People, staff, relatives, and professionals were all very positive about the engagement the provider and team have with everyone, describing it as inclusive, comprehensive and supportive

Continuous learning and improving care

- Everyone working for the organisation described the access to training as, "fantastic."
- People spoke of the service, "going above and beyond" to constantly improve the care they offered and were able to offer.
- One staff (with over 20 years' experience) said, "Every day I learn something new, I love it."

Working in partnership with others

- Feedback from all professionals stated this service was constantly able to deliver bespoke and tailored care which enhanced people's lives.
- Commissioners told us they regarded the service as being their first port of call for, "our more complex cases" in the knowledge that people 's needs would be appropriately assessed and met.
- Social Workers, solicitors and health professionals all praised the degree the service went to deliver exceptional care, consistently.