

Grace Live In Carers Ltd

# Grace 24/7 Care

## Inspection report

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19 December 2019

20 December 2019

02 January 2020

03 January 2020

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27 January 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Grace 24/7 is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. At the time of the inspection the service was supporting 63 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

Medicines were not always managed safely. Medicines administration records (MAR) did not always accurately reflect the medicines and creams that staff had administered.

Since our last inspection there had been an improvement in the way the service organised its visit rotas. People told us they received support from a team of familiar care workers. However, people told us staff were sometimes late.

Staff understood safeguarding procedures and had received training in recognising the signs and types of abuse. Safe recruitment practices were followed to ensure staff were suitable to support vulnerable people. Staff received an induction to the service, training and on-going supervision. However, the service did not help staff to undertake a nationally recognised qualification in care.

We have made a recommendation about training.

People and their relatives told us staff treated them with dignity and respect and promoted their independence. Staff supported people with meal preparation where needed. They liaised with health and social care professionals effectively.

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. Person-centred care plans and risk assessments were in place which identified the support people wanted.

Systems were in place for gaining feedback from people and their relatives about the quality of support they received. People told us they were happy with the way the service was run. Complaints had been dealt with appropriately.

Quality monitoring systems were in place. However, the medicines audits had not identified the problems we found with medicines management.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (report published 19 December 2018). There were breaches of two regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made. However, further improvements are needed as the service remains in breach of one of the regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Enforcement

We have identified a continued breach of regulations in relation to the management of medicines.

Please see the action we have told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Grace 24/7 Care

## **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.

### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was to ensure someone would be in the office to support the inspection. Inspection activity started on 18 December 2019 and ended on 3 January 2020. We visited the office location on 18 and 20 December 2019 and made telephone calls to staff and relatives on 19 and 27 December 2019 and 2 and 3 January 2020.

### What we did before the inspection

We reviewed information we held about the service. This included the previous inspection reports and the action plans the service had sent us after our last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We looked at four people's care records, which included support plans and risk assessments. We looked at multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a range of documents relating to how the service was managed, including policies and audits.

We spoke with the registered manager and one of the service directors during our visit to the service office and spoke with four care workers on the telephone. To gather feedback about the service we visited two people in their own homes and spoke with four people on the 'phone. We also spoke on the 'phone to three relatives.

# 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. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- One person was receiving paracetamol four times a day. There should be a minimum of four hours between each dose. We found that on occasions staff were giving this person paracetamol without leaving the correct length of time between doses.
- The service produced its own medicines administration records (MAR). There was no system to ensure the information on the records had been checked as correct. We found errors about the dosage of medicines on some MARs.
- Some people had cream applied by staff. There was no information in their records to show where, or how often, staff should apply cream.
- One person had been prescribed an eye gel to be given by staff. No information about this prescribed medicine had been recorded on their MAR.
- Staff had not recorded the date when they had started using the eye gel. Some medicines need to be disposed of after a certain length of time.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection.
- Staff had completed training about infection control and food safety.
- Staff wore protective equipment when carrying out personal care. This helped to prevent any cross infection. People we spoke with confirmed staff took these precautions.

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

- There was a safeguarding policy and staff were trained to identify and respond to any safeguarding

concerns.

- People did not raise any concerns about the behaviour of the staff who visited them.

#### Staffing and recruitment

- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry.
- Some of the people we spoke with told us staff sometimes arrived late. However, they did not feel this was a problem for them.
- There were enough staff to provide consistent support to people. Where people needed two members of staff to support them, for example because they needed to be moved using a hoist, two staff were always in attendance.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and well-being had been assessed.
- People's care records contained information about environmental risks, such as limited space, dogs, and poor lighting and how these risks should be managed.
- There were systems in place to ensure the safety of staff working in the community. There was a lone working policy and safety procedures were discussed with staff during their induction.
- There was an on-call service available in the evenings and at weekends so that staff could contact a senior staff member for advice at any time.
- All accidents and incidents that occurred within the service were recorded and investigated. Any lessons learned were discussed at staff meetings.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed. This ensured the service could support them at their preferred times.
- People's care plans described the help required at each support visit and reflected their personal choices and preferred routines.
- Staff prepared meals for people if this was part of their care plan. Staff ensured people were left with enough drinks until their next visit.

Staff support: induction, training, skills and experience

- Staff completed a variety of training. This was completed as e-learning, and practical subjects, such as moving and handling, personal care and cardio pulmonary resuscitation training were undertaken face to face. Staff also received training in specific medical conditions, such as epilepsy.
- However, there was no system in place to help staff undertake a national qualification in care.

We recommend the provider takes steps to promote and encourage staff to undertake a national recognised care qualification.

- The service had its own training facilities equipped with a bed and hoist so moving and handling training could easily be provided. The registered manager had completed train the trainer courses which meant they could provide training to other staff.
- All new staff completed an induction programme and spent time shadowing more experienced staff. This prepared them for their employment.
- Staff received regular supervision to support their development and identify any training needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's health needs were met.
- Staff took appropriate action when people were unwell and referred people for specialist help, such as district nurses or their GP.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 confirmed staff sought their consent before assisting with care and support.
- Staff received training in the MCA.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; respecting and promoting people's privacy, dignity and independence

- People who used the service spoke positively about the standard of care provided. People told us staff treated them well. One person said, "They are really marvellous. They have helped keep my spirits up." Another person said, "I'm happy with them."
- The relatives we spoke with were also positive about the care provided. One relative said, "I'm happy with the service. They are good workers."
- People told us staff were kind and friendly. One person said, "The girls are very kind. We sit and have a chat. I've no complaints at all. They are very kind ladies."
- People told us staff assisted them with their personal care in a way that protected their privacy and prevented them from feeling embarrassed. One person said, "We sometimes have a bit of a laugh. It takes the professional bit off it (personal care)."
- People could request to be helped by a care worker of their own gender if they preferred. This helped protect their dignity. One person told us that this was important to them.
- People said they were encouraged to do things for themselves to increase their independence.

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

- The service provided support tailored to people's requirements.
- People and their relatives were involved in agreeing their support package. This gave them the opportunity to specify their support needs and the times for each visit. Their support package was regularly reviewed to ensure it still met their needs.
- People said they were able to contact someone from the service at any time if they needed to. This included in the evening and at weekends.

# 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 good. At this inspection this key question has remained the same. 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

- A detailed assessment provided staff with relevant information and guidance to deliver person-centred care. However, we found some records did not contain information about people's family history and hobbies and interests. We raised this with the registered manager who agreed that this information would be completed in future.
- People were supported by staff who had a good understanding of their care and support needs.
- People's care plans contained information about how staff should best support them with tasks such as their personal care, eating and drinking, mobility, communication and medicines.
- The service signposted people to other agencies, such as the fire service for help with smoke alarms and fire prevention, if this was needed.

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.

- People's communication needs were assessed and recorded in their care plans. For example, one person was unable to communicate verbally. Information in their care plan described how they communicated using hand gestures.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and a process for managing and responding to complaints.
- We reviewed a recent complaint and found the appropriate action had been taken. This included carrying out supervision meetings with staff to discuss how improvements could be made and a written apology to the complainant.

End of life care and support

- The service was not currently supporting anyone at the end of life. However, the registered manager told us they would be able to provide this care if needed, in conjunction with other health care professionals.

# 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. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there was sufficient oversight of the staff work schedules which meant some schedules were impossible to complete. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvements had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvement is still needed in this area.

- People had enough time to complete their work schedules and there was sufficient time to travel between visits. However, some people told us staff were late and we saw evidence from visit log books that staff did not always stay for the whole length of their visit. One person told us, "Sometimes they are in a rush, but it's not a major problem."
- A computerised system helped the office staff and management team monitor visits to ensure staff arrived and left at expected times and that everyone received visits as per their plan of care. However, staff did not always use this system accurately, as some staff forgot to 'log in and out' of visits and some changed their visit times without always informing the office staff beforehand. The registered manager told us these were ongoing problems which they were addressing through staff supervisions and team meetings.
- Quality monitoring systems were in place, but they were not always effective. Audits undertaken had not identified the concerns with medicines management we found during the inspection.
- Spot checks on staff were carried out by the registered manager. Spot checks are when a senior member of staff calls at a person's home during a visit by a care worker, so they can observe them and check they are working to the required standard.
- The registered manager had a good understanding of their regulatory requirements, making appropriate notifications to the CQC and external safeguarding bodies.

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

- The service checked that people were happy with the support they were receiving through telephone reviews.
- The registered manager met with the directors of the service on a weekly basis. They also met with the

care coordinators, who arranged the staff rotas, on a weekly basis to ensure these were manageable. Meetings with the care staff were held quarterly, or more frequently if information needed to be passed to them.

- The staff team used a WhatsApp chat group to communicate any issues to each other. This enabled information to be shared promptly.
- The service had carried out a service users survey during 2019. We saw responses were mainly positive.

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

- There was an open and transparent culture at the service. The registered manager understood their responsibility regarding the duty of candour to apologise and give people an explanation if things went wrong.

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

- People told us the staff knew them well and responded to their needs in a person-centred way.
- Staff told us they liked working for the service and that they worked well together. Staff and people spoke positively about the way the service was managed. One care worker told us, "The manager is good. It's a nice company to work for."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that medicines were always administered safely.</p>