

St Gregory's Homecare Limited

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Inspection report

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23 April 2019

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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:

St Gregory's Homecare Ltd, provides personal care and support to people living in their own homes across South Cumbria, Lancaster, Blackpool and Preston. At the time of this inspection there were approximately 2500 hours of personal care to approximately 180 people across these four areas. The number of hours and people supported varied on a daily basis.

People's experience of using this service:

People gave us mixed opinions of their experience of using the service. Some people were very satisfied with the care and support provided. Some people said visits were not always at the time they preferred. We discussed this with the director who advised visits were at the arranged time or within an agreed 30 minute tolerance.

Safeguarding policies and procedures helped to protect people from the risk of abuse and avoidable harm. Staff were trained to recognise concerns and reported them appropriately.

Risk management policies ensured people were supported to manage the risks in their daily lives which related to the care and support provided.

Medicines were managed safely, where the provider had responsibility for supporting people with medicines.

Staff had been recruited safely with all necessary checks being completed prior to them starting work. Staff had received appropriate training to support people safely and effectively.

Thorough assessments identified people's needs and preferences to ensure the provider could meet them.

Staff we spoke with said the team worked well together and followed advice and guidance from community based health staff. People were supported to make medical appointments.

Staff were aware of the importance of getting consent before providing personal care. People who needed support to make decisions had been supported following the best interest principles detailed in the Mental Capacity Act (MCA).

Most of the people we spoke with praised the kindness and caring nature of the staff, where there had been concerns these had been addressed through the provider's complaints process. People were supported to express their views. Staff had received training about dignity in care and could describe how they supported people respectfully. Care plans included details of goals people were aiming for to maintain and promote their independence.

Person-centred care plans included sufficient detail to allow people to receive bespoke support which reflected their preferences. Regular reviews and reassessments helped ensure people's care remained appropriate to their needs and preferences.

The provider had a complaints process which had been followed and the outcomes recorded properly.

End of life care was available including overnight support from the rapid response team which worked closely with hospitals and community based health professionals.

The service was well-led, with a clear focus on high quality person-centred care. Staff reported feeling valued and supported by the management team.

Rating at last inspection:

At the last inspection the service was rated good. Published November 2016.

Why we inspected: We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

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?

Good ●

The service improved to good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good

Details are in our Well-led findings below.

St Gregory's Homecare Ltd

Detailed findings

Background to this inspection

The 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 checked 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 provide a rating for the service under the Care Act 2014.

Inspection Team:

This inspection was completed by two adult social care inspectors.

Service and Service type:

St Gregory's Homecare Ltd, provides personal care to people living in their own homes. At the time of this inspection there were 270 people in receipt of a regulated activity. The area covered included; South Lakes, Lancaster, Preston and Blackpool.

At the time of inspection there was no registered manager in post. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service was being managed by another member of the management team with support from the directors. The person managing the service intended to apply to register with CQC.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the manager would be available.

Inspection site activity started on 27 March 2019 and ended on 23 April 2019. We visited the offices on 27 and 28 March, to meet with the manager and review care records, policies and procedures. We completed two home visits with people who received care from the service on 28 March 2019. We returned to the office on 23 April 2019 to complete interviews with staff.

What we did:

Our inspection plan took into account information the provider sent us since they were last inspected in

November 2016. We also considered information about incidents the provider must notify us about, such as abuse or serious injuries. We requested information from Lancashire, Cumbria and Blackpool local authorities, and clinical commissioning groups. There had been some concerns about missed visits which we addressed during the inspection and were satisfied that this had been resolved and measures put in place to avoid reoccurrence.

During the inspection, we reviewed the care records for ten people, spoke with the manager, a director and seven members of staff. We visited two people in their own home and spoke with their relatives. We reviewed the recruitment records of four staff. We also reviewed the services policies and procedures, call visit logs, records of incidents, accidents and complaints and the audits and governance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and procedure to help protect people from the risk of abuse. Staff had received training in safeguarding and were aware how to recognise and respond to concerns. The provider had reported safeguarding concerns to the local authority and CQC when required and ensured all concerns had been investigated.

Assessing risk, safety monitoring and management

- The provider had a risk assessment and management policy in place. The risks people needed support to manage had been assessed and management plans developed to minimise the potential for harm. Staff were aware of the risk assessments and what they needed to do when supporting people. We checked whether risk assessments had been followed for two people we visited at home and found they had. A member of staff told us, "Risk assessments and initial assessments are always done in advance. It is a lot better now we have a team that do all the assessments."
- The risks to staff in relation to the environment at each supported person's home had been assessed to help staff to remain safe.

Staffing and recruitment

- One local authority had been concerned that some visits had been missed. We reviewed this and found there had been an occasion when five visits had been missed due to staff not informing the shift co-ordinators they had left during their shift. No harm had occurred and the provider responded as soon as they were aware to ensure people were well.
- Some people said visits were not always at the time they preferred. We discussed this with the director who advised visits were at the arranged time or within an agreed 30 minute tolerance.
- There had been some concerns raised in relation to the call monitoring system being ineffective. However, a reliable electronic monitoring system had been fully installed and was now effective and would alert the co-ordinators to any missed visits or tasks not completed. Though this had been in place at the time of the missed visits it had been relatively new and not fully operational. In addition the provider uses company vehicles which have trackers to show where staff are. Staff told us they felt they had enough time to support people safely.
- We reviewed the recruitment records for four staff and found that all necessary checks had been completed prior to them starting work. However, one reference we checked suggested there had been concerns about the practice of one member of staff. We discussed this with the director who advised they had been satisfied with the explanation provided but had not recorded this which they accepted should

have been done.

Using medicines safely

- At the previous inspection we found some inconsistency in medicine records and recommended the provider take action to follow best practice guidance in relation to medicines management. We found they had improved in this area and medicines were being managed safely.
- The provider's medicines policy and procedure had been followed and medicines were being managed safely, where the provider had the responsibility. Staff had received training in medicines administration.
- The new technology in place alerted the governance team to any delays in medicine administration which allowed them to contact staff while they were on visits to remedy this.

Preventing and controlling infection

- The provider had an infection control policy and provided staff with appropriate personal protection equipment, including, gloves and aprons which were kept in each person's home. Staff training in infection control was up to date.

Learning lessons when things go wrong

- The provider had systems to learn from incidents to reduce the risk of them happening again. Governance officers were employed to respond to all incidents and accidents. The provider had a procedure to record and respond to incidents. Where any incidents may have involved staff practice, the provider had addressed this directly with staff to aid their development and learning.

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.

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

- The provider had an assessment team who completed assessments of people's needs before they received a service, to ensure the service could meet their needs. Assessments were thorough and identified the person's needs and wishes in sufficient detail. Information had been included from other agencies and professionals to ensure consistent and effective support. Single page profile's in care plans ensured staff could see at a glance what support the person needed. Staff told us there was plenty of information in the care plans.
- The new technology was also accessible by people who received care and support and their relatives. A relative told us, "I can check the technology live and will see what staff have done. I feel confident that staff are doing what is needed and I can go to work." A member of staff told us they felt it had improved the amount of time they spent with the person rather than writing in a paper record."

Staff support: induction, training, skills and experience

- Staff received thorough induction training when they first joined the service, appropriate additional training had been completed by staff who felt confident to support people effectively. Bespoke training had also been provided where staff needed skills to support people with specific conditions such as dementia or catheter care. A relative told us, "I feel we have good quality care, we have regular carers who can identify what is needed and know what they are doing."
- Staff received regular supervision which is a one to one between staff and a senior or manager to discuss their practice and development. Staff we spoke with said they could also ask for support at any time.

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

- People had been supported to eat and drink enough. Where there had been any concerns about people's nutrition they had been supported to contact health professionals. Staff kept records of food and drink taken had been kept where someone was at nutritional risk.

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

- People had support to make and attend health appointments when required.
- Staff could also signpost people to other services such as smoking cessation, exercise classes and healthy eating.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

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

- At the time of this inspection no one was subject to restrictions that would amount to a deprivation of their liberty. Staff had received training in the MCA and best interest process. Staff understood it was important to achieve consent before providing personal care. One staff member told us, "I have a way of communicating effectively with people to encourage them. Try to ensure they are involved and are making a decision, don't take over." People we spoke with told us staff always asked them before doing anything.

Is the service caring?

Our findings

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

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 told us they felt staff were caring and kind. A relative told us, "The carers are respectful of our space in the home". Another person told us, "The carers are kind, they will make sure I am alright before they go."
- People's equality and diversity needs had been discussed and the support they preferred to maintain them included in their care plans. Staff had received training in equality and diversity and were knowledgeable about the needs of the people they supported. Examples included, knowledge of dietary needs, using shoe covers when supporting a person with mobility, supporting a person to attend religious services and respecting people's preference for the gender of their carer.

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

- People's communication needs had been thoroughly assessed. Information about how best to support people to communicate and express themselves had been included in the care plans. Staff used a variety of techniques tailored to the individual to support people to be involved in decisions about their care. One person had started to use a tablet, another person used a whiteboard. Literature was available in different fonts and colours. This helped to ensure people were involved in decisions about their care.
- People were supported to access advocacy services. An advocate can help a person understand the care and support processes and options available to them and support them with any meetings and assessments. Information about advocacy services had been included in the service user information book.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with felt respected by staff. Staff had received training in dignity in care. Staff we spoke with were able to describe how they supported people to maintain their privacy, dignity and independence. Comments included; "Communication is important, finding ways of not upsetting people, being diplomatic, provide some reassurance.", and, "When you go in, you are going into someone else's home. I respect their wishes and their lifestyle."
- People were supported to maintain their independence, their goals relating to maintaining or improving their skills had been included in their care plans.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs and preferences. What was important to the person had been included in their care plan. Staff had received training about person-centred care and recognised the importance of recognising people's individual preferences. Staff told us, "We are non-judgemental, and make sure we treat everyone as an individual and not generalising with them."
- Staff completed regular reviews of people's needs and wishes. This helped to ensure people's care remained appropriate and tailored to the individual. Staff recognised when there had been a change in a person's needs and reported this to the assessment team who, we saw, had followed this up. Staff had also been able to identify more urgent concerns and responded appropriately, such as ringing health services including an ambulance.
- Changes to people's care plans were updated immediately via the technology staff access on mobile phones.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy. People we spoke with said they felt able to raise a concern at any time. One person said, "I am happy to raise any concerns, we can ring or email and they will respond, even late at night. We have always been able to sort out any issues." Governance officers ensured any concerns raised were documented and responded to appropriately. We reviewed the most recent complaints received and found these had been investigated thoroughly and the outcome recorded and shared with the person raising the concern.

End of life care and support

- The service had a rapid response team whose role included, working closely with the hospital and community health services to support people who had end of life care needs, overnight support could be provided. Staff had received training in relation to supporting people with end of life care needs. Some people had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders in their care records, this was included in the electronic care plan staff accessed through their phones. This meant people's wishes could be respected.

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.

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

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

- The provider was committed to delivering high quality, person-centred care. We spoke with a manager who said they wanted to engender a culture of compassion and empathy with people and for them to feel they are receiving a good service. In addition the manager wanted staff to feel positive about their roles and valued. Some people we spoke with said they felt able to approach the management team at any time and were confident they would listen. However, one person we spoke with felt they had not been fully listened to and were concerned about their care. We discussed this with the management team and saw how these concerns had been addressed and responded to. We were satisfied all reasonable steps had been taken.
- The provider and manager had an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. We saw they had demonstrated this.

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

- The provider ensured staff were clear about their roles and what was expected from them in relation to quality and good practice. Staff received clear information about this at induction, subsequent training and through supervision and appraisal.
- Regular audits of practice and spot checks of care helped managers to have oversight of the service. Any concerns identified had been addressed through a formal process. The new technology allowed for very rapid identification of any visits which were not in time or any tasks which had not been completed. The employment of specific governance officers helped reinforce the efficiency of the system. At the previous inspection the technology had not been fully embedded, at this inspection we found it was fully operational.

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

- The provider encouraged people to engage with them using a variety of approaches. Satisfaction surveys for people using the service and for staff were used. These had mainly been positive. A customer newsletter included updates and provided information about how to raise compliments and concerns. Events had been held including cake and coffee morning to bring people in touch. People we spoke with told us they felt the management responded to them and the governance officers and shift co-ordinators sought to

address concerns on a daily basis.

- Prior and during the inspection we had received some information about potential bullying in the workplace. We discussed this with six members of staff when we interviewed them and all reported feeling well supported and respected by the management team.
- Staff we spoke with said they were confident in the current management team and felt there had been some improvements.
- Staff meetings were regular and staff were able to raise any matters for discussion. The minutes were available on line because not all staff would be able to attend. General management meetings were held to consider organisational matters, we reviewed the minutes and found they were clear and thorough.

Working in partnership with others

- The provider was working in partnerships with local hospices, occupational therapists, community based health professionals and charitable organisations, including; Macmillan nurses, Age UK and carer organisations. This helped to improve the quality of care people received.
- Carer's had been supported by signposting to other organisations, such as carer services who may be able to assist them.