

Mrs Diane Elizabeth Wingfield

Grace Home Care Services

Inspection report

Suite 2 Quarry House
Mill Lane
Uckfield
East Sussex
TN22 5AA

Tel: 01825508084

Date of inspection visit:
28 July 2016

Date of publication:
22 September 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Grace Home Care Services on 29 May and 2 June 2015 where we found the provider had not met the regulations in relation to the safe management of medicines, the provider did not have an effective system to regularly assess, monitor and improve the quality of service that people received and the provider had not fulfilled their statutory obligations to the CQC with regard to notifications and was not notifying the Care Quality Commission of incidents that affected people.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by 9 October 2015.

We undertook an announced inspection on 28 July 2016 to check the provider had made improvements and to confirm that legal requirements had been met. At this inspection we found improvements had been made in relation to notifications. However, improvements were still required in relation to medicines and assessing and monitoring the quality of service that people received. We also found improvements were required in other areas.

We told the provider two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available.

Grace Home Care is a domiciliary care agency that provides care and support services to people in their own homes. At the time of our inspection 17 people were using the service. Some people who used the service lived reasonably independent lives but required support to maintain this independence. Other people required more support due to their long term healthcare needs such as diabetes or the risk of falls. Some people were living with dementia type illnesses.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law. The registered manager was also the owner of the service.

At this inspection we found care plans where information did not reflect people's current support needs and other care plans did not include the level of detail staff may require to provide people with the appropriate level of support. There were no systems to assess the quality of the service provided and the registered manager had not identified the shortfalls we found.

People told us staff were kind and caring and supported them in the way they chose. Staff knew people well as individuals and had a good understanding of people's care and support needs. There was information about people's mental capacity in their care plans but we found when people lacked capacity it was not clear how consent was sought or how decisions were made in their best interest.

Medicines were managed safely however there was no clear guidance about how staff should apply topical creams to people who required them. Staff had not received regular supervision or spot checks to ensure they were supporting people properly.

There were enough staff who had been appropriately recruited to look after people who used the service. The registered manager undertook an assessment before people started using the service to ensure there were enough staff to support them appropriately.

Some people required support from staff to have enough to eat and drink and maintain a healthy diet. This was recorded in their care plans and staff had a good understanding of the support people needed.

People told us the registered manager was approachable and they were able to discuss any concerns or worries with her.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

Grace Home Care was not consistently safe.

There were systems in place to manage people's medicines. However, there was limited guidance about the application of topical creams.

There were a range of risk assessments in place however these did not reflect all the identified risks.

The registered manager was currently recruiting staff to ensure there were sufficient to meet the needs of people who used the service. Staff had been safely recruited.

Staff understood what to do to protect people from the risk of abuse.

Is the service effective?

Requires Improvement ●

Grace Home Care was not consistently effective.

There was an induction programme in place but it was not clear how the provider identified what training other staff required.

There was no information about how decisions about people's care and support needs were made.

Staff had not received training in relation to the health needs of people who used the service. Staff had not received regular supervision or competency checks to ensure they had the appropriate knowledge and skills to provide care.

Where required staff supported people to have enough to eat and drink and maintain a healthy diet.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional.

Is the service caring?

Good ●

Grace Home Care was caring.

People told us they were supported by staff who were caring and kind.

People were treated with dignity and respect by staff who took the time to listen and communicate.

Is the service responsive?

Good ●

Grace Home Care was responsive.

People received care and support that was responsive to their needs because staff knew them well.

People were made aware of how to make a complaint.

.

Is the service well-led?

Requires Improvement ●

Grace Home Care was not consistently well-led.

There was no system in place to assess the quality of the service provided. Shortfalls identified at the last inspection has not been addressed.

The registered manager was seen as open and approachable.

Grace Home Care Services

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 of Grace Home Care took place on 28 July 2016 and was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be available.

Before our inspection we reviewed the information we held about the service. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office and spoke to the registered manager, and care co-ordinator. We also spoke with three staff members. We reviewed the care records of four people that used the service.

We looked at three staff recruitment files, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

The registered manager told us not everybody who used the service was able to speak with us on the telephone. Therefore following the inspection visit we undertook phone calls to the relatives of two people that used the service to get their feedback about what it was like to receive care from the staff. We also spoke with two health and social care professionals to get their views on the service.

Is the service safe?

Our findings

We carried out an inspection on 29 May and 2 June 2015 where we found the provider had not met the regulations in relation to the safe management of medicines. An action plan was submitted by the provider that detailed how they would meet the legal requirements by 9 October 2015. At this inspection we found some improvements had been made however further improvements were required to ensure people received all their medicines appropriately.

Relatives we spoke with told us their loved ones safety was protected by the staff.

There were a range of individual and environmental risk assessments in place. However, risk assessments were not in place for all risk and not all risks had been identified. One care plan stated a person's relative assisted staff with moving tasks when needed. There was no evidence of any assessment or risk assessment to show this was the most appropriate way to support the person. The registered manager told us this had been assessed as safe by the occupational therapist prior to the person using the service. However, this was a number of years ago and no review had taken place to ensure this practice was still appropriate and safe.

Some people had pressure relieving air mattresses in place. This indicated people were at risk of developing pressures sores, however there were no assessments of people's skin integrity or pressure area risk assessments in place to inform staff of the risks. There was no guidance for staff about how they should support people who were at risk. Pressure relieving air mattresses need to be set correctly to ensure they are effective at protecting people's skin integrity. If they are set incorrectly people could be at increased risk of developing pressure sores. There was no information in the care plan about what the correct setting should be or how often it should be checked. Staff told us they checked the mattresses at each visit to ensure they were inflated but did not check the settings and were unaware of their responsibility to do so.

Some people required assistance with application of topical creams. However, there was limited guidance within care plans to inform staff. Care plans identified what creams should be applied but there was no detail to identify specific locations for example by including a body map image to identify locations. One person required cream to be applied to their left leg but there was no information about what part of the leg. If staff did not support people with their medicines there were no medicine administration records (MAR) in place. Some of these people required support with topical creams. However, there was no information to show how often these creams should be applied and no MAR chart to demonstrate when the cream was applied. This could leave people at risk of not receiving appropriate or inconsistent treatment.

The above issues were a breach of Regulation 12(a)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine risk assessments were in place. These identified what support people required to take their medicines safely. It included whether people needed staff to prompt and remind them to take their tablets or if staff needed to ensure people took their medicines whilst they were present. There was information about where medicines were stored. MAR charts were signed by staff when people had taken their medicines or completed with a code for example to show if medicines were left out for people to take later.

Staff told us, "We make sure most people take their medicines but there are some where we pop them out and leave them to take later."

Risk assessments included information about how people mobilised, for example whether they required the support of another person or were independent. Environmental risk assessments identified, any area of the person's home which may present a hazard to them or staff. For example areas which may be cluttered or present a trip hazard. Staff were aware of risks to individuals and what actions they took to mitigate these risks.

The registered manager and staff told us more staff were required. We saw recruitment had taken place and new staff were due to commence work once appropriate checks and references had been obtained. The registered manager told us before accepting people to use the service she ensured there were enough staff to meet their needs and provide the level of care and support people required. They told us this included looking at where the person lived to ensure travel distances did not impact on the time staff could spend providing care. Staff told us they worked extra hours and were happy to do so.

People were protected, as far as possible, by a safe recruitment practice. Records seen included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with people. These checks took place before staff commenced working unsupervised.

Staff had a clear understanding of different types of abuse, how to identify it and protect people from the risk of abuse or harm. This included ensuring people were safe in their own homes and were not for example, at risk of self-neglect. Staff told us all concerns would be reported to the registered manager. One staff member said, "We report everything to the manager or co-ordinator." Another staff member said, "We report to the manager but I know if she didn't take it seriously I would report it myself to social care direct."

Is the service effective?

Our findings

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) in relation to the people they looked after. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. One staff member said, "It's about giving people choices." There were no formal mental capacity assessments however care assessments contained information about people's memory and whether they were subject to periods of confusion. Where people were less able to make their own decisions there was no information about how decisions about their care and support needs were made. When people started using the service they signed to show they agreed with the care provided. Where people were unable to sign themselves they had been signed by a relative. However, there was no information to show they had the authority to consent on behalf of the person. The registered manager could not be assured that all people's rights had been considered in the provision of care and treatment.

The provider had failed to take into consideration the principles of the MCA 2005 when planning people's care and treatment. This is a breach of a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a training programme and training included medicines, infection control, safeguarding, first aid and moving and handling. Care staff had not received mental capacity training. Staff had not received training in relation to the specific needs of people who used the service, for example in relation to catheter and diabetes care. The registered manager told us she had undertaken mental capacity training; however there was no evidence of the registered manager having undertaken any recent training. Training was provided online and we saw from the training matrix not all staff had received recent practical moving and handling training.

There was a supervision programme in place, this included one to one supervision and spot checks. Spot checks are when a senior member of staff observes a colleague providing care, spot checks are usually unannounced. The registered manager told us due to staff shortages supervisions and spot checks had not taken place as they should. We observed one staff member had received supervision and two staff members had received a spot check during 2016. There was no evidence of on-going competency checks in relation to medicines and moving and handling.

This provider had not identified the learning and support needs for staff and had not ensured staff were competent to provide care to people. This is a breach of a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When staff started work at the service they received an induction which included policies, conditions of service, training and shadowing other staff. Prior to working on their own they were signed by the registered manager as competent to provide care required to support people. One staff member told us the period of shadowing gave them the knowledge and skills to look after people. Staff who were new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers can follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us they felt supported by the registered manager and care co-ordinator. They said they could discuss any

issues with them. One staff member told us they found one to one supervision was useful. They told us, "It's nice to sit down and talk about what training and support I need."

Some people required support to have enough to eat and drink. This included staff preparing meals and snacks for people and ensuring they had drinks available throughout the day. Care assessments included information about people's dietary needs. This included specific diets related to their health needs such as diabetes, cultural needs and likes and dislikes. There was information about their drink preferences and how they liked their tea and coffee. Where people required support with their meals this was detailed in the care plan and informed staff to offer people a choice of meals. We asked staff how they ensured people ate food they enjoyed. Staff explained, "We use meals people have in their freezers. Some people tell us what they would like, others we offer a choice from what's available." Staff knew people's dietary choices well and how they liked their food served. Staff recognised the importance of people having enough to drink throughout the day. They told us they ensured everybody was left with a drink when they visited. The registered manager said, "I encourage staff to make sure they leave people with a drink even if we're not there to provide meals."

Staff ensured people had access to appropriate healthcare when needed, this included the GP and the district nurse. During our inspection a staff member contacted the registered manager to discuss one person who was unwell. The registered manager contacted the person's GP to visit and reassess them. The daily records contained information about people's health and staff recorded when healthcare professionals were contacted. The computer records in the office demonstrated communication between the registered manager and health and social care professionals involved in people's care. Healthcare professionals we spoke with told us staff referred people to them appropriately when they had concerns.

Is the service caring?

Our findings

Feedback from people and relatives was good. They told us their regular staff knew them and their relatives very well. One said, "She (staff) is very good, very kind and very tolerant." One relative told us, "Staff are very caring they go above and beyond what they have to do."

Staff spoke about people with genuine affection, they told us it was important people received the care and support they required in a way they wanted it. They demonstrated a good understanding of people's individual likes and preferences. They took an interest in people and referred to them by their preferred name. This was recorded in people's care plans so that all staff were aware.

People said it was important to them that they were sent regular staff who they knew, and who knew them. One relative told us they did have regular staff, they said, "We always have the same one or two carers." Another person said their relative was "Very happy" with their regular staff. When staff started working for the service they initially shadowed colleagues to provide care to people they would look after when they worked independently. This meant people were introduced to new staff and staff had an understanding of people's individual needs. The registered manager acknowledged not everybody would like all the staff and any difficulties with forming a good relationship were responded to quickly. They told us if people preferred not to have a particular member of staff this was respected and the staff member would no longer support the person. One person we spoke with told us they had requested not to have a particular member of staff and this had been respected. Staff told us they regularly visited the same people. However, because the service was small they knew most people.

Staff were aware of the importance of treating people with respect and maintaining their dignity. One staff member said, "I treat people I'm looking after the same as I treat anyone else and how I'd want to be treated myself." Another staff member told us they offered people choices and respected their choices. One relative said staff treated their loved one with respect and accepted them for who they were. They told us the person was able to live their life the way they chose. Staff talked about spending time with people saying it was important to them to do things properly and treat people correctly. One staff member said "We have plenty of time to do what is needed, we won't hurry people." Staff told us if they were running late they contacted the office who would inform the person or arrange for someone else to attend the visit.

People were involved in planning their own care when they started using the service. They were able to decide what time they would like their visits and how they would like their support. The care reviews and computer records showed people or their representatives were in regular contact with the office to discuss their individual needs. Staff told us they reviewed people's care choices at each visit and supported them to receive care in a way they chose. One staff member told us how they prepared one person's meal in a certain way that suited the individual.

Some people were anxious about receiving their support at the right time and would phone the office for support. We heard staff speak to people with kindness and offer reassurance that staff would arrive when they should. People we spoke with told us staff usually arrived on time. One relative told us, "If she (staff) is

late it's usually because she's spent longer with someone else, she's caring like that." Relatives told us staff made an effort to do the extras for people. One relative said if staff saw their loved one shopping or out for a walk they would always stop and chat, ask if they were alright and on occasions they had taken them back home.

Is the service responsive?

Our findings

People received a service that was responsive to their needs because staff knew them well. People and where appropriate their relatives were involved in planning people's care. From discussions with staff and computer held records we saw where appropriate their relatives were regularly updated about changes in their health, care and support needs. Prior to people using the service the registered manager undertook an assessment to ensure the service could meet people's needs. This included the care and support required, the time people wanted their visit and the catchment area. The registered manager told us, "It's no good taking on someone's care and then not being able to visit when they want or need us."

Care plans contained an overview of the person and the support they required. This was personalised and reflected the person. There was brief information about the care required, for example assistance to get up and go to bed and how they liked to be positioned. There was information about what was important to the person and people close to them. This included family member's names and birthdays, television programmes they liked to watch and names of their pets. This meant staff had an overview of the person if they hadn't met them previously.

Care plans reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. For example people received care and support at a time of their choosing, there was information about whether they would prefer female or male staff. Some people required support with domestic tasks for example preparing a shopping list. Staff supported people to do this in a way that helped them maintain their independence. One person told us staff were accommodating to their relative's individual ways.

Relatives told us they received their visits at a time that suited them. They said the service was flexible and could change their visit times as people required. One person said, "The visit times have changed so I can get to bed earlier." A relative told us, "I like to go out and I am able to book extra time where staff can stay here and look after (person)."

Staff were given appropriate information around people's needs. They told us they were given all the information they needed prior to visiting a person for the first time and were continually updated of any changes in people's care and support needs. Staff said they had time to read the care plans and always read the care plan of any new person before they visited. One staff member said, "I read the care plan and what happened at the last visit but I always ask the person what they want to make sure they are getting what they need." One relative told us, "I ask staff if for example they have provided the care needed, and they tell me they have."

Care plan reviews took place regularly, usually every three to six months dependant on the person's needs. If people's health, care and support needs changed prior to this time staff informed the registered manager and a review would take place. During the inspection staff contacted the registered manager about a change in someone's health needs. In addition to contacting appropriate professionals they discussed other ways the staff could help support the person more appropriately at this time. Relatives told us they were updated about any concerns staff had in their loved one's health. One relative said, "They were worried

today so I have called the doctor." Another relative told us, "Staff are really good, they always let us know what's going on."

Daily records gave clear documentation of care delivered and how each person was during that visit. This ensured that accurate and up to date information was available to care workers to help them meet the needs of the people they supported.

Everybody who used the service had a copy of Service User's Handbook this included the statement of purpose which informs people what the service does and how it achieves this. It also included information for people about how they could make a complaint or raise a concern. The registered manager told us they had not received any official complaints. She told us any concerns were addressed as soon as they were raised this prevent situations escalating into formal complaints.

Is the service well-led?

Our findings

We carried out an inspection on 29 May and 2 June 2015 where we found the provider had not met the regulations in relation to the notification of incidents and the lack of quality assurance systems.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by 9 October 2015. At this inspection we found the registered manager was meeting the regulations in relation to notification of incidents. We had received one notification since the last inspection and she told us she was now aware of her responsibilities in relation to this regulation. However, we found improvements were still required in relation to quality assurance.

People we spoke with were generally happy with the way Grace Home Care was run. People told us they could contact the registered manager at any time they were concerned and issues would be addressed. However, they also said on occasions communication was not as good as it could be. One person said, "If staff are late we don't always get a phone call to tell us."

Effective systems were not in place to monitor the quality of the service that people received. Quality assurance systems had not identified all the shortfalls we found in relation to the lack of supervision and spot-checks, the lack of information about how some people made decisions or how risks were managed.

There was no regular audit of care notes or care plans, therefore the registered manager had not identified the shortfalls we found in relation to record keeping. We found one person's MAR chart had not been completed correctly however the daily notes stated the person had received their medicines as prescribed. The registered manager could not explain why there were gaps in this person's MAR.

People had completed feedback surveys however these had not been analysed to identify themes and trends across the service. The registered manager told us any areas of concerns would be addressed at the time. However, the lack of analysis meant there was no evidence of learning and improvement across the service.

There was a lack of information for staff about how they should manage people's specific health care needs. Some people had catheters in place, there was limited information for staff to follow to know when and how to check to ensure cleanliness, and how often the catheter bag should be changed. Staff told us how they supported people with catheters. They told us they ensured the catheter bag for one person was swapped to alternate legs to ensure the person did not get sore. This lack of documentation put people at risk of receiving unsafe or inappropriate care. There were some people who were living with diabetes but care plans did not include guidance for staff on how to recognise and manage possible changes in these people's health as a result of their diabetes. Although staff knew how to support people appropriately the lack of guidance left people at risk of receiving inappropriate or inconsistent care.

Confidential information was handled appropriately by staff. Confidential records were held in the office and were locked in filing cabinets and staff had a good understanding of how they maintain confidentiality. However, the registered manager had not identified that some aspects of people's information was not

always stored securely. Staff were updated about changes to people's support needs through messages on their personal phones. This meant those who were not authorised may have access to people's details.

The quality assurance framework was ineffective because the provider failed to have effective systems and processes to ensure they were able, at all times, to meet requirements in other parts of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services and was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager worked at the service on a daily basis. She took an active role within the running of the service and had good knowledge of the staff and people. Staff told us she was approachable, they could contact her at any time and they were confident she would address any concerns appropriately.

The office management systems supported people and staff to maintain effective communication for the smooth running of the service. People told us they could ring the office at any time and could speak to someone who they knew.

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
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to take into consideration the principles of the MCA 2005 when planning people's care and treatment.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected by the proper and safe management of medicines in relation to topical creams. Risk assessments were not in place for all risk and not all risks had been identified.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure people's records were accurate and up to date. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing This provider had not identified the learning and support needs for staff and had not ensured staff were competent to provide care.

