

Gray Healthcare Limited

Gray Healthcare

Inspection report

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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

Gray Healthcare is a domiciliary care agency that provides support to people with mental health conditions and complex needs in their own homes and communities. Care and support is delivered in a number of geographically dispersed locations across England and managed from a central office in Liverpool. At the time of the inspection 22 people were using the service across five different local authority areas.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service met all relevant fundamental standards.

A registered manager was not in post. The registered manager had recently left the service. A replacement manager had been offered the position and was due to start in December 2017. Day to day management of the service was being provided by the head of operations and other members of the senior management team.

At the last inspection we identified that records relating to recruitment and training did not consistently demonstrate that staff had the right knowledge and skills to provide safe, effective care. As part of this inspection we checked staff records to see if practice had improved. Each of the records that we saw demonstrated that practice had improved since the previous inspection.

The service maintained effective systems to safeguard people from abuse and individual risk was fully assessed and reviewed.

Medicines were safely stored and administered in accordance with best-practice and people's individual preferences. Staff were trained in administration. The records that we saw indicated that medicines were administered correctly and were subject to regular audit.

We saw evidence that the service learned from incidents and issues identified during audits. Records were extremely detailed and showed evidence of review by senior managers.

People's needs were assessed and recorded to a high standard by suitably qualified and experienced staff. Care and support were delivered in line with current legislation and best-practice.

The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide safe, effective care and support.

We saw clear evidence of staff working effectively both internally and externally to deliver positive outcomes for people. For example, senior staff were part of regular multi-disciplinary team meetings which assessed and reviewed the care and support needs for people with complex needs and behaviours.

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. We saw evidence in care records of appointments with GP's, opticians and dentists.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA).

People told us that staff treated them with kindness and respect. It was clear from care and incident records that staff were vigilant in monitoring people's moods and behaviours and provided care in accordance with people's needs.

Staff were clear about the need to support people's rights and needs regarding equality and diversity. Care records contained important information about people's sexuality, ethnicity, gender and other protected characteristics.

People had individual models of support that suited their personal preferences and goals. We saw evidence that staff had been successful in supporting people to achieve these goals.

The service was making increasing use of technology to aid communication. Each staff team had access to a smart phone and tablet on which they could access, update and share information.

We checked the records in relation to concerns and complaints. The complaints' process was understood by the people that we spoke with. We saw evidence that complaints had been responded to in a professional and timely manner by a senior manager.

People spoke positively about the management of the service and the approachability of senior staff.

Gray Healthcare had an extensive performance framework which assessed safety and quality in a number of key areas. The performance framework was appropriately matched to regulation and the fundamental standards. Policies and procedures provided guidance to staff regarding expectations and performance.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through telephone contact and regular surveys. The most recent survey yielded a very positive response.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The professionals that we contacted did not express any concerns about the quality and effectiveness of these relationships.

Further information is in the detailed findings below

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 has improved to Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Gray Healthcare

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.

This was a comprehensive inspection.

The inspection took place on 4 December 2017. Additional telephone calls were made to people using the service on 7 December 2017. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service for adults who are often out during the day. We needed to be sure that they would be in.

The inspection was conducted by an adult social care inspector and an assistant inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the services, their relatives, health and social care professionals, staff and the registered manager. We also spent time looking at records, including four care records, five staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

During our inspection we spoke with two people using the service and two relatives. We spoke with four support workers, the owner, the head of operations and other members of the senior management team.

Is the service safe?

Our findings

People and their relatives told us that the service was safe. Comments included; "I think it's safe. Everything is good" and "Support workers are trained well and have access to nurses if they need them." A staff member said, "I make sure [people using services] are kept safe. If [the concern] was within work, I would inform management."

At the last inspection we identified that records relating to recruitment and training did not consistently demonstrate that staff had the right knowledge and skills to provide safe, effective care. As part of this inspection we checked staff records to see if practice had improved. One minor issue was identified which was addressed by the head of operations during the inspection. However, each of the records that we saw demonstrated that practice had improved since the previous inspection. Each record contained an application form, photographic identification, satisfactory references and a Disclosure and Barring Service (DBS) check. DBS checks are used by employers to establish if staff are barred from working with vulnerable adults. The provider was no longer in breach of regulation. The provider completed regular audits of staff records to ensure that they were complete.

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about local safeguarding procedures was available to staff through a secure electronic portal. Each of the staff that we spoke with was able to explain their responsibilities in relation to safeguarding and whistleblowing (reporting outside of the organisation).

Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills, promote their independence and support their recovery. For example, in relation to activities and community access. A member of staff told us, "We complete incident report forms, keep everything updated. If it was not in the person's risk assessment, it gets added." We saw evidence of this practice in care records.

We also saw that the service evaluated the level of risk presented by the physical environment in which care was provided. Each record identified the hazard, a risk score and the control measures in place to reduce the risk.

Staff were deployed in sufficient numbers to provide safe, consistent care and support. We saw that agency staff were used infrequently and were given access to information about the people they would be supporting.

Medicines were safely stored and administered in accordance with best-practice and people's individual preferences. Staff were trained in administration. The records that we saw indicated that medicines were administered correctly and were subject to regular audit. One member of staff said, "I give medicines at one house, or I witness the person taking the medicines themselves. [For competency assessment], I had to complete an online exam and get a certain percentage. [Medicines] was also part of watching on shadow shifts."

Procedures reduced the risk of infection. For example, home visits included a check of personal protective equipment (PPE) such as gloves and aprons. Staff were clear about the need to use PPE when providing personal care.

We saw evidence that the service learned from incidents and issues identified during audits. Records were extremely detailed and showed evidence of review by senior managers. For example, one incident assessed at a leadership meeting focussed on a person's preference to cancel shifts via text messages. The record stated that staff must not accept this form of communication and went on to say, 'We are missing the opportunity to assess what is happening. Is it a sign of relapse.' This clearly demonstrated a commitment to improve safety and practice.

Is the service effective?

Our findings

People spoke positively about the effectiveness of staff. Comments included; "Support workers will go and support [relative] to go to specialist appointments", "[Relative] has four support workers. Each has specific skills" and "I think it [staff effectiveness] is all about communication and reviewing support worker training."

People's needs were assessed and recorded to a high standard by suitably qualified and experienced staff. For example, Registered Mental Health Nurses. Staff were actively assessing the needs of three people prior to their discharge from hospital. Information regarding assessment and care and support needs could be securely accessed by staff through an electronic portal.

Care and support were delivered in line with current legislation and best-practice. For example, the service made use of the recovery star and positive behaviour support models to ensure that improvements were monitored and behaviours were clearly understood.

The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide safe, effective care and support. Training needs were reviewed during the regular supervisions and appraisals.

People were supported to eat and drink in accordance with their needs. Staff encouraged people to shop for and prepare their own food and drinks to promote their independence.

We saw clear evidence of staff working effectively both internally and externally to deliver positive outcomes for people. For example, senior staff were part of regular multi-disciplinary team meetings which assessed and reviewed the care and support needs for people with complex needs and behaviours.

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. We saw evidence in care records of appointments with GP's, opticians and dentists.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. The care records that we saw showed evidence of consultation and people had signed to indicate that staff could access information.

Is the service caring?

Our findings

People told us that staff treated them with kindness and respect. Comments included; "I've got new staff in here. It's made me feel much better. They can't do enough for you. They're brilliant" and "All staff have the ability to sit with [relative] calmly and offer re-assurance. I think the incidents of stress have decreased." A member of staff told us, "We listen to [the person's] needs. If there are any concerns, we get it dealt with."

It was clear from care and incident records that staff were vigilant in monitoring people's moods and behaviours and provided care in accordance with people's needs. For example, one person experiencing anxiety and paranoia was supported to take their medication and to attend a local accident and emergency department regarding a physical injury.

People were actively involved in decisions about their care. Staff took time to explain important information and offer choices. We saw evidence that people were able to change their minds about receiving care in accordance with individual risk assessments.

Each of the people using the service held their own tenancy or lived with family members. Staff were aware of the need to maintain privacy and dignity when providing personal care or when people communicated using behaviours that might compromise their dignity. Staff told us that they recognised people's personal space and were respectful when engaging with them.

Staff were clear about the need to support people's rights and needs regarding equality and diversity. Care records contained important information about people's sexuality, ethnicity, gender and other protected characteristics. We were given examples where staff had provided practical support to access specialist advocacy and advice services.

Is the service responsive?

Our findings

People had individual models of support that suited their personal preferences. A staff member commented, "We support the person to communicate about activities and change. [The person] likes to have new experiences. [The person] will let you know with both words and gestures." Relatives told us that they had the opportunity to review care and support plans. They said, "We actually sit down with support workers and one of the nurses rings [to discuss care needs]."

It was clear from care records and discussions with people that their care needs were met in a personalised way. Each person had different preferences and goals that were reflected in their care records. We saw evidence that staff had been successful in supporting people to achieve their goals. For example, the recovery star diagrams that we saw provided a base-line score for indicators of mental health. We saw evidence that people achieved improved scores following support and intervention from staff.

We saw evidence that each person had an individual model of support which included activities that respected their preferences. For example, One person had detailed plan to access their community which accommodated their needs for routines. In another example, staff had responded to a person's anxiety regarding storage of important information. They had developed a creative approach to hold the information without causing distress to the person.

The service was making increasing use of technology to aid communication. Each staff team had access to a smart phone and tablet on which they could access, update and share information. We saw evidence that people's individual communication needs were assessed and supported through use of plain English, photographs and illustrations. For example, in relation to accessing and advocate.

We checked the records in relation to concerns and complaints. The complaints' process was understood by the people that we spoke with. We saw evidence that complaints had been responded to in a professional and timely manner by a senior manager. The nature of each complaint was evaluated to improve practice. For example, in relation to communication.

None of the people using the service was receiving end of life care, but staff were aware of the need to plan in this area should the need arise.

Is the service well-led?

Our findings

A registered manager was not in post. The registered manager had recently left the service. A replacement manager had been offered the position and was due to start in December 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke positively about the management of the service and the approachability of senior staff. Comments included; "I'm kept well informed" and "I feel well supported. The manager is available during the day and on-call I think is done by assistant managers."

The service had a clear vision to provide high-quality, person-centred care that supported people's recovery. The staff and managers that we spoke with explained this vision and we saw that it was consistently reflected in communications and promotional materials. A member of staff said, "We are here for the clients. The aim is to reduce the [need for] care as much as possible."

Gray Healthcare had an extensive performance framework which assessed safety and quality in a number of key areas. The performance framework was appropriately matched to regulation and the fundamental standards. Policies and procedures provided guidance to staff regarding expectations and performance.

Staff and managers spoke with clarity and enthusiasm about their roles and demonstrated a mature and transparent approach when questions were raised during the inspection. It was clear that senior staff and managers understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner and the ratings from the last inspection were displayed as required.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through telephone contact and regular surveys. The most recent survey yielded a very positive response.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The professionals that we contacted did not express any concerns about the quality and effectiveness of these relationships.