

Grossdale Ltd

# Grossdale Care Agency

## Inspection report

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18 April 2019

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### 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:

Grossdale Care Agency is a domiciliary care agency that was providing personal care to five people at the time of the inspection.

### People's experience of using this service:

The service did not always record the administration of medicines properly. Medicine risk assessments lacked information about the risks associated with specific medicines people were taking. The provider did not always record when things went wrong and therefore did not gain any learning when they did. There were systems and processes in place to safeguard people from harm and abuse. People were risk assessed to reduce the probability of harm coming to them. There were enough staff to provide care. Staff received robust recruitment checks. People were protected from infection through infection prevention measures.

People's needs were assessed before they began using the service. Staff received inductions and training in their roles. Staff also received supervisions. People were supported to eat and drink. Staff worked with other agencies, including healthcare professionals, to the benefit of people's care. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems at the service supported this practice.

People told us they were treated well by kind and caring staff. The service was inclusive and promoted people's human rights. People told us staff listened to them and they had input into their care and treatment. People told us their privacy and dignity were respected and their independence promoted.

Care plans were personalised and provided guidance for staff on how to best to work with people. People told us they knew how to make complaints but had not needed to do so. The provider told us they could work with people who were at the end of their life but was not doing so at the time of our inspection.

The provider had not implemented the full range of their quality assurance processes and had not completed the audits that their continuous improvement plan identified. We only saw one audit, and this was completed incorrectly. We have made a recommendation about this. People, relatives and staff thought highly of the management team. Meetings were held for people, relatives and staff. The service sought to work with others and already had relationship with one local authority.

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:

The service had not been previously inspected.

### Why we inspected:

This was a planned inspection that was part of our inspection schedule.

#### Enforcement:

During this inspection we identified a breach of one regulation relating to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

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 monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

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** ●

# Grossdale Care Agency

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

There was 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. It provides a service to older adults and disabled adults.

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 24 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 16 April 2019 and ended on 18 April. We visited the office location on both the 16 April and 18 April 2019. We spent more than one day due to the provider changing their location and the inspection occurring very soon after their location change. We went to see the manager and other staff there, and to review care records and policies and procedures.

#### What we did:

##### before inspection:

- We looked at information we held regarding the provider and information they had sent us.

##### during and after the inspection:

- We looked at three people's care records
- Safeguarding records, and policies and procedures
- Audits and quality assurance reports
- We spoke with five members of staff including two care staff, the registered manager and two directors
- We spoke to two people who used the service and two relatives.

# Is the service safe?

## Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

### Using medicines safely

- The provider had recently begun supporting someone with their medicines. They provided us with a Medicine Administration Record (MAR) chart that had not been completed correctly. The MAR chart did not indicate clearly whether the person had taken their medicine or not. The provider was unable to assure us the person had taken their medicines, nor were they aware of the risks to the person should they fail to take their medicines.
- The provider had incorrectly completed a report audit regarding the MAR chart we saw. The report audit stated there were no gaps in recording of people's medicines when clearly there were.
- The provider had completed medicines risk assessments for people who took medicines. However, these risk assessments were not specific and did not identify the medicines people were taking nor the risks associated with those medicines. We informed the provider about this concern and they told us they would address it following our inspection.
- There was a medicines policy in place and staff at the service had been trained to administer medicines.

### Learning lessons when things go wrong

- We asked the provider whether there had been any incidents or accidents. They informed us there hadn't been any. However, when we spoke with a relative it was clear there had been an incident.
- The service had an incidents and accidents policy and process to follow should an incident or accident occur. The policy was straightforward and had a process map to assist staff how to report incidents or accidents.

The provider hadn't taken steps to ensure the proper and safe management of medicines nor recorded any actions being taken or lessons being learned when things went wrong. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

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

- People told us they felt safe receiving care from staff. One person said, "Yes I do [feel in control when receiving care]."
- There was a safeguarding policy and procedure in place. The policy held relevant information that informed staff about their duty to protect vulnerable adults and the procedure explained what to do if they suspected abuse.
- We looked at safeguarding records and saw the provider had investigated and acted upon concerns raised and made recommendations appropriately.

### Assessing risk, safety monitoring and management

- People and relatives told us staff knew the potential risks to people and how to care for them. One relative said, "Oh yes definitely [staff know the risks to my relative]."
- The service completed assessments with people to monitor risk of harm to them. Risk assessments we saw included falls, moving and handling, medicines and people's home environments. They measured the likelihood of something occurring and the severity if it happened.
- We saw that some people with medical conditions had recently started using the service. We spoke with the provider about having specific risk assessments for these conditions to support people. The provider told us they would begin to do so. During our inspection they were able to show us they provided information for people and staff about medical conditions and where people might be able to access support locally.

### Staffing and recruitment

- We saw there were enough staff to manage the care needs of people and processes to ensure that if staff were unable to work there was cover arrangements.
- The service had robust staff recruitment practices. We looked at all the staff files and saw the provider had completed pre-employment checks to ensure their suitability for the roles. This meant people were kept safe as the provider employed suitable staff.

### Preventing and controlling infection

- People were protected from infection. One relative told us, "They wear gloves and aprons and they are aware of what needs to be done."
- Staff understood the risks associated with infection and wore appropriate protective clothing when providing care. One staff member said, "In order to stop the spreading the infection and we wash our hands and when I am working with the client we always use Personal Protective Equipment."

# 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.

Good: 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

- People were assessed by the service so their needs could be met. The provider then made support plans from their assessment. These assessments captured information regarding people's preferences and needs. Topics covered included personal care, communication, medical history and mobility. This meant that people were only supported by the service if they could meet their needs.

Staff support: induction, training, skills and experience

- People told us staff knew how to do their jobs. One person said, "Yes they are [skilled and experienced]."
- Staff received induction when they started work so that they knew what they were supposed to be doing when they began working with people.
- The provider had a training plan in place and staff told us they received training. We saw the provider recorded the training staff received and planned to provide more over the coming year. Training records we saw included safeguarding, medicine administration and moving and handling.
- All staff had received supervision and staff we spoke with said they felt supported by the provider.
- The service had not yet given appraisals to people nor had they completed competency checks with staff, however they had not been providing care for long and had plans to begin to do so.

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

- People told us they were supported to eat and drink. One person said, "Yes they cook if things are needed they will get it for me – they will sort it out for me."
- People's care plans recorded the food they liked and disliked and when they preferred to eat. Where appropriate people's food and fluid intake was monitored to ensure their health needs were being met.
- Staff we spoke with knew people's likes and dislikes and were able to tell us about the choices they provided people with regards to food. One staff member said, "I prepare a sandwich – I always ask them what they want."
- There was a food hygiene policy and food hygiene training that supported staff to meet people's dietary requirements.

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

- We saw daily notes that demonstrated that staff shared relevant information with each other and recorded interaction with other agencies. This meant that people were supported through the good joint working of the service.

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

- Care plans recorded people's health care needs. Staff told us they would contact health care professionals to assist people if needed. One staff member said, "I noticed they had problems sitting on the toilet and the manager contacted the occupational therapist and they sorted out a toilet booster." This meant people were supported to address their healthcare concerns.

#### 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. We checked whether the service was working within the principles of the MCA and found that they were.

- Staff completed dementia training and understood the mental capacity principles. One staff member told us, "I think we always have to ask them [to consent to care]."
- Each care plan had a consent to care agreement in place that outlined the care that would be provided. These were signed by the person receiving the care. At the time of our inspection there was no one who did not have capacity to consent to their own care and treatment.
- Policies contained positive focus on the human rights particularly for those with dementia.

# 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.

Good: People were supported and treated with dignity and respect; and involved as

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One relative said, "They are very kind, patient with all that, they are professional, they know what they're doing. I can't speak highly enough of them."
- Daily notes and conversations with staff indicated that people were treated with respect. People were spoken about in respectful terms and demonstrated that people were well treated. One staff member said, "[Treat people] how I would like to be treated, being patient and giving them time."
- Staff completed equality and diversity tests as part of induction. Questions we saw included the equality act, protected characteristics and diversity. The test focused on staff knowledge of people's humans' rights and their protection when receiving care.
- The service had an Equality, Diversity and Inclusion policy that guided staff on the importance on maintaining people's human rights.

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

- People told us staff listened to them. One relative said, "Oh yes, they listen to [person]. They treat [person] like an equal because sometimes [person] can't get their words out."
- People's views were recorded in their care plans. People's care plans contained signed consent to care forms. These forms were signed by people and indicated their decision to agree to the provider's care. People were also able to provide input into their care during the regular care plan reviews or as and when necessary.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. One person said that, "Oh, most naturally [they respect my privacy]."
- Staff told us they gave people privacy and treated them with dignity. One Staff member said, "We must always be respectful and when we give them personal care ensure they are not exposed and if there are different people around shut the doors, pull the curtains. When we take them out of the shower we put a towel around private parts. Make them feel protected and respected."
- People told us staff promoted their independence. One person told us, "They encourage me." A staff member said, "I try to encourage active participation." This meant staff knew what people wanted to do and when to encourage them.
- The service provided a dignity policy that upheld people's right to dignity and guided staff as to how people should be treated. Daily notes recorded interaction with people in a respectful and dignified manner in keeping with the dignity policy.

# Is the service responsive?

## Our findings

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

Good: 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's care plans recorded their needs and preferences. They contained personalised support plans and risk assessments. They listed people's health needs, requirements and preferences and provided useful information about how to provide care in a way that people liked.
- Care plans gave carers explicit instructions how people liked things done. For example, one stated, 'Understand me, monitor my bed sores, turn me in my bed regularly, apply aqueous cream.' This meant that staff were provided information about people's needs and what to do to support them.
- Care Plans also provided general guidance about the conditions people had. The guidance provided information from the NHS and other sources about the issues people might face with these conditions. This meant staff could further understand the diagnoses people had.
- Copies of care plans were kept in people's home so were available for staff and people to look at when they needed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make complaints but told us they had not had to make any. One person said, " I would get on the phone straight away to [director] or [director]."
- The service had a complaints policy and procedure. The service had not received any complaints at the time of our inspection but were able to show us their system for following policy.

End of life care and support

- At the time of our inspection there were no people using the service who were at the end of their life. The service had a comprehensive policy to follow should they begin working with someone who was. The policy highlighted people's dignity and spiritual needs as well as pain management. The directors we spoke to told us they felt confident they would be able to meet this need given their policy and access to training.

# 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had a quality assurance policy that contained a continuous improvement plan. The plan identified quality assurance measures that would direct continuous improvement at the service. These measures included surveys, audits, spot checks, complaints and risk assessments.
- The provider had not implemented the plan having not completed the range of audits the quality assurance policy set out. For example, there were no support plan reviews, care staff audits or medication audits completed.
- The only audit we saw was a report audit that had been completed incorrectly stating there were no gaps in a MAR chart when there were gaps present.
- We spoke with the provider about the lack of audits and spot checks and they assured us that they would complete them following the inspection and had not done so having only recently started providing care to people within the previous 6 months. We would recommend the provider follow best practice guidance on quality assurance and complete the checks and audits stated in their own policy and plan.
- Staff spoke positively about the service and the management team. They told us the management were approachable and "hands on."

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

- People and staff thought highly of the staff. One person said, "They're lovely people, they are all lovely." A staff member said, "[Director] is amazing – they are a lovely person. They are supportive."
- The provider had plans and policies in place to assist them provide high quality care and support. Although the service had only been providing care the community for around six months, one of the policies we saw had been reviewed recently and the registered manager and directors were able to demonstrate their input into its production.

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

- The provider had quality monitoring information gathering tools such as questionnaires and surveys available but had not begun using them. They told us these would be sent to people at some point later in the year. However, they were able to show us they had gathered this information at care plan reviews and had assured themselves people were happy with the care they received.
- People told us they held meetings with the service and that they were able to make suggestions about the

service. One relative said, "Yes. I'd be able to make a suggestion."

- The provider held meetings with staff when new people started receiving care. People's needs and preferences were discussed at these meetings and they provided an opportunity for staff to ask specific questions about the care to be provided.
- The provider also held general staff meetings. Records showed recruitment, record keeping, types of packages, staff files and references were discussed.

Working in partnership with others

- The service had recently changed their location and as such was seeking to build both their reputation and relationship with other organisations.
- The service was able to demonstrate a working relationship with the local authority and that it was a member of the local panels and groups that could benefit people using their service.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider hadn't taken steps to ensure the proper and safe management of medicines nor recorded any actions being taken or lessons being learned when things went wrong.