

Grace Intergrated Care Ltd

# Grace Intergrated Care Ltd

## Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

The announced inspection site visit took place on 21 November 2018. Grace Integrated Care Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, the service was providing support for three people residing in Northamptonshire. People's care was provided by the nominated individual, the registered manager and five members of staff.

Grace Integrated Care Limited had a registered manager. 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.

Grace Integrated Care Limited was previously inspected by the Care Quality Commission on 27 September 2017 and the report published on 31 October 2017. We found three breaches of the regulations. The overall rating for the service was requires improvement.

Following the last inspection of 27 September 2017, we asked the provider to complete an action plan to show what they would do and by when to improve medicine systems and processes, ensure staff recruitment was robust and to ensure effective governance of the service. We found improvements had been made.

People's records provided information as to the medicine they were prescribed and who was responsible for its administration, such as family members or staff. We found staff were responsible for applying prescribed creams and and this was recorded within people's records.

Staff recruitment records evidenced necessary pre-employment checks had been carried out prior to the commencement of their employment.

Systems to monitor the quality of the service were found to be effective. Where shortfalls were noted by the registered manager action was taken by them to bring about improvement. The action taken was recorded and communicated with staff.

This inspection has found the service has improved its overall rating from requires improvement to good.

People's safety was promoted by staff who implemented the guidance as detailed within people's risk assessments and care plans. Staff were knowledgeable about people's care and support and the importance of using equipment to support in the delivery of care safely. Family members spoke positively about the consistency of a small team of staff in the provision of care, which meant their relatives were comfortable and relaxed when personal care was delivered.

People's needs were assessed to ensure the service and staff could meet their needs. We found, people were

supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice.

Staff received support from the registered manager, through supervision and checks to ensure they were competent to carry out their roles effectively. Staff received the training they needed to provide safe and effective care to people.

Family members spoke of the positive relationships they had developed with staff. People's dignity and privacy was promoted and people were aware of how confidential information would be stored and the circumstances in which it would be shared.

People's views and those of their family members had been sought to develop their care plans, which were regularly reviewed by the registered manager. People's care plans had considered the individual needs of each person and the role of staff in meeting these. Concerns had been investigated and documents supported this, which included the action taken to address the issues raised.

Systems were in place to monitor the quality of the care being provided, which included seeking the views of those using the service and family members. A range of audits were undertaken to evidence the quality of the care and the accuracy of records used to record people's care and support. There was an open and transparent approach to the management of the service, which included team meetings, supervision and competency assessments of staff.

## 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 was safe.

People were safeguarded from abuse as systems and processes were in place, which were understood by staff. A system of staff recruitment was in place to ensure people were supported by suitable staff.

People's safety was monitored, with risk assessments and care plans providing clear information for staff as to how people's safety was to be promoted.

Protective equipment was used to reduce the potential risk of spreading infection.

People's needs with regards to their medicine were identified within their care plans. People received the appropriate support from staff who had received training in medicine management.

### Is the service effective?

Good 

The service was effective.

People and family members were involved in the assessment of their needs. People's needs were met by staff that had the necessary skills and knowledge to provide the appropriate care and support required.

Staff were supervised and had their competence to provide care regularly assessed.

People's physical health was considered when care plans were developed and reviewed.

People received support from staff to meet their dietary requirements, reflective of their individual needs and the level of support required.

The principles of the Mental Capacity Act 2005 were understood and implemented and people were supported to make decisions about their care and support.

### Is the service caring?

Good ●

The service was caring.

Positive and caring relationships between people using the service and family members had developed, which had had a positive impact on people's well-being.

People's privacy and dignity was maintained and people were aware of their rights, which included their right to confidentiality.

### Is the service responsive?

Good ●

The service was responsive.

People and family members contributed to the development of care plans. Care plans were fully understood and implemented by staff.

People and family members were confident to raise concerns. Records showed concerns and complaints were investigated and the outcome communicated to the complainant.

### Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post who supported and assessed the competency of staff, which included working alongside them in the delivery of care.

People's views and that of their family members were sought through questionnaires.

Systems were in place to monitor the quality of the service, which included a range of audits of records held within the service.

# Grace Intergrated Care Ltd

## **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 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 to provide a rating for the service under the Care Act 2014.

The inspection site visit took place on 21 November 2018. We gave the registered manager 48 hours' notice of the inspection because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit was carried out by one inspector.

We looked at the providers Statement of Purpose. This is a document providing information as to the aims and objectives of the service, the support and services it provides and to who.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also contacted the Local Authority for any information they held on the service. We used this information to help us plan this inspection.

We spoke with two family members by telephone on 22 November 2018.

We spoke with the registered person and the registered manager when we visited the office on 21 November 2018. We spoke with three members of staff by telephone on 22 November 2018.

We looked at the care plans and records of two people. We looked at two staff records, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings and records related to the quality monitoring of the service.

# Is the service safe?

## Our findings

At our previous inspection of 27 September 2017, we found the registered person had not ensured people's medicine was managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made at this inspection.

At this inspection we found clear information within people's records detailing the medicine people were prescribed. The records we looked at, stated that people's medicine was managed and administered by a family member, except for prescribed creams which were applied by staff as part of people's personal care. This was confirmed by the family members we spoke with. Staff had signed the medication administration records (MARs) when they had applied the prescribed creams.

At our previous inspection of 27 September 2017, we found the registered person had not ensured people were supported by staff who had undergone a robust recruitment process to ensure they were suitable to work with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made at this inspection.

At this inspection we found staff records included documents to evidence a robust recruitment process of staff. We found copies of a letter addressed to the applicant was in place which offered employment subject to satisfactory references and checks. We found staff records contained references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out to help the provider to make safer recruitment decisions.

We found there were sufficient staff to meet people's needs safely. Family members we spoke with told us staff arrived on time in a majority of instances, and should staff be running late they were always advised of this. Family members we spoke with expressed confidence in the knowledge of staff in meeting their relative's needs.

Family members told us they had confidence in the care provided, which made them and their relative feel safe. Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents, such as people having a fall, basic life support and fire safety. Records showed staff completed training in a range of topics to promote people's safety and training was updated annually. Staff understood what procedures were to be followed if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams.

Potential risks had been identified and assessed and guidelines as to how staff were to reduce risk were detailed within risk assessments. For example, supporting people with their personal care and to move around their home with the support of equipment, which included hoists and wheelchairs. Where people required the use of a hoist, the person's records provided clear information as to how the equipment was to be used, specific to that person's individual needs.

People were supported by a small group of staff who they were familiar with, this promoted consistency of

care and promoted people's safety and well-being. Staff had a good insight into people's needs and their role in providing safe care. Staff spoken with confirmed they had received training in topics related to people's safety, which was confirmed by training certificates kept within staff records.

Staff received training in infection control and food hygiene, to promote people's safety. Staff wore personal protective equipment, such as aprons and gloves when providing personal care and preparing food to reduce the risk of infection and cross contamination. Family members and staff, we spoke with confirmed gloves and aprons were worn by staff when providing personal care.



## Is the service effective?

### Our findings

People's needs were initially assessed by the funding authority, who shared their assessment with the registered manager. The registered manager upon receipt of the assessment reviewed the information to decide whether they could potentially meet the person's needs. The registered manager arranged to meet with the person and in some instances a family member, to carry out their own assessment, this was confirmed by the family members we spoke with. The assessment process considered people's physical, communication and social care needs and any specific needs relating to protected characteristics as defined under the Equality Act, such as disability, race or religion.

Information held within staff records detailed staff's induction training, which had included working alongside the registered manager as part of their introduction to people using the service. Staff told us they were regularly supervised and had their competency assessed through spot checks, where the registered manager observed their approach to people when delivering care. Staff told us they received constructive feedback from the registered manager to support them in their continued development in providing effective care.

Staff were positive about the training they received and confirmed it was refreshed annually. Staff said, the training enabled them to provide support and care safely. The majority of staff had completed the Care Certificate, which means they had been assessed against a set of standards evidencing they had the necessary skills, knowledge and behaviours to provide good quality care and support.

People using the service were supported by family members, where support was required with eating and drinking. Staff did on occasions make drinks for people as and when requested by them.

Family members told us they were confident that should their relative become unwell and they were not available, then staff would contact the appropriate health care resource for support. A family member told us how the registered manager responded very timely in re-establishing their relative's care package when their relative was discharged from hospital. They told us this meant their relative was not unnecessarily delayed in hospital.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. We found people's capacity to make informed decisions was recorded within the assessment process. People using the service could advocate for themselves or had a family member who represented them.

## Is the service caring?

### Our findings

Family members spoke positively of the service provided to their relative and were appreciative that support was provided by a small group of staff, who had developed positive relationships both with them and their relative. One family member said, "The staff are absolutely fantastic, it's a small team. My [relative] knows who is coming through the door each day." A second family member told us, "We have had a small nucleus of four staff providing [relative's] care."

A family member shared with us, how the small things staff did were helpful and reflected the caring approach of staff. For example, they told us staff had brought milk when they returned to the person's home following an earlier visit, instead of the family having to go out to the shops, leaving their relative unattended.

All the care plans we viewed had been signed by the registered manager and the person's family member. Family members spoke positively about their involvement in the development and reviewing of their relative's care plan. Family members, told us their relatives needs were regularly reviewed by the registered manager and their views sought about the service being provided. Care plans provided information as to the involvement of family members in their relative's care, which ensured positive relationships were developed and demonstrated a commitment by the registered manager and staff to work inclusively with families, for the benefit of all.

Staff we spoke with were knowledgeable about the people they cared for. They told us about the care they provided and spoke in detail as to the small things they were aware of which supported them in providing individualised care. For example, which colour flannels people wished to use as well as the location and preferences as to their toiletries.

Family members were complimentary in staff's commitment to the promotion of their relative's privacy and dignity when providing personal care by ensuring doors and curtains were closed. A family member told us, "Privacy and dignity is all good. All the staff are jovial, happy and do not bring their personal lives into our home." A second family member said, "I have no concerns about my relative's dignity. They always close the curtains and tell them what they are going to do. They're super."

People's care plans provided guidance for staff as to how they were to promote people's privacy and dignity. For example, detailing whether they should let themselves in the person's home or ring the bell for their relative to invite them in. Care plans, which were signed by a family member included information as to how their records would be stored consistent with data protection legislation and the circumstances in which confidential information would be shared and with whom.

## Is the service responsive?

### Our findings

Care plans identified the number of visits each person required, the times and the number of staff involved. They provided clear information as to both the support the person required and how it was to be delivered. People's care plans contained information about people's specific health related conditions and how these affected the person on a day to day basis. For example, people's ability to mobilise or how people became more tired during the day, which meant staff had to adapt the support they provided.

Staff completed both electronic and paper records detailing the care and support provided, which included information as to people's well-being. For example, recording the activities people were engaged in such as watching the television and commented as to whether the person was smiling and had engaged in conversation.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We found the service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. For example, people's assessments had identified any communication needs. For example, they reminded staff to encourage people to wear their glasses or hearing aids.

Family members told us they had not raised any complaints and that small concerns were dealt with quickly by the registered manager. Concerns had been recorded, which included the action taken to resolve the issue raised. The registered manager had informed staff of concerns raised and the action staff were to take was documented within their supervision records or staff meeting minutes.

## Is the service well-led?

### Our findings

At our previous inspection of 27 September 2017, we found the registered person did not have an effective system or processes to monitor the quality of the service being provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made at this inspection.

At this inspection we found the registered manager had put into place a system to audit people's records. These included medicine administration records (MARs) and daily notes completed by staff that detailed the care provided. We found that where shortfalls had been identified, for example a MARs not detailing why a prescribed cream had not been applied, this was investigated by the registered manager. Upon completion of their investigation, it was documented as to why there was a missed signature and the action taken. For example, a discussion with a member of staff in their supervision. A majority of audits had found no shortfalls, we found MARs records and daily notes had been completed.

The registered manager had introduced a clear, open and transparent system for assessing the competence of staff, which included medicine administration and the delivery of personal care and support. The areas assessed were documented and the outcome of the assessment was recorded, along with the feedback provided to staff. Staff we spoke with said they found competency assessments and supervision to be of benefit as it meant they could continually improve the quality of the care provided and gave them confidence.

The provider, since the previous inspection, had introduced an electronic system which staff accessed via an App on their mobile phone. The system means enables staff to record their arrival and departure time to people's homes. The system also provides access to people's care plans and requires staff to record the care they have provided, including a note as to the person's well-being. The electronic records can be accessed immediately by the registered person and registered provider. It also means they would be alerted if staff did not arrive at the person's home to deliver care. This would enable the registered manager to act by ensuring the wellbeing of the member of staff and updating the person receiving care of any delays.

Staff spoke positively of the registered manager saying that they often worked alongside them in the delivery of people's care and support. Staff told us the registered manager was always contactable by telephone to address any queries they had about people's care or where they had concerns for their welfare. Staff confirmed they had attended staff meetings, where they had been informed of improvements that were required.

We found that people and their family members were given opportunities to influence the service and share their views about the quality of service provided. People and their family members, were involved in reviews of their care, this was used as an opportunity for the registered manager to seek people's views about the service and to make any changes to people's care plans. In addition, the registered person sent surveys annually to seek people's views. The results of the survey for the previous year had been collated and the outcome shared with people and their family members.

Family members spoke positively about the management of the service, referring to the registered manager by name. A family member told us, "They're (staff) and [registered manager] leads the way in professionalism and care." A second family member said, "A little company who are absolutely fantastic. The manager is approachable and small issues are always addressed."

There was an emergency business continuity plan in place; that would enable the provider to continue to meet people's needs in the event of an unplanned event, such as an interruption to gas or electricity supply or adverse weather. The plan detailed the commitment by the provider to liaise with other services, to ensure staff were available to provide people's care and support.

We contacted the local authority who commissions the service on behalf of people to seek their views. They told us they had worked successfully with the registered person and registered manager to address the minor issues identified.