Grace Intergrated Care Ltd

Grace Intergrated Care Ltd

Inspection report

46 Thurlington Road
Leicester
Leicestershire
LE3 1NU

Tel: 07766252837

Date of inspection visit:
22 September 2016

Date of publication:
26 October 2016

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 22 September 2016 and was announced.

Grace Integrated Care Limited is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were nine people using the service, all of whom resided within Northamptonshire. People's packages of care varied dependent upon their needs. People's care was provided by the nominated individual, the registered manager and two members of staff.

The service 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.

People's records did not always provide consistent and sufficient information about the support people required with their medicines and we found the policy and procedure for medicine management to be out of date. This meant there was a potential for people's medicine not to be managed safely.

Staff did not fully understand their role in keeping people safe, which meant there was a potential for people's safety and rights not to be promoted. Staff were not able to tell us how they would recognise the signs of abuse and know in sufficient detail what they should do if they had any concerns. We found the provider's policy and procedure for safeguarding people to be out of date and not reflective of current guidance.

People's records included information as to potential risks, which were supported by assessments and care plans. These records provided information for staff as to how they should provide care and support to people safely, for example through the use of equipment when assisting people to mobilise and the number of staff needed to be involved to promote safety.

Staff underwent a robust recruitment process, which included pre-employment checks to help the provider to determine their suitability to work with people who use care services. Staff underwent a period of induction and training, a part of which was used to introduce them to those using the service. This provided an opportunity for staff and those using the service to meet before the staff member provided their care. Staff were positive about the support they received from the registered manager, saying they were always available should they need advice.

People spoke positively about the caring approach of the registered manager and staff. Staff spoke passionately about their role in maintaining people's privacy and dignity and supporting people to make choices about their care.

The staff liaised with health care professionals to support people in accessing health care services, which

included contacting people's doctors when they were unwell and arranging appointments on their behalf, with their permission.

People were involved in their initial assessment and the development and reviewing of their care plan, which meant people's care reflected their individual needs and expectations. People were in the main complimentary about the care they received. However some people we spoke with said staff would sometimes arrive late at their home. In a majority of instances they were informed by the registered manager that staff would be late. We found the provider had received a recent complaint from a relative who had not been informed. The relative had received an apology from the registered manager.

We found improvements were needed to the quality monitoring system as it had not identified areas for improvement and this had the potential to impact on the quality of care people received. We found the provider and registered manager were unaware that some of their policies and procedures were out of date and did not reflect current guidance or legislation. Discussions with the registered manager found they could not account for the anomalies within some people's care records, which an effective quality monitoring system would have identified.

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

The service was not consistently safe.

Policies and procedures relating to the prevention and reporting of abuse needed to be reviewed to reflect current legislation and local protocols. Staff were unclear about their safeguarding responsibilities.

Improvements were needed to ensure people's medicines were managed consistently and safely.

People's safety was promoted through the on-going assessment of potential risk and plans detailing how the risk was to be managed safely.

There were sufficient numbers of suitable staff to meet people's needs safely.

Is the service effective?

Good

The service was effective.

People were supported by a small team of staff that had undergone a period of induction and training.

People received effective care from staff who sought their consent before providing care.

People were supported where required with their dietary and healthcare needs.

Is the service caring?

Good

The service was caring.

People were introduced to new staff before they provided their care and were reported to be kind and caring in their approach.

People were involved in the development of their care plans which enabled them to influence their care.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Complaints were investigated; however we found similar concerns continued to be raised by people using the service with regards to the punctuality of their scheduled calls.

People and their relatives were involved in the initial assessment and on-going review of their care needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems for monitoring the quality of the care were not sufficiently robust as they had not identified where improvements were needed, specifically with regards to people's documentation, policies and procedures.

People and their relatives views were sought as to the quality of the service provided.

The registered manager was visible to both those using the service and staff and had regular contact with them; this enabled them to provide support and guidance.

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 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 inspection took place on the 22 September 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one 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 improvements they plan to make. 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 used this information to help us plan this inspection.

To assist us in understanding the experience of people who used the service, we spoke via the telephone with one person and the family members of two people.

We spoke with the provider, the registered manager and two care staff.

We looked at the records of three people who used the service, which included their plans of care, risk assessments and records detailing the care provided. We looked at the recruitment files of two staff, including their training records. We looked at the minutes of meetings and a range of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us that they or their relatives felt safe when receiving care and support. One person said, "They (care staff) do their job well and my husband feels very comfortable with them." However one person said that they sometimes felt 'uncomfortable' as their care was 'rushed' and they would like the member of staff to 'slow down'. The registered manager informed us they would act upon the comment we had received.

We found staff did not fully understand what was meant by safeguarding people from potential or actual harm. Nor were they able to evidence that they understood the potential forms of abuse. We asked what action they would take if they believed or had reported to them that someone was experiencing abuse. They told us they would report their concerns to the registered manager. However staff were not aware of external agencies they needed to report concerns to such as the local authority or the CQC. The provider's policy and procedure did not reflect local safeguarding protocols and referred to outdated legislation. This meant people using the service could not be confident that staff would recognise signs of potential abuse and know what action they should take in response which put people at potential risk. We discussed this with the registered manager who said they would take action to ensure staff understood their role and responsibilities and the safeguarding protocols of the local authority.

We found improvements were needed to ensure people's records fully and accurately recorded the role of staff in supporting them with their medicines to promote their safety. We found information within assessments and care plans was not in all instances consistent. The provider's policy and procedure relating to medicines was out of date and referred to outdated legislation. This was contradictory to information within the provider information return (PIR) which referred to current guidance.

One person's assessment had identified that the person did not require any assistance with their medicine. The person's care plan however stated staff were required to prompt the person to take their medicine. The medicine the person was prescribed was not named within the person's care plan, which meant staff had no record as to what medicine the person was taking. The care plan stated the person would ask staff if they required this medicine to manage their pain. There were no clear guidelines for staff with regards to this medicine, for example whether the person was able to manage it themselves. The person's records detailed that they experienced short term memory loss and we therefore questioned whether the person would remember if they had already taken medicine to manage their pain. The registered manager said the person, as far as they were aware, had never requested this medicine; however they acknowledged that information relating to people's medicines needed to be improved to promote people's safety.

People we spoke told us staff prompted them to take their medicine. Staff spoken with were clear when we asked them about people's medicine, they told us they prompted people to take their medicine but did not administer it.

People had signed an agreement confirming that staff at the service would support them with their medicines. We found in some instances the information was not consistent with the person's care plan. For

example the way in which the medicine was stored within the person's home. For example the record stated the person's medicine was stored within a dosset box, however the registered manager told us the medicine was within the pharmacist's packaging. This had the potential for people's medicine not to be managed safely or consistently as the information available to staff was not consistent.

The registered manager carried out an assessment of potential risks as part of the initial assessment of people's needs. Potential risks identified were supported by a risk assessment, which provided staff with guidance as to how to mitigate risk, for example by the use of equipment to move people safely, such as a hoist. We found there were sufficient staff to meet people's needs and keep them safe. We found risk assessments were regularly reviewed and any changes communicated to staff and documentation updated. This enabled to staff to provide care that promoted people's safety as they had the information they needed to minimise risk.

Staff had clear information about the security and access to people's homes, which included a key safe where people were unable to answer their door. Care plans included information to ensure the person's property was secure when staff departed. This showed the person's safety was promoted whilst enabling staff to enter their home safely.

The registered manager recorded within the PIR, 'We ensure that the service is safe by conducting a vigorous recruitment process, to make sure all checks are complete.' We looked at staff records, which contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the DBS. The recruitment practice enabled the provider to make an informed decision as to an individual's suitability to care and support people.

Good

Is the service effective?

Our findings

People we spoke with shared with us their views about the staff and the care and support provided. We found people's views to be mixed; in some instances people were confident in the knowledge that staff had the ability to deliver effective care. Whilst others were not so confident when being supported as they said the staff were relatively new and were therefore, not in their view experienced. Some people told us they were supported by the same staff, in some instances this was the provider or the registered manager. Whilst others received care and support from two staff members who had recently been recruited.

Recently recruited staff told us they had worked alongside the registered manager, 'shadowing' them, being introduced to people using the service, and learning about how they wished their care and support to be provided. This enabled all parties to get to know each other and for staff to develop an understanding as to how people wished their care to be provided. Over the period of their induction these staff had been encouraged to have a more 'hands on approach' as their knowledge of people's needs increased. They told us that their competence to carry out tasks, such as supporting people using equipment had been assessed. Records of staff induction and competency checks confirmed this.

Staff training records showed staff had undertaken training in a range of topics related to the health, safety and welfare of people. Staff told us their induction and training, in their view, had been sufficient and enabled them to deliver the appropriate care and support to people.

The PIR recorded that the provider's plan for development over the next 12 months was for staff to complete the Care Certificate. The Care Certificate is a set of standards that social care staff apply to their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff told us that communication within the staff team was effective. They told us they had daily contact with the registered manager who was always available to answer any queries. A staff member commented that the rota detailing the visits planned for them was rarely changed. This meant people had continuity of care from staff who were already knowledgeable about their needs and could meet them effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications must be made to the Court of Protection; we found no applications had been made and therefore we were unable to monitor whether the provider was working within the regulatory framework.

The provider made no specific reference to the MCA in the PIR; however they recorded their commitment to seek the consent of people to their care and involvement of them or their representative in the planning of their care.

We asked the registered manager how the MCA might apply to a person with short-term memory loss whose care plan stated they would ask staff for their pain relief medicine if they required it. The registered manager said that if this situation occurred they would review how the person's medicines were being managed, taking account the principles of the MCA, with a view to ensuring the person was having their medicines safely and effectively.

People's care records showed they had been consulted with all aspects of their care and support package. Documents had been signed by the person or their nominated representative to evidence their consent and agreement for staff to meet their care needs.

People's care plans provided staff with information as to their role in ensuring people received support with their food and drink. For example, they included instruction to staff on whether to prepare and serve meals, or to ensure people had food and drink left for them to serve themselves, which included details about where this needed to be within easy reach if the person had limited mobility. This meant people were supported with their nutrition and hydration.

People's records reflected how staff supported them to access health care services where required. This included contacting their GP's if people said they were unwell and making appointments for them. Records also showed how staff worked with health care professionals to enable people to receive the health support they needed. For example a district nurse visited a person when staff were at the person's home delivering personal care. This was because the person required the support of more than one member of staff to ensure they were in the right position for the district nurse to provide the appropriate treatment and care.

Good

Is the service caring?

Our findings

People we spoke with were happy with the care they received and found staff to be kind and caring. People were especially complimentary about the registered manager's approach to care. Comments received included, "The 'girls' (staff) are nice and friendly", "[Staff member's name] has been very good," and, "[Registered manager's name] is wonderful." People's family members were also complimentary. One person told us, "The staff have a good approach, they're thorough and my husband feels comfortable with them."

The registered manager was aware that some of the people they supported lived by themselves and had no regular visitors and therefore relied on staff for conversation and company. People's records showed staff spent time with people talking with them about things that were important to them, whilst they provided their care and support. Staff supported people when they were worried about something. For example, when a person's telephone was not working and they were worried that they wouldn't be able to speak with their family staff contacted the person's family to let them know.

We asked people how staff at the service sought their views and whether they were involved in decisions about their care and support. People told us they or their family representative were involved in the planning of their care and we found people's views had been recorded. A relative told us, "I was involved in my husband's care plan and when it is reviewed." When people's care was reviewed the registered manager recorded their views and adapted their care plans where required. For example, one person's care plan had changed to reflect they required additional support at night.

Staff we spoke with were confident in the support they provided to people and gave examples of promoting people's independence with personal hygiene tasks for instance. Staff told us they read people's care plans and the daily notes to make sure needs including any changes were known. This showed staff were committed to providing care tailored to meet people's needs. The registered manager was able to give examples of how people's needs had changed over time. These showed that the care and support provided had increased and staff's role had evolved to meet people's new care needs.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people with their personal hygiene needs. They described ways in which they preserved people's privacy and dignity, which demonstrated that staff had put their training into practice and were respectful of people's diversity. For example, a staff member told us how they spoke clearly to someone to assist them in understanding what was being said. This made it easier for the person to process the information.

People's records included a signed agreement by them for their information to be shared with named agencies and organisation. The agreements detailed the circumstances in which information would be shared and the provider's commitment to record and retain information safely and securely. The PIR recorded the provider's commitment to informing people who use the service and staff about how information is used and their commitment to confidentiality and the safe storage of sensitive information. This helped to ensure that private information about people was protected.

The PIR recorded the provider's commitment to promoting people's rights and choices, which included using the records reflecting people's care, such as care plans to record their views about the care and support they required. We found people's views were recorded.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with had mixed views as to whether staff arrived on time. One person was unclear as to what time staff should arrive. They told us the registered manager would ring if staff were 'running' late. Another person commented, "They usually arrive within 30 minutes of the right time, this is inconvenient though if we have an appointment." We contacted the registered manager and advised them of these people's comments. They told us they would look into the issues and take action as necessary.

The provider had a complaints procedure in place, however it made reference to regulatory bodies that no longer exist and outdated legislation. We spoke with the registered manager who said they would review and update the policy and procedure to ensure it incorporated the contact details for the local authority, CQC and the Local Government Ombudsman (LGO).

People we spoke with told us they would be confident to raise concerns with the registered manager; however they had not raised any concerns. A relative told us the registered manager was proactive in that they asked if people had any problems or concerns about their care.

We looked at the record of complaints and found one complaint had been received. The complaint procedure had been followed and correspondence showed that the complainant was made aware of the outcome of their complaint. The person had raised a concern that they had not been notified that staff would be late in arriving to provide personal care to their relative.

The PIR detailed that the provider had received one compliment about the efficiency of the service and the caring approach of staff.

The registered manager told us that they along with the provider managed the on-call service, which operated outside of the normal office hours.

People's care plans were tailored to their individual needs and provided the staff with information about their preferences and choice of lifestyle. Staff we spoke with had a good understanding of people's daily routines, likes and dislikes and they supported people consistently in line with their care plan. They were provided with a care rota in advance so that any changes to people's care calls could be managed promptly.

The daily records completed by the staff showed the care provided was consistent with the person's care plan, whilst respecting people's choices. Records showed what action was taken by the staff when people's health was of concern or their needs had changed. For example, a person's care plan was reviewed following a fall at their home, to reflect the use of equipment when supporting the person to mobilise around their home. This was an example of responsive care being provided.

Requires Improvement

Is the service well-led?

Our findings

We found the provider's policies and procedure were not in all instances up to date. This meant there was the potential this could affect the quality of care people received, as staff and people using the service may not have access to up-to-date and accurate information. For example, the medication policy and procedure were not reflective of current guidance or legislation and we found this had a direct impact on the information contained within people's assessment and care plans. The provider and registered manager were not aware that their policies and procedures were out of date, which showed that they did not have an effective quality assurance system.

The registered manager regularly reviewed people's care plans and risk assessments, however they had not identified inconsistencies of information that were recorded. For example, information about people's medicines. This meant there was a potential that the quality and consistency of care people received may be compromised. This provided further evidence that the provider did not have an effective quality assurance system.

The PIR stated that the service monitored its care practices through the seeking of professional advice, which included advice from the local authority contract monitoring team. It stated that the provider learned from adverse events, incidents, errors and near misses that happen and through the outcome from comments and complaints. However the issue of timeliness identified by a complainant had not brought about change as some people continued to experience delays.

People and relatives spoke positively about the registered manager, they told us they were very approachable and they had regular contact with them as they provided in some instances their personal care and support. Once the provider had received a referral from the funding local authority the registered manager met with those looking to commission a service and their relatives to establish their needs and to find out what their expectations of the service were.

We found that people and their relatives were given opportunities to influence the service and share their views about the quality of service provided. People, and in some instances their relatives, were involved in reviews of their care. This enabled them to make changes to their package of care and the support to be provided.

The registered manager met with people and their relatives when they reviewed their care plan and part of the review captured their views of the service being provided. People's comments were recorded. Comments we looked at were complimentary about the service and the attitude and approach of staff.

The service had a registered manager who understood their legal responsibilities. The size of the service meant the registered manager was part of the care team, working with the nominated individual and two members of care staff to deliver care and support to the nine people using the service. Staff told us they registered manager was available to provide advice and support.

The provider and registered manager held meetings to discuss the development of the service, both having identified areas of responsibility for improvement, which included the introduction of the Care Certificate for staff and the monitoring of staff's work through 'spot checks'. Staff at the time of the inspection had not been involved in meetings as they had recently been employed, however the provider and registered manager were looking to include staff in meetings, as a way to share information and to seek staff views.

The provider is based and registered in Leicester. They told us of their plan to move their office to Northamptonshire as they had a contract with the Northamptonshire local authority with those currently receiving a service and potential referrals were from the area. The provider and registered manager told us they hoped this would enable them to provide greater support for care staff that were recruited from Northamptonshire and it would facilitate regular contact with those using the service.