Graceful Care Ltd

Graceful Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 26 and 27 July 2016 and was announced. We gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The service registered with the Care Quality Commission (CQC) on 22 April 2014 and this was their first inspection.

Graceful Care is a domiciliary care agency that provides care to people in their own homes. At the time of the inspection there were 85 people using the service. The service offered support to a range of people, for example, people living with dementia. Support hours varied from 24 hours a day to two hours a week. The local authority of Hammersmith & Fulham funded the care of people who used the service.

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.

The service was not always safe. Policies and procedures were not always followed to keep people safe. People had generic risk assessments but there was a lack of individual risk assessments and guidance to identify and manage risk. Not all staff files had two references which meant the provider had not taken sufficient steps to ensure staff were suitable to work with people who used the service. We have made a recommendation the provider ensure references are always obtained prior to appointing new staff.

The registered manager did not understand their responsibilities under the Mental Capacity Act 2005 and the service had not always assessed people's capacity to consent to care and treatment. We saw a care plan where a family member had signed on behalf of the person using the service although there was no indication that the person was unable to sign for themselves.

There were systems in place to monitor the quality of the service delivered to ensure peoples' needs were being met and to identify where improvements to care could be made but these were not always effective as there was a lack of analysis to guide future improvements of service delivery.

The service had a medicines policy. Care workers did not administer medicines but did undertake medicines training.

The service had policies for safeguarding people who used the service and care workers were aware of how to respond to safeguarding concerns, incidents and accidents.

Care workers were suitably trained, supervised and appraised.

People's health and nutritional needs were recorded and monitored.

People who used the service and their families were happy with the level of support they received. People were involved in their care plans and reviews. Support was flexible and people and care workers had developed good relationships.

Care workers were kind and caring. They knew the people who used the service and were able to meet their needs.

People who used the service, staff and relatives told us the registered manager and care coordinator were approachable. There was a complaints system and people felt able to raise concerns.

We found breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safeguarding service users from abuse and improper treatment, safe care and treatment, need for consent and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Processes and procedures for keeping people safe were not always followed, including safe recruitment procedures.

People had generic risk assessments but some people required more individualised risk assessments to identify and mitigate risk.

The service had safeguarding and whistleblowing procedures in place and staff were trained appropriately to safeguard the people who used the service.

Care workers had completed medicines training.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not always working within the principles of the Mental Capacity Act (2005).

Staff were suitably trained, supervised and appraised.

People's nutritional and dietary requirements were assessed and met.

People's healthcare needs were met and we saw evidence of involvement with relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives found staff to be caring and kind.

People's privacy and dignity was respected.

People and their families were involved in their care plan.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded, and were reviewed regularly.

The service undertook satisfaction surveys to obtain feedback from people who used the service.

The service had a complaints procedure and we saw evidence that complaints were recorded and investigated by the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had systems in place to monitor the effectiveness of the service but did not analyse the information gathered.

The registered manager was not clear about their responsibilities under the Mental Capacity Act 2005, which meant people were at risk of having care that did not meet their needs or reflect their choices.

People who used the service and their families found the registered manager accessible and staff said the registered manager was available and supportive to them in their roles.

Graceful Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 and 27 July 2016 and was announced. We gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The inspection team consisted of one inspector and an expert-by-experience who spoke with people who used the service by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience on this inspection had personal experience of caring for someone who was living with dementia and used care services.

Prior to the inspection we looked at all the information we held on the service including notifications of significant events and of safeguarding issues and/or referrals. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning Team and Safeguarding Team.

We spoke with three people who used the service, five relatives, six care workers, the registered manager and the care coordinator.

We looked at the care plans for 10 people who used the service. We saw files for eight staff, which included recruitment records, supervisions and appraisals and we looked at training records. We also looked at records for monitoring and auditing.

After the inspection we spoke with three healthcare professionals and one social care professional to gather information on their experience of the service.

Requires Improvement

Is the service safe?

Our findings

The service used an external agency to create policies and procedures. There were policies for safeguarding, whistleblowing and disciplinary procedures. However, the Business Continuity Policy was a template and did not record what the key functions of the service were or have a contact list.

Incident and accident forms were kept in people's individual files. The incident and the action taken were described but there was no record of the follow up or analysis of trends recorded to improve future service delivery. The care workers we spoke with knew how to respond to incidents and accidents and said they would contact the emergency services and inform their manager of the situation. Copies of the incident and accident forms were emailed to the person's social worker.

We saw a safeguarding strategy meeting was held on 22 April 2016 regarding a person who used the service who fell while being supported by a care worker. The care worker did not report the incident and the family raised the alert. When we asked to see how the service investigated the incident as per their disciplinary procedures, the registered manager said they had not investigated as the member of staff had left the service. Additionally the service did not inform the Care Quality Commission (CQC) of the safeguarding alert as they were required to do, and as indicated in their safeguarding policy. This showed although systems were in place, they were not being used effectively to keep people safe.

This was a breach of Regulation 13 of the Care Quality Commission (Registration) Regulations 2009.

During the initial assessment, the service undertook a moving and handling risk assessment, manual handling equipment check and an environmental risk assessment. All the files we viewed had an initial generic risk assessment that was reviewed when the care plan was reviewed. A social care professional we spoke with said after the initial referral a manager from the service completed a risk assessment and alerted social services to any issues around equipment or medicines. However, we saw there was a lack of individual risk assessments. One file indicated the person who used the service had particular needs which could be a potential risk to others. They were also prone to falls but there were no individual risk assessments to provide guidance on how to manage their needs. Therefore, individual risks were not assessed and measures were not put in place to minimise identified risks to keep people as safe as possible.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not always follow safe recruitment procedures as we saw two out of eight care workers' files only contained one reference which meant the provider did not always ensure staff were suitable to work with people using the service. The registered manager explained as this was the first job for most of their staff, references were sometimes difficult to obtain. All the files had application forms, interview scores, Disclosure and Barring Service (DBS) checks and proof of identity checks.

We recommend that the provider takes steps to ensure two references are always obtained prior to

appointing new staff.

People who used the service and their relatives, told us they felt safe with the care provided. People told us, "Yes I do (feel safe). I've had no reason not to" and "Yes, (staff) are fine." Relatives told us, "We feel (relative) is safe and their medicines are administered safely" and the service "cares safely". People said they knew how to contact the service if they wanted to raise any concerns.

There was evidence all the care workers had attended relevant safeguarding training, although not all care workers were able to identify the different types of abuse. However, all the care workers we spoke with said they would raise any concerns with their manager and everyone was aware of the whistleblowing procedure.

We saw that there were a sufficient number of staff to support people who used the service and care workers consistently supported the same people. This provided continuity of care and the opportunity for people and the care workers to build a relationship. The rotas were completed using a programme called 'webroster'. The programme contained people's basic details including needs that might affect matching a person with a care worker. For example, the person may require support from care workers who have manual handling training. It also indicated which care workers were available and the hours available. Care workers telephoned in and out from their visits and the programme raised an alert if there was a missed call. This prompted a telephone call to the care worker which was recorded in the notes and meant people who used the service could be kept informed of any changes to their support. The service had a 24 hour on call system covered by three managers, therefore staff had access to support at all times. A relative told us, "They always come on time and don't miss any visits. They're here no matter what and if they're a little late, they'll call me."

The service had a medicines policy and staff received training on medicines administration but the registered manager told us that the service did not administer medicines. The registered manager explained in 2015 the local authority who commissioned their service the most, made the decision care workers were not to administer medicines and therefore the service made this their policy for all people who used the service. People who used the service were self-medicating or the district nurse administered and monitored medicines.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. We saw that the consent of the people who used the service was not always sought. Of the ten files we viewed six people had signed consent forms. In some files, family members had signed on behalf of their relatives but there was no clear indication of why the person who used the service was unable to sign the care plan. Only one file we saw indicated a relative had a Lasting Power of Attorney (LPoA) for health and welfare.

The registered manager told us there were no restrictions on people who used the service. We saw a policy for the MCA but care workers were unaware of it and the MCA was not included in training, which meant staff, including the registered manager, did not have a good understanding of the MCA and potentially its' application in practice. This put people at risk of not having their rights upheld and respected at all times.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that they were involved in their day to day care decisions. Comments included, "Yes I am very much involved. I have a routine but my carer checks with me and involves me in the care", "They know I have a routine and if I didn't like the way they did things I would say" and "They always do what I ask them to."

People and their relatives said the staff were skilled and well trained. Comments included "I can't complain, everything is being done. I feel very lucky", "They certainly are skilled. If they don't understand they ask me" and "As a family we are extremely pleased with the staff who have been very reliable, caring, skilled and consistent." Two healthcare professionals we spoke with told us that on the whole care workers were well trained and always reliable.

We saw evidence care workers were supported to have the skills and knowledge they required to carry out their role through training, supervisions and appraisals. All new care workers undertook training and shadowed a more experienced member of staff for three days. An assessment form was signed off at the end of the shadowing period. Care workers' files provided evidence of inductions and a three month employment review.

Care workers had ongoing mandatory training which was identified by the provider. Training was completed in a five day block and included safeguarding, mental health awareness, medicines administration, health

and safety at work and managing challenging behaviour. Other relevant training such as end of life care and dementia training was also undertaken. The service had a training matrix which included the date training was completed and the date the next refresher course was due. The Care Certificate is a set of standards that social care and health workers use to provide a good standard of care in their working life and the registered manager told us they planned to start Care Certificate training in September 2016 to further develop care workers' skills and practice.

Care workers were supported with their professional development and had the opportunity to discuss any issues with their manager either informally or in supervision. Appraisals were completed within the last year. A care worker told us, "(Supervision) is helpful. I tell them the challenges I come up against and also they inform me of things I need to improve. I think supervision is really good." We saw evidence of supervision taking place but not four times a year as indicated by the service's supervision policy. However, several staff indicated when supervisors came to do quarterly spot checks this could become like an additional supervision session. Spot checks also involved feedback from the people who used the service and their families. A relative confirmed, "I have been called several times by the agency and sent a questionnaire to give my opinion and any suggestions."

Team meetings were held monthly. Items discussed included annual reviews, annual satisfaction surveys, spot checks and whistleblowing. However, we saw it was mainly the office based staff who attended the meetings. Care workers indicated they sometimes had more informal team meetings in the community but these were not recorded. When we asked the registered manager how they ensured the whole staff team received information they said through supervisions and by sending out memos with people's pay slips.

People's dietary needs were recorded on the care plan. The service's involvement was mainly around the preparation or the heating up of food people had already purchased. Meals were recorded in the daily logs. People said they were "very happy" with their meals and "They cook the food how (relative) likes rather than just heating up microwave meals. This is really important to them."

The service provided appropriate support to meet people's day-to-day health needs. We saw evidence in the files that the service worked with other professionals including district nurses, occupational therapists and social workers.

Good

Is the service caring?

Our findings

People and their relatives said care workers were kind and caring. People told us they had regular care workers and had created good working relationships with them. Comments included, "(Relative) has a good relationship with their carers who are prepared to go the extra mile, for example taking (relative) to hospital appointments on a Saturday", "Staff are kind and caring. They know (relative's) likes and dislikes. They talk to (relative)", "Really good and pleasant", "(Care worker) really cared about her job – it was obvious. She was so good and kind, it was absolutely wonderful" and "The best thing is having the same people. To have the same person, we can build up a bit of a rapport and that makes a difference to me." A healthcare professional said, "They do show devotion and compassion and they always go the extra mile to meet our client's needs and we have a good collaboration and working relationship."

People who used the service said care workers were aware of their likes and dislikes and that they felt involved with their care. Comments included, "(Care worker) is very flexible and I feel like I have control and I feel comfortable", "These people I can rely on them. They are trustworthy", "Yes, (care worker) talks to me and is happy to listen if I need to talk", "(My relative) gets a say and they do what (my relative) wants" and "They do seem to actually care about me. They are flexible. They ask if I need anything."

The service was person centred and promoted independence. For example, they supported a person who was isolated because they did not speak English. The service was able to work with the person's cultural community who let the service know if they were having events the person may want to join in with.

People told us they were treated with dignity and provided with choice. A relative said, "They respect (relative's) privacy and are always polite. Care workers told us, "When providing personal care, talk to people, tell them what you are about to do and ask them what they want. Make them feel safe and comfortable" and "Put yourself in their position and empathise with each person. They're all different people."

The registered manager undertook the initial assessments and asked people about their likes and dislikes. They noted it was important to meet people's preferences where possible. Both people who used the service and social care professionals indicated the service created a care plan to meet people's needs and provided feedback to social services of any changes. People said, "They do a fantastic job" and "We're very, very happy."

People who used the service received a service user handbook which included agency contact numbers, expectations, the complaints procedure and external contact numbers such as the local authority and the Care Quality Commission (CQC), so if they did have any concerns they knew who to contact.

The service recorded compliments and we saw a number of recent thank you notes and compliments. One healthcare professional was "very impressed by the service provided."

Good

Is the service responsive?

Our findings

Except for two people, people and families we spoke with told us they had been involved with their care plan and reviews. Feedback from people who used the service and their families was positive. A relative commented, "My (relative) has been involved in their care planning and it has been reviewed several times as their needs changed over the past 18 months. We have copies of the care plan." There was a good monitoring and review system in place and we saw evidence of monitoring being undertaken three monthly. We looked at a sample of monitoring and review forms that included information on the care worker's attitude, timekeeping and if they were providing support as agreed in the care plan. They also asked if people felt safe and had appropriate contact numbers.

Care plans recorded people's individual needs and preferences. Some care plans we viewed were comprehensive and person centred but others, although they still indicated preferences and routines, were formatted more as a tick list. When we discussed the lack of consistency with the registered manager, they explained people who had large support packages such as support 24 hours a day had care plans with greater detail than those people who for example, had two hours of support a week. The care plans provided a schedule of tasks for carers to follow. In one file we saw information provided around how to support someone with a visual impairment.

We saw a record of daily tasks completed by care workers to indicate what the person did that day. These were mainly task orientated and were reviewed by the care coordinator at the end of the month. These records showed that care was delivered in line with people's preferences and care plans.

People we spoke with indicated they had support from regular carer workers and timekeeping and communicating changes in visit times was generally good. People said, "Yes, they always stay (for the agreed amount of time) and they let me know if there's a delay", "The thing I like about them is I see the same people" and "It's reassuring to know they always turn up."

The service had care workers who spoke a number of languages and they tried to match people accordingly. The majority of care workers followed the Muslim faith and as part of the induction, the service discussed working with different cultures, as in the past they had a particular issue of care workers not wanting to serve pork. This has been resolved and one care worker told us, they did not eat pork but "I will prepare it for clients because that's their tradition. I would never make comments about others' culture."

We saw evidence the service followed their complaints procedure that required them to provide an initial response within 24 hours, investigate and provide a further written response. People and their families said they were listened to and knew who to contact if they had a complaint. The complaints procedure was available in the service user handbook for people who used the service. One person told us they had made a complaint "at the beginning but this was resolved satisfactorily and effectively." Another person said they would speak directly to one of the managers and a third person said, "I have never needed to make a complaint but I am aware of the process." This indicated that the service was responsive to people's complaints and had systems in place to address areas of concern.

Requires Improvement

Is the service well-led?

Our findings

There were some systems in place to monitor the quality of the service. However, the provider did not always record outcomes or analyse service information such as complaints or feedback from surveys. Consequently, they did not have as comprehensive an overview of the service as they could have and this affected how they were able to drive improvement through change. Care records and staff files lacked audits to ensure files contained evidence that systems were being followed to improve service delivery and keep people safe.

Furthermore, the registered manager was not up to date in understanding their responsibilities under the Mental Capacity Act 2005, which meant people were at risk of having care that did not meet their needs or reflect their choices.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did have some systems in place to monitor the quality of the service delivered to ensure peoples' needs were being met and to identify where improvements to care could be made. This included direct observations carried out on care workers every three months to observe their practice, areas to develop and to ensure that the care plan was being followed, quarterly telephone calls to people who used the service and their families, and telephone logs of care workers logging in and out of calls. This meant managers had an overview of the care provided and could address any issues directly with the care workers.

This was the first inspection since the service was registered in April 2104. The service had a registered manager and a care coordinator who provided support to the care workers and there were also office based team members. The registered manager and the care coordinator had a good knowledge of the people they provided a service to and had regular contact with people in the community. Both spoke individually of putting themselves in the position of the people they provided care to and they were both particularly aware of issues around people being isolated. The registered manager said they kept up to date with best practice and guidance through an on line forum, a managers' meeting hosted by the local authority and looking at the Care Quality Commission (CQC) website.

Feedback on how the team was managed and the culture of the team was positive. People who used the service said, "(Care coordinator) does ring to see if everything is okay." A relative said "If I call them they reply immediately" and "(Care coordinator) is very kind and helpful." Care workers told us, "You can speak to managers and they listen" and "We can talk to the manager about whatever we like. If there is an issue with a service user, the manager will come." Another care worker said there was "very good communication" between managers and the staff. "They are very concerned about the client's safety. They do checks and everything is in order." Care workers we spoke with indicated they came to the office and talked to managers often.

The service had good working relationships with a number of different community based professionals that

contributed to them being able to meet people's individual needs with the appropriate health care professionals including the GP, dietician, district nurses, social workers and occupational therapists.

People and their families indicated they felt listened to and had regular communication with the care coordinator or registered manager. We saw completed satisfaction surveys that indicated people were happy with the care the service provided but there was no analysis of people's responses. The surveys were not dated but the registered manager advised they were from this year. We saw the service also sent out end of service monitoring forms, however only one had been returned.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider did not always seek consent for care and treatment from the relevant person. Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not do all that was reasonably practical to mitigate risk. Regulation 12(2) (b)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider did not ensure systems and processes were operated effectively to investigate any allegation or evidence of abuse. Regulation 13(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not always have

systems to assess, monitor and improve the quality and safety of the service.

Regulation 17(2)(a)