

St Gregory's Homecare Limited

# St Gregory's Homecare Ltd

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

St Gregory's Homecare Ltd, provides personal care and support to people living in their own homes across South Cumbria, Lancaster, Blackpool and Preston. At the time of this inspection they provided 2500 hours of personal care to approximately 170 people across these four areas. The number of hours and people supported varied on a daily basis.

### People's experience of using this service and what we found

People felt safe as a result of the care they received. People gave us mixed views about their experiences of using the service. In some areas people found visit times were not always on time and some people felt they were not kept informed when visits were going to be late. One person reported having to miss medical appointments due to the lateness of visits. We have made a recommendation about staffing.

The service had completed assessments which ensured they were able to meet people's needs. People told us their needs had been reviewed and were properly identified. People said staff had the right skills and knowledge to support them. Staff followed guidance provided by other professionals which ensured care was effective. Staff ensured they sought consent from people before providing care.

People told us staff were caring and kind. Most people felt comfortable when they received personal care and praised the staff's efforts to put them at ease. One person had not always had their preference for female carers met. People felt their views were respected and felt staff protected their privacy and dignity.

Person-centred care plans included sufficient detail of people's needs and preferences. People had been involved in regular reviews and assessments which helped ensure their care remained appropriate. People were able to raise their concerns and complaints. Some people were not satisfied their concerns had been responded to in relation to the times of visits and consistency of carers.

The registered manager and management team worked closely with staff to embed the aims and values of the organisation. Staff said they felt part of a cohesive team. The registered manager followed effective governance systems which helped ensure care quality was maintained. People were consulted about their experiences of the service including surveys and questionnaires. People told us they knew how to contact the office and managers.

### Rating at the last inspection

At the last inspection the service was rated good. Published June 2019.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to review information we receive about the service until we return to visit as part of 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 safe.

Details are in our safe findings below.

**Good** ●

### **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 well-led.

Details are in our well-led findings below.

**Good** ●

# St Gregory's Homecare 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 team

The inspection was completed by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Gregory's Homecare Ltd, provides personal care to people living in their own homes. At the time of this inspection there were 170 people in receipt of a regulated activity. The areas covered included; South Lakes, Lancaster, Preston and Blackpool.

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 48 hours' notice of the inspection visit because we wanted to be sure the manager would be available.

Inspection site activity started and was completed on 25 September 2019. We visited the offices on this date, met with the registered manager and some staff. The Experts by Experience made phone calls to people or their relatives on the same day.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work

with the service.

During the inspection

We spoke with the registered manager, eight members of care staff and 27 people who used the service. We reviewed a variety of records including; staff training, recruitment, care plans, complaints and governance.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The registered manager and shift coordinators had a system for deploying staff to help ensure people received care visits. People in one area raised concerns about visits regularly being late or not spaced evenly enough. Staff covering one area said they could be delayed by up to an hour and a half by traffic. We discussed this with the registered manager, they acknowledged the concerns and advised they had a system for prioritising time critical visits. They also said they were addressing recruitment and attendance to improve consistency.

We recommend the provider to seek guidance on the effective planning and monitoring of care visits and their staffing requirements and update their practices accordingly.

- The registered manager followed the services recruitment policies which ensured staff had been recruited safely.

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

- People told us they felt safe as a result of the care they received, comments included; "I feel safe when I realise the carers are here.", and, "A carer visited me when they knew I had just come out of hospital, it wasn't a planned visit, it boosted my confidence in the service."

- The provider had a safeguarding policy and procedure to help protect people from the risk of abuse. Staff had received training in safeguarding and were aware of how they recognised and responded to concerns.

The lift this up provider had reported safeguarding concerns to the local authority and CQC when required and ensured all concerns had been investigated.

### Assessing risk, safety monitoring and management

- The provider had a risk assessment and management policy in place. The risks people needed support to manage had been assessed and plans were developed to minimise the potential for harm.

- Staff understood the risk assessments and supported people safely.

### Using medicines safely

- People felt they had been supported properly with their medicines. Comments included; "They always remind me when to take my medicines." and "I have cream every day they do it properly." and "They're good on medication."

- The provider's medicines policy and procedure had been followed. Where the provider was responsible, medicines were managed safely.

- Staff had received training in medicines administration and were aware of good practice guidance. The

provider completed regular competency assessments which helped ensure staff provided correct and consistent support.

#### Preventing and controlling infection

- The provider had an infection control policy and provided staff with appropriate personal protection equipment, including, gloves and aprons which were kept in each person's home. People told us staff used gloves and aprons when supporting them.
- Staff training in infection control was up to date.

#### Learning lessons when things go wrong

- The provider had systems to learn from incidents to reduce the risk of them happening again. Governance officers were employed to respond to all incidents and accidents. The provider had a procedure to record and respond to incidents.
- The provider ensured staff were aware of what incidents needed to be reported. Staff we spoke with confirmed this. One staff said, "Anything, (is reportable), slips, burns anything within reason."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Staff working with other agencies to provide consistent, effective, timely care

- The provider had an assessment team who completed assessments of people's needs before they received a service.
- Information had been included from other professionals to ensure consistent and effective support. Staff felt confident they had enough information to support people.
- Staff informed the office if they felt any one needed to be referred to other agencies, including district nurses, falls prevention and physiotherapy. Staff were confident the management would respond.

Staff support: induction, training, skills and experience

- The provider ensured staff received training appropriate to their roles. New staff had received an induction and some had completed the care certificate which is required when people do not have any previous experience working in care.
- Staff told us; "The induction was informative and interactive." and "I have done an induction and am looking forward to more training on specific conditions." and "I recently had training about sepsis and falls prevention, it has informed my practice."
- Staff received regular supervision which is a one to one meeting between staff and a senior or manager to discuss their practice and development. Staff found this helpful. One staff said, "It was useful because I have needed support to follow procedures."

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

- Where the provider was responsible, people had been supported to eat and drink enough.
- Where there had been any concerns about people's nutrition they had been supported to contact health professionals. Staff kept records of food and drink taken where someone was assessed as being at risk of poor nutrition.
- The registered manager ensured staff were trained to support people with modified diets when required.

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

- Staff supported people to make appointments and to access community-based health professionals.
- Staff had supported people with exercises recommended by physiotherapy services.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- At the time of this inspection no one was subject to restrictions that would amount to a deprivation of their liberty.
- Staff had received training in the MCA and best interest process. Staff understood the importance of consent and asked people before providing care and support.
- People confirmed staff always asked before providing care. A relative told us, "They always ask (name) if they want a shower and if they say no they leave it." and "The last couple of weeks, I've been saying no to a shower quite a lot and the carers respect that."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The majority of people we spoke with felt staff were kind and caring, comments included; "The one's that come here are very kind, they look after me." and "My regular carer is brilliant she helps me no end." and "They are really good, two are exceptional they make time to talk and are considerate." and "The carers are absolutely wonderful. I haven't a wrong word to say about them." However, one person felt staff could have been more caring, comments included; "I had a nasty experience, I felt they were rough, this has been sorted out and they have left."
- Peoples equality and diversity needs had been discussed and the support they preferred to maintain them had been included in their care plans.
- Staff had received training in equality and diversity and were knowledgeable about the needs of the people they supported.

Respecting and promoting people's privacy, dignity and independence

- The provider had a policy promoting people's privacy and dignity and independence. Staff had received training in this policy and understood how to provide support respectfully.
- People told us staff put them at ease when providing support with personal care. Comments included; "At first I was embarrassed but they told me not to worry and I have got over this because they are very kind." and "I found it very difficult to start with but the girls are so kind, we have a chat and it never bothers me now."
- People who preferred female carers told us this had not always been possible. Comments included; "I had to miss a shower because they sent a male carer." We discussed this with the registered manager who said people were asked about their preferences and these were usually respected unless it was unavoidable.

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

- People told us staff consulted with them about their care and respected their decisions.
- The provider ensured people's communication needs were assessed to provide guidance for staff on how best to interact with people, for example, ensuring people had their hearing aids in situ and talking while facing a person to maximise their involvement.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider ensured people received personalised care that was responsive to their needs and preferences. Staff had received training in person-centred care and recognised the importance of understanding people's individual preferences.
- Staff had recognised when a person's needs changed and referred them for a review or to other agencies for further assessment.
- People told us staff ensured they had been involved in regular reviews of their needs and wishes which helped ensure care provided remained appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had assessed people's social needs and included details of important people in their care plans.
- The provider had signposted people to other services for social activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had met this standard. Assessments included people's specific communication support needs.
- Information could be provided in a variety of formats, which included; large print, pictorial and other languages.

Improving care quality in response to complaints and concerns

- The provider had a clear complaints policy. People said they felt able to raise a concern at any time. Comments included; "If I have any queries I can ring the office. They are lovely and I have no complaints." However, some people felt their concerns had not always been responded to. Several people told us their complaints about the timing of visits were not always addressed. We discussed this with the registered manager who said they had advised people were not always able to have the visits when they preferred until it was possible to amend the rotas. However, when it had been possible amendments had been made in response to peoples' complaints.

- We reviewed the complaints records and found the provider had followed the procedure.

#### End of life care and support

- The provider could support people at the end of their life. Their rapid response team worked closely with the hospice and community-based health staff to support people to remain at home.
- Staff had received training in relation to supporting people with end of life care needs. Some people had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders in their care records, this was included in the electronic care plan staff accessed through their phones.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider were committed to providing high-quality, person-centred care. Staff we spoke with said they felt clear about what the management team were trying to achieve and were committed to, and felt valued by, the service. Comments included; "I feel part of a team with the management, they listen to me and if I have any needs they will work around it." and "I feel we are in it together and we share the same values."
- Some people told us they knew who the managers were but others were not sure following recent changes. Everyone we asked knew they could contact the office should they need to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits of practice and spot checks of care, helped managers to have oversight of the service. Concerns identified continued to be addressed through the providers procedures.
- New technology allowed for identification of any visits which were not in time or any tasks which had not been completed. The employment of specific governance officers helped reinforce the efficiency of the system. Not everyone we spoke with felt this had been effective and raised concerns about the lateness of visits and lack of communication from the office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider continued to encourage people to engage with them. Satisfaction surveys for people using the service and for staff were used. These had mainly been positive.
- A customer newsletter was produced which included updates and details of events people could attend including coffee mornings where they could meet others and the staff.
- Staff told us the management team kept in touch with them in a variety of ways, mainly via the phones but also through meetings and emails. There was also a portal through which staff could access policies and procedures and the most recent inspection report.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager understood their duty of candour. Staff told us how when there had been errors with medicines or if something else had gone wrong that the management team always informed the

families.

- When things went wrong, we saw that the registered manager apologised and provided an explanation of any lessons learned.

Working in partnership with others

- The provider continued to work in partnerships with other agencies and organisations.