

Grove Care Agency Limited

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grove Care Agency is a domiciliary care agency providing personal care to one person at the time of this inspection. Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff were knowledgeable about the person they supported. They understood the level of support the person required and how this support was to be provided. They were aware of risks to their health, safety and wellbeing and who to contact for support should they be concerned about the person's mental health. However, care records were sparse and did not contain information in line with staff's knowledge. If a new member of staff was to support the person there was a risk they would not have access to appropriate detailed information about risk management and the person's support needs because this was not adequately recorded.

Safe recruitment practices were not in place meaning there was a risk that people were supported by staff that did not have the skills, experience and competency to undertake their duties. The provider had not obtained two suitable references and an up to date disclosure and barring service check prior to employment

Whilst staff told us they had received training and were well supported in their roles, we were not provided with documented evidence to support the completion of training. Supervision sessions were informal and not documented. Therefore, we could not be assured that there were adequate systems in place regarding staff support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The person receiving care was involved in decision making and staff listened to how they wished to be supported. Staff knew how to support people to meet their specific needs in relation to protected characteristics defined by the Equality Act 2010.

Staff provided any additional support with meal preparation, access to healthcare appointments and medicines appointments in line with the person's wishes.

Systems were in place regarding incident management, safeguarding adults and complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected

The provider confirmed they had started providing personal care to a person from February 2021. This inspection was prompted in part due to concerns received about the quality of documentation submitted when the provider confirmed they were operating. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to good governance, staffing and recruitment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Grove Care Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with CQC. 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 announced the inspection the morning of the site visit. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 May 2021 and ended on 19 May 2021. We visited the office location on 18 May 2021.

What we did before the inspection

We reviewed information we had received about the service. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke to the registered manager and two support workers. We reviewed the person's care records, records relating to staff and management records, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment practices were not in place meaning there was a risk that people were supported by staff that did not have the skills, experience and competency to undertake their duties. The provider had not obtained two suitable references and an up to date disclosure and barring service check prior to employing the staff supporting the person using the service.

The provider was in breach of regulation 19 (Fit and proper persons employed) of the HSCA 2008 (Regulated Activities) Regulations 2014.

- There were sufficient numbers of staff to support the person receiving care. There was consistency in the staff allocated to support the person. Staff were aware that time keeping was important to the person and staff told us they turned up to appointments on time and had sufficient amount of time to support the person. The registered manager had processes in place to monitor staff's adherence to appointments.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about the person receiving care and the risks to their safety. They were able to describe the different risks and how they supported the person to minimise those risks and remain safe.
- However, we found that risk assessments and management plans were sparse and did not contain information in line with staff's knowledge. If a new member of staff was to support the person there was a risk they would not have access to appropriate detailed information about risk management because this was not adequately recorded.

This issue relates to the provider's breach of Regulation 17 (Good governance) of the HSCA 2008 (Regulated Activities) Regulations 2014 outlined in the key questions effective, responsive and well-led.

Using medicines safely

- Staff supported the person to attend appointments to receive their monthly medicine. Apart from this support, staff did not administer or manage any medicines for the person. However, there were policies and procedures in place regarding medicine administration and management should people require this support.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider had provided refresher infection prevention and control training to staff.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to identify, record and report any allegations of abuse. Staff supported the person to be free from discrimination by supporting them in line with the Equality Act and respecting their protected characteristics. Policies were in place relating to safeguarding vulnerable adults, whistleblowing and equality and diversity.
- Should any allegations of possible abuse arise, the staff knew how to report these concerns to the appropriate authorities.

Learning lessons when things go wrong

- There were processes in place to record and report incidents and accidents. The registered manager told us should an incident occur they would review all the information and ensure appropriate action was taken to ensure a person's health and safety. At the time of our inspection no incidents or accidents had occurred.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff told us they had undertaken their initial assessment of the person's needs together with the person, so that the care and support provided was person-centred and tailored to the individual receiving support.
- However, we found care records were sparse and did not include a detailed assessment and therefore there was a risk that the person may not be supported appropriately because detailed care records were not maintained.

This relates to the provider's breach of Regulation 17 (Good governance) of the HSCA 2008 (Regulated Activities) Regulations 2014 outlined in the key questions safe, responsive and well-led.

Staff support: induction, training, skills and experience

- Staff told us they had completed a number of training courses. However, when we asked the registered manager for evidence of training completed they told this was completed by the staff when they worked for another agency and they had not received documented evidence of the training completed. Therefore we could not be assured that staff had received appropriate training to ensure they had the knowledge and skills to undertake their duties.
- Staff told us they felt well supported by the registered manager and the registered manager was accessible and approachable. However, there were no formal systems in place to ensure the regular supervision of staff and therefore we could not be assured that staff were appropriately supported to undertake their roles.

The provider was in breach of regulation 18 (Staffing) of the HSCA 2008 (Regulated Activities) Regulations 2014.

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

- The person was able to manage their own nutrition and hydration. However, they appreciated support from staff with meal preparation. Staff and the person prepared meals together in line with the person's choices.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The person was able to manage their own healthcare needs. However, staff were available to accompany the person to healthcare appointments if they required this level of support.

- Staff liaised with healthcare professionals involved in supporting the person's mental health and followed advice provided. Staff were aware of signs and symptoms that a person's mental health may be deteriorating and discussed this with the person's care coordinator to ensure they received the support they required.

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.

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.

- Staff told us the person using the service had capacity to make their own decisions and staff supported them in line with those decisions.
- The person was not subject to any restrictions and was not deprived of their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 provider had policies and procedures in place to ensure people were treated well and staff were respectful of people's protected characteristics in line with the Equality Act 2010.
- Staff were matched to support the person based on the person's preferences, their ethnicity, culture and their communication needs.

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

- A personalised service was provided in line with the person's wishes. Staff were respectful of the person's preferences and provided support accordingly. They asked for the person's views and involved them in decision making.
- Staff were aware of how the person's health impacted on their decision making

Respecting and promoting people's privacy, dignity and independence

- Staff respected the person's privacy and dignity. Staff gave them space to be as independent as possible and adhere to as much of their personal care as possible in the privacy of their bathroom, whilst being close by should they require support.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Staff were knowledgeable about the person they were supporting. They were able to describe to us the level of support the person required and how this was to be delivered to ensure it was in line with the person's wishes and preferences.
- However, this level of detail was not captured in the person's care records. There was a risk that staff may not support the person in line with their wishes as this information was not adequately recorded and detailed care plans were not available.

This relates to the provider's breach of Regulation 17 (good governance) of the HSCA 2008 (Regulated Activities) Regulations 2014 outlined in the key questions safe, effective and well-led.

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.

- Staff ensured appropriate communication and accessible information was provided to the person. Staff told us they were also available to support the person to attend healthcare appointments should they need support with understanding the information and advice provided.

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

- Staff encouraged the person to participate in activities of interest to them and to access the community. They were available to accompany the person in the community as they told us this helped ease the person's anxieties and supported their mental health.

Improving care quality in response to complaints or concerns

- No complaints had been received since the provider started supporting the person to receive care. However, policies and procedures were in place to ensure complaints were recorded and acted upon.

End of life care and support

- The provider was not supporting anyone nearing the end of their life at the time of our inspection. We will review this at our next comprehensive inspection should this support be required.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager regularly liaised with and engaged with the person to obtain feedback from the person about the quality of the support provided.
- Staff confirmed the registered manager was accessible and approachable. They met with them regularly to discuss their roles and they felt able to express their views and opinions.
- The registered manager told us they undertook spot checks to review the quality of care provided, including observing interactions and checking completion of daily logs.
- Whilst the registered manager told us these processes were in place and this was confirmed by the staff, these systems had not been formalised and were not recorded at the time of our inspection. Therefore we were unable to view the outcomes of these processes and the auditing systems in place.
- The registered manager did not have sufficient systems in place to ensure accurate, detailed, person-centred care records were maintained, meaning there was a risk that the person using the service may not receive care and support in line with their needs and wishes.

This relates to the provider's breach of Regulation 17 (good governance) of the HSCA 2008 (Regulated Activities) Regulations 2014 outlined in the key questions safe, effective and responsive.

- The registered manager was aware of their role and their CQC registration requirements in relation to the submission of statutory notifications.

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 was aware of the duty of candour and told us they would ensure they were open and transparent if mistakes had been made, and that these would be learnt from.

Continuous learning and improving care

- The registered manager told us they regularly reviewed good practice documents and the CQC website to stay up to date with best practice and continue to develop and improve their service.

Working in partnership with others

- The provider worked with other agencies to support the needs of the person using the service, including the community mental health team.
- The provider was aware of how to contact the local authority safeguarding adults teams and had participated in the support forums set up by the local authority during the COVID-19 pandemic.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were sufficient systems in place to assess, monitor and improve the quality and safety of the service. Nor did they maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (1)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that appropriate processes had been carried out to ensure those employed were of good character.</p> <p>Regulation 19 (1)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured staff received appropriate support, training, professional development and supervision to undertake their duties.</p> <p>Regulation 18 (2).</p>