Graceful Care Ltd

Graceful Care

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

This comprehensive inspection took place on 26 July 2017 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 last inspection took place on 26 and 27 July 2016, when we identified breaches of Regulations relating to safeguarding people from abuse and improper treatment, safe care and treatment, the need for consent and good governance. We also rated the service 'Requires Imporvement in three of the key questions we ask providers and overall. After the inspection, the provider sent us an action plan dated 4 November 2016 detailing how they would address the issues raised at the inspection. During the 26 July 2017 inspection, we saw improvements to the service had been made.

Graceful Care is a domiciliary care agency that provides care to people in their own homes. At the time of the inspection there were 146 people using the service. The service offered personal care and support to a range of people, for example, people living with dementia, and the support hours varied depending on people's needs.

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.

At the inspection on 26 July 2017, we saw that the provider had updated their safeguarding policies and procedures. Care workers had received safeguarding adults training and the care workers we spoke with could identify the types of abuse and how to respond to keep people safe from potential harm.

Risk assessments had been reviewed and updated and provided guidance about how to minimise risks to people.

People using the service and their relatives said they were satisfied with the care provided by the service. There were sufficient numbers of staff and the service was in the process of updating their electronic system to monitor calls' start and end times more efficiently.

Care workers did not administer medicines but had undertaken medicines training and there was a medicines policy and procedure available for reference.

Care workers had the relevant training and support through supervisions and appraisals to develop the necessary skills to support people using the service

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. The policies and systems in the service supported this practice.

People's dietary requirements and nutritional needs were met and relevant health care professionals were involved to maintain people's health and wellbeing.

People using the service had developed positive relationships with care workers, were involved in day to day decision making and said care workers were kind and caring.

People were involved in their care plans which were comprehensive and person centred. Care workers had clear guidelines for how to meet people's needs including identified preferences such as language.

People and care workers said the registered manager was accessible and approachable. People told us they felt able to raise concerns.

The service had a number of systems in place to monitor and manage service delivery. This included a complaints system, service audits and satisfaction surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Care workers had received relevant training on safeguarding adults and knew how to raise safeguarding concerns.

People had risk assessments and management plans to minimise the risk of harm. The service had processes in place to record and address incidents and accidents.

Safe recruitment procedures were followed and there were enough staff to meet people's needs.

Care workers had completed medicines training.

Is the service effective?

Good

The service was effective.

Care workers had appropriate support through training, supervision and yearly appraisals.

Care workers had Mental Capacity Act (2005) training and could tell us what consent to care meant.

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

We saw evidence of involvement with relevant healthcare professionals and people were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People using the service said care workers were kind and caring.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People and their families, where appropriate, were involved in planning people's care. Care plans were reviewed and included people's preferences and interests and guidance on how they would like their care delivered.

The service had a complaints procedure and people knew how to make a complaint if they wished to.

Is the service well-led?

Good

The service was well led.

People and care workers said the registered manager was accessible and listened to them.

There were auditing systems in place to monitor the effectiveness of the service and ensure that people's needs were being met.

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.

This announced inspection took place on 26 July 2017 and 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 was carried out by one inspector. As part of the inspection we contacted four people who used the service and four relatives for their feedback by telephone. These telephone calls were made by an expert-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.

Prior to the inspection, we looked at all the information we held about the service including notifications of significant events and safeguarding. 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 viewed the action plan the provider sent us following the last inspection and we contacted the local authority's Commissioning Team and Safeguarding Team for their feedback about the service.

During the inspection, we spoke with the registered manager, a care co-ordinator and eight support workers. We looked at the care plans for 14 people who used the service. We saw files for nine care workers which included recruitment records, supervision and appraisals, and we looked at training records. We also viewed the service's checks and audits.

Good

Is the service safe?

Our findings

At the inspection on 26 and 27 July 2016, we saw although systems were in place, they were not being used effectively to keep people safe. The service did not always have up to date policies and procedures and incident and accident forms did not have any analysis to inform future service delivery. In addition, the service had not notified the Care Quality Commission (CQC) of a safeguarding incident as they were required to do. Following the inspection, the provider sent us an action plan dated 4 November 2016 and told us they had put policies and procedures in place to effectively investigate any allegation or evidence of abuse.

During the inspection on 17 July 2017, we saw evidence that the registered manager had reviewed and improved their policies so they were relevant to the service. The safeguarding policy had been updated. Additionally, the staff handbook provided information on who to contact regarding safeguarding concerns and the handbook for people using the service also had contact details for the local authority and the Care Quality Commission, so all stakeholders had clear guidance on how to access support or make a safeguarding alert.

There had been two incidents since the last inspection and these were recorded with the details of the events, the outcome and the action taken to prevent a future reoccurrence. Care workers we spoke with knew how to record incidents and accidents and respond if someone was unwell or there was an accident. One care worker said, "If my client is unwell, I would immediately call for help. I would call the ambulance and the office."

The registered manager had created a safeguarding folder which included safeguarding alerts, local authority investigations and notifications to the Care Quality Commission. They were aware of their responsibility to notify the Care Quality Commission of certain events and had done so appropriately since the last inspection.

At the inspection on 26 and 27 July 2016, we found there was a lack of individual risk assessments. Following the inspection, the provider sent us an action plan dated 4 November 2016 and told us they were completing risk assessments and care plans tailored to people's individual needs. They also noted, care workers had relevant training and spot checks were carried out as part of protecting people from the risk of harm.

During the inspection on 17 July 2017, we saw people's files had a number of different risk assessments to reduce the likelihood of harm to people using the service. These included assessing the level of independence people had in their homes, a personal safety risk assessment that identified risks in areas such as medicines and self-neglect, a medicines risk assessment and a falls risk assessment. There was also an environmental risk assessment for the person's home. Plans for managing the risks were part of the assessments and provided guidance to minimise possible harm. Additionally and where necessary, we saw completed moving and handling risk assessments for people and a detailed risk management plan created by the local authority. Risk assessments were up to date and reviewed yearly or as required.

We asked people using the service and their relatives if they felt safe. Comments included, "I haven't had any reason not to trust them", "Oh yes I am happy with her, of course she talks to me and I speak to her. We're not strangers, she's a very nice young lady", "Yes I do trust them they are quite good" and "Yes I would say they are very reliable people."

The care workers we spoke with had completed relevant safeguarding adults training, could identify the various types of abuse and knew how to respond if they had concerns. Comments included, "I would call my manager straight away", "I would call my manager and report it in the book. I would contact the area social worker" and "I need to report it to the office and log it in the communication book. I could tell the social worker and the Care Quality Commission."

The provider carried out checks to make sure care workers were suitable to work with people using the service. Staff recruitment checks included references, identity checks and criminal record checks. Files we viewed had evidence that care workers had gone through an interview process and had a three and six month probation review.

Allocations of care workers to calls was made using an online system. The on line rota system had a section for notes and there was information such as when calls needed to be suspended if, for example, people were in hospital. Care workers we spoke with said they had enough time to get from one call to the next. Care workers rang the office to let them know when they had arrived at the call. However not all people using the service had phones or wanted to give the care workers access to their home phones. The registered manager told us they were in the process of getting a new system put in place by October 2017, that would let care workers scan through work mobile phones when they arrived and when they completed the call.

We asked people if the care workers arrived on time and stayed for the agreed amount of time. Opinions differed and people told us, "The weekend one she has been an hour late", "The girls do [arrive on time] for my [relative] but it seems to change for [another relative]", "Yeah they come on time", "'Well they usually arrive when they say they are going to", "Sometimes they might be a little late but nine out of ten times they're just right" "Sometimes they arrive five or ten minutes late. When they come in they let me know" and "No its fine. They are on time and they are kind they are honest." People also confirmed that they usually had the same care worker. One relative said, "We are happy. It's the same carer all the time. It's only when she is on holiday, then they change." The registered manager said they anticipated the new system would help to ensure staff arrived on time and that spot checks had recently been increased to monitor care workers' performance. A care worker said, "Some people don't have phones, but the office pops in to see what we are doing and the client gives them feedback."

The service did not administer any medicines as per the local authority's guidance that only nurses should administer medicines. If care workers supported people to take their medicines, it was recorded in the daily notes. People using the service and care workers confirmed this. All care workers had undertaken medicines training and the service had an up to date medicines policy and procedure, which meant although care workers did not administer medicines, they had a knowledge of how to safely.

Good

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. At the inspection on 26 and 27 July 2016, we checked whether the service was working within the principles of the MCA and found that the consent of the people who used the service was not always sought and care workers were unaware of the principles of the MCA. Following the inspection, the provider sent us an action plan dated 4 November 2016 and told us they had amended their assessment forms to include if people had the capacity to consent to their care and had arranged for all staff to attend MCA training on 11 November 2016.

During the inspection on 17 July 2017, we saw evidence that the service had improved how they implemented the principles of the MCA and people's capacity to consent was recorded. People's assessments included questions about their cognitive ability and each file contained a consent to care form. If people had capacity, they signed it themselves and for those who lacked capacity to make specific decisions there was a capacity assessment. One person did not have the capacity to consent to their care and we saw a best interests decision had been made with the involvement of the person's family. The best interests decision form also recorded if there was an advanced decision to refuse treatments and if any other person had the legal power to make this decision.

Training records indicated care workers had undertaken MCA training and care workers we spoke with confirmed they knew people had the right to make their own decisions and these were to be respected. Comments from care workers included, "Don't assume what the person wants. You have to listen to what they say and do what they want. Don't make a choice for them. Sometimes you have to wait for them to be ready and make sure they are comfortable with their choice", "If my client with dementia forgets what they like to eat. I don't tell them. I show them options and ask what they would like to eat. I respect their choice", and "Sometimes we assume and we should respect people's opinions of what they want and what they say."

We asked people using the service if they felt the care workers were skilled, well trained and able to care for them. People responded, "Well I think so. He must have been. I've known him just over two years and he's alright you know", "They do yes. When I ask them to do something they don't hesitate they just do it", "Sometime they have to use the hoist and they are fully trained to use it" and "The hospital taught us how to use the hoist but the carer they know how to use it they are very good."

We saw from the files, and this was confirmed by care workers we spoke with, that they had an induction which included shadowing a field supervisor, attended training and then had probation reviews. The service

has recently hired four new staff. The registered manager said they had also increased the number of supervisors they have to ensure reviews, spot checks and quality monitoring was kept up to date.

Care workers confirmed they were supported by their line manager to carry out their role effectively. Supervisions were held four times a year and appraisals annually. Care workers said they found supervision helpful and one care worker said, "I think they are very good. I think it lets us all talk things over and to know managers are there for you and to know if we're making mistakes."

We looked at the service's training records including training the provider considered mandatory. Training completed this year included manual handling, safeguarding adults, medicines and Mental Capacity Act (2005) training. Four care workers were currently undertaking the care certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. As English was often the care workers second language, the office staff provided language support to ensure all care workers were supported to have the level of training required to meet the needs of people using the service.

We saw evidence in the files of regular telephone spot checks and observational checks to monitor care workers' practice and gather feedback from people using the service about the care they were receiving. Feedback was good and where there were concerns, we saw the registered manager had met with the person to review the concern.

People's dietary needs were recorded in their care plan. Care workers recorded when they supported someone with meal preparation in the daily logs. We saw one person had a diabetic plan completed by the dietician in their file and a care worker told us the information for this person was clearly displayed in their kitchen.

Care plans provided appropriate information for staff to support people with their day-to-day health needs and we saw information on people's medical needs and details of other health professionals involved in supporting them. For example a number of people required the district nurse to administer medicines or manage wound care. The care coordinator told us that when new equipment was brought into people's home, the occupational therapist showed care workers how to use it safely.

Good

Is the service caring?

Our findings

People using the service had developed positive relationships with care workers and told us, "The young lady that comes around, she is a very nice young woman", "I am pleased with them. They have been with me for a while. I am used to them. They are like my family", "I'm quite satisfied with her. She is a nice young lady", "She gives me a nice [wash] and makes me look respectable" and "They are caring. They are good. Like I say if I ask them to do anything they do it." Relatives' comments included, "They are very nice and very polite. My [relative] says they are like her daughter" and "They always ask how [my relative's] day has been and they talk about their family and [my relative] talks about the family."

People's care plans included personal profiles and information on their likes and dislikes, and people were matched with care workers who best met their needs, for example a shared common language. When we asked people if care workers knew their likes and dislikes, they told us, "Yes, I like them to come in when they come in exactly. That is very, very important and "'Yes they do. They know if I like something and what I don't like." A relative said, "They do, they ask them."

We asked people if the care workers treated them with respect and dignity. The feedback was positive and they told us, "They take me up have a bath [then] they take me downstairs. A very nice young girl I am happy with her treatment' and "Well the girl who comes in the morning helps me [get] up, helps me shower and [get] dressed and brings me what I need. She is excellent."

Care workers' comments included, "It is important to talk to the person to know what they need and what they don't want. You have to explain to them what you are doing", "I always include my client in what I am doing. I ask for their permission. I give them privacy and support them with care" and "People need their privacy and you need to support them as in their care plan. I tell them each thing I am going to do and will let them know to prepare them."

Good

Is the service responsive?

Our findings

The registered manager completed a 'service commencement plan' prior to people starting with the service that included an assessment of people's various needs and risks, the agreed times for the visits and the tasks for the care workers to undertake. Personal information included peoples' preferred name and what other professionals they were supported by.

People were involved in planning their care. They told us, "The assessment they do, they come [to my home]" and "Somebody came and asked me about the care." The care plans we viewed had needs assessments that were comprehensive and person centred. People had personal profiles and there was a record of their expectations of the care. There were guidelines for the care workers on peoples' preferred routines and how they would like these carried out. There was also information on people's hobbies, likes and dislikes. For example, 'I like carers who are friendly.' In addition to providing details on how to meet peoples' needs, care workers had a list of things to check for in the environment before they left the call, for example, to check the windows and doors were secure before leaving. We saw that where people had requested care workers with specific languages or an understanding of the person's faith, this had been accommodated. Care plans were updated and reviewed at least annually or as required.

Each person had a daily log where care workers recorded what they had done during the visit. These mainly recorded tasks and activities and were audited by a supervisor who followed up any concerns recorded. The records we saw reflected people's care plans and confirmed they were receiving the agreed care and support.

Care workers we spoke with confirmed that they had read people's support plans and used these as guidance. They also said that if they became aware of any changes to the care plan, they advised the office and the care plan was updated to reflect the changes.

People we spoke with said they knew who to contact if they wanted to make a complaint. They told us, "They know what I have complained about in the past. One of them came around and one of them was a manager", "'Well I don't see anything to complain about. They give me good help" and "Yes, I know the office. If we go out and we are late I call them to tell them and they say don't worry". The service user handbook included a complaints form and information on the process. Complaints were recorded, addressed and the outcomes of the investigations were logged. However, some people did not always feel their concerns were adequately addressed. When we discussed this with the registered manager they said they addressed complaints as per the procedure and spot checks were regularly undertaken both by phone and in person to receive and respond to any feedback from people using the service.

Good

Is the service well-led?

Our findings

At the inspection on 26 and 27 July 2016, we saw the provider did not always record outcomes or analyse service information such as complaints or feedback from surveys to identify trends and patterns so these could be addressed to make improvements at the service. 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. Following the inspection, the provider sent us an action plan dated 4 November 2016 detailing spot checks and audits employed to improve service delivery.

Since the inspection on 17 July 2017, we saw evidence of improved monitoring and auditing systems. The service had a matrix for staff files to help record checks for safe recruitment information, spot checks, supervisions and appraisals, and every week, 12 staff files were audited. Audits were also carried out for the files of people using the service to confirm their needs' assessments, risk assessments and reviews were up to date. The system was colour coded to indicate when reviews were due. The quality assurance officers who maintained the records alerted the care coordinators who arranged the reviews. Daily log books were audited. When they were full, they were brought to the office and we saw a record at the back of each book indicating they had been reviewed and any issues arising had been actioned.

There was a registered manager in post and they kept up to date with relevant guidance and legislation through contact with other providers, the internet and the Care Quality Commission's magazine for providers.

People using the service and care workers indicated the manager was accessible and the service was well led. People said, "I think it is excellent" and "It's alright. Everything is fine."
Care workers told us, "My manager is a wonderful manager. When you give her a call she will drive down [to the person's home] and definitely sort it", [The registered manager] listens. We can call the office. They do listen", "I feel very supported in this place" and "Anytime you call [the registered manager], she's always there for you."

Care workers also said there was a good exchange of information within the team. Comments included, "There is good communication. For instance for double ups I always have the other care worker's number and it makes it easy. The office calls us and there is a 'whats app' group for the care workers if they need to send us something" and "The service is based on team work. We're always communicating. We're made aware of things. Everybody knows. It's a good thing." We saw minutes from team meetings to discuss any issues and share good practice. A care worker said, "It is helpful to get more opinions." In addition, the service had a quarterly staff newsletter which recognised an employee of the month, and a group social media account so information could be quickly disseminated to everybody on the team. Satisfaction questionnaires were sent to people using the service annually. The returned questionnaires we saw for the last year all included positive feedback from stakeholders.