

Grande Care Ltd

# Grande Care 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 19 and 25 July 2018 and was announced.

Grande Care Ltd is registered to provide personal care to people in their own homes and was registered with us in June 2017. This was the first inspection of this service following registration with us. At the time of this inspection, the service was providing four people with personal care.

There was no registered manager in place. 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 provider was managing the service and is referred to as 'the manager' in the inspection report.

People received care from a consistent staff team who arrived when they were expected and stayed the allocated time. People felt safe with care staff because they had been trained to provide effective care that met their individual needs and preferences.

People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. People's care plans included the actions staff should take to minimise the identified risks. Staff understood their responsibility to work in a safe way and to report any concerns about people's health and wellbeing to the manager.

People were fully involved in planning and reviewing their care and had been consulted about how they liked their care undertaken and what mattered to them. Staff worked in partnership with people and sought their consent before each care intervention.

People were treated with care and kindness by staff who took time to know them and understand their needs. Staff had received training in equality and diversity and treated people with respect. People told us staff communicated effectively with them to ensure their wellbeing.

People were given a copy of the complaints policy and knew how to raise any concerns.

People spoke very highly of the leadership of the service and the quality of care provided by Grande Care Ltd. Staff told us they were part of a supportive team and management support was available. However, whilst there was governance and accountability arrangements in place, as the service was quite new and only provided care to a small number of people, it was not possible to fully assess if the systems to learn, improve and ensure sustainability were fully effective.

## 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.

People received safe care from a consistent staff team who arrived when expected and stayed the allocated time. Risks to people's health and wellbeing were identified and plans informed staff how those risks should be managed. People felt confident when staff used specialised equipment because they had received the appropriate training. Staff understood their responsibilities to protect people from the risk of abuse and knew how to report any concerns.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who had the skills and attitude to meet their needs effectively. Staff worked in partnership with people and sought their consent before providing care. Staff supported people to maintain their health.

### Is the service caring?

Good ●

The service was caring.

People were treated with care and kindness by staff who took time to know them and understand their needs. People had been consulted about how they liked their care undertaken and what mattered to them. Staff were respectful towards people and their homes.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and support. Care plan information was detailed, personalised and contained information to enable staff to work with people in the way they preferred. People were regularly asked about their care and care plans were updated when a need was identified. People had information about the complaints process but had not needed to share any concerns.

## Is the service well-led?

The service was mostly well-led.

There was no registered manager. As the service was new and only provided care to a small number of people, it was not possible to fully assess if the systems to learn, improve and ensure sustainability were fully effective. However, people spoke very highly of the leadership of the service and the quality of care they received. Staff told us they were part of a supportive team and management support was available.

**Requires Improvement** 

# Grande Care Ltd

## Detailed findings

### Background to this inspection

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

The office visit took place on 19 July 2018 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us at their office. The provider who is also the manager of the service had to leave to carry out a care call on the 19 July 2018, so we told them we would return on 25 July 2018 to complete our inspection visit. The inspection was conducted by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send to us by law.

During our visit we spoke with the manager and the newly appointed care supervisor. After our visit we spoke with two care workers by telephone. We also sent emails to the four people who used the service asking for their views about the care they received. Three people responded.

We reviewed two people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service

## Is the service safe?

### Our findings

People felt safe with the staff who visited them in their home. One person told us, "I do feel very safe and comfortable and confident with all the staff that provide my care." They explained they felt safe because staff always spoke with them and explained what they were going to do.

People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. This included people's needs and abilities and the environment in each person's home. People's care plans included the actions staff should take to minimise the identified risks, for example, the equipment people needed to transfer them safely or to assist them to move when in bed. Care plans also indicated whether people had any pain or anxiety associated with the care provided which could increase any risks to their safety or wellbeing.

One person told us staff had a good understanding of their needs and the equipment they needed to support their mobility. This person explained that the manager had met with their occupational therapist so they understood how to use the person's equipment safely and had shared this knowledge with the rest of the staff team. They told us, "All staff have been trained, in my presence and with my co-operation, on the use of my equipment." Another person confirmed staff had received the appropriate training and said, "They always double check whether things have been done properly before using the equipment with me."

Where people were at risk of skin damage due to poor mobility, care plans instructed staff to check people's skin for changes during personal care routines. Completed records of calls showed staff carried out checks as directed.

There were enough staff to support people safely. The service employed three care staff and a care supervisor. The manager also delivered care to people in their homes. The manager told us if there was any unplanned absence, for example if a staff member was unwell, they or the care supervisor would cover the calls. The manager had recently recruited a new member of staff to work on the 'bank'. They told us this would provide them with capacity to take on more care packages and provide cover for annual leave and any long term sickness.

People were confident their care visit would always happen at the time arranged and care staff would stay for the allocated time. We checked examples of call rotas which allocated staff at regular times and showed people received support from a consistent staff team. One person told us, "I always receive care from carers who are known to me and who I am confident will provide the best level of care possible. Each carer consistently arrives at the allocated time. The carers always work extremely well as a team during my double up calls. Every carer stays for the correct amount of time and always provides all the care I require and to the standard I require."

Staff recruitment records demonstrated the manager had checked the suitability of staff to work in people's homes. References and enhanced Disclosure and Barring (DBS) checks were recorded.

All staff had received training in safeguarding and were aware of the provider's policies around safeguarding and whistleblowing and where to find them. Staff told us they would report any concerns to the manager. One member of staff told us, "If I saw abuse I would report it to [manager] and make sure it is reported. The manager showed me the policies and procedures, which include safeguarding and whistleblowing, and they are at the office. I'm not afraid (to speak out)."

There had been no accidents or incidents, but staff told us they knew what action to take if one should happen or in the event of an emergency. One staff member explained, "The process for reporting incidents and accidents is to tell the manager and record it. I have never needed to report any."

Most people administered their own medicines or with support from family members. One person managed their own medicines, but needed physical assistance to take them. Staff recorded when they had supported this person to take their medicines in their daily records. The manager had arranged specific training in the safe handling of medicines to ensure staff had the knowledge to manage medicines safely.

Staff had received training in infection control and food hygiene and understood their role in preventing the spread of infection. Staff told us they used PPE (Personal Protective Equipment) such as gloves and aprons to reduce the risk of cross contamination. One staff member told us PPE equipment was always available and said, "There are gloves and aprons at the office and at people's houses, to protect them and us from the risks of infection."

## Is the service effective?

### Our findings

All staff had received mandatory training in the areas the manager considered essential in meeting people's needs safely and effectively. This included health and safety, infection control, basic life support, moving and handling and safeguarding. The manager worked alongside staff on a regular basis so they could be assured staff were implementing their training into their everyday practice.

People were confident staff were competent and delivered their care effectively. One person told us, "I feel very confident that staff have the adequate level of training to assist me with my care needs." Another said, "All my carers have the correct knowledge for my specific needs. Their skills are excellent and their attitude towards care is superb." This person went on to explain, "Following their initial training with a company who supply training specifically for the care sector, staff are then comprehensively trained by the company director on my specific needs and requirements. I am always fully consulted during this training process."

The manager told us new staff had an induction which included the mandatory training and they could not work alone or unsupervised until they were confident in their role to support people.

We checked whether the service was working within the principles of the MCA. 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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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.

The manager understood their responsibilities under the Act and told us only one person using the service needed assistance to make decisions. This person had a family member to support their decision making and the manager had obtained a copy of the legal authorisation for them to do this. The manager worked with the person's representative and other health professionals to make decisions in the person's 'best interests'.

People told us staff sought consent before delivering any care. One person told us, "I always know what we will be doing at each stage of my care. Before starting each stage my carers always ensure that we have full agreement between us on what we will be doing and that I am fully happy with it. They always ensure I am completely content with everything before we proceed." Another said, "Staff always explain what they're going to do even if they know how I like things to be done." A member of staff told us, "We get consent from the client. If they say, 'not today', I talk to them, try to understand why not and explain why it is a good idea, but if they say 'no', then 'no'."

Staff supported some people with their meals or food preparation. One person told us staff always ensured their food was cut into manageable portions and that drinks were not too hot.



Records showed staff always left people with a drink at the end of their visit. One person told us, "My carers always provide me with the drinks that I require and will prompt me to drink more if they feel this is necessary." This person told us they used an adapted bottle to drink which they said was, "Fully positioned in my right hand to ensure that I can use it when my carers are not present."

If it was in people's care plans, staff supported people to make and attend appointments with other healthcare professionals. One person told us they became anxious attending medical appointments and staff always accompanied them to save them from unnecessary distress.

Staff told us if there was a change in people's health or wellbeing they would notify the manager who would refer it to the appropriate healthcare professional. One staff member explained, "If a person is poorly, and it is urgent, I will call an ambulance, or I will try to support them if it's not too bad. I can offer to intervene and let [manager] know, who will let the GP or family know. It was all explained in the training."

## Is the service caring?

### Our findings

People told us they were treated with care and kindness. They said staff took time to know them and understand their needs. One person told us, "All staff are extremely kind and exceptionally caring in their attitude towards me, both when I am receiving care, and throughout our daily relationship. My carers go out of their way to ensure that I have everything I would like, not just everything I need."

One person told us of a time when staff had gone 'the extra mile' to ensure they were cared for. They explained, "When it snowed last winter the company director walked two and a half hours from her home to ensure that I had my care call. This is exemplary, and I have never received this level of care from any previous care provider. As the bad weather continued, the company director and her staff were so concerned about driving conditions that she bought snow tyres for her car to ensure that she and her staff remained safe on the roads and were able to arrive at their calls."

People, and where appropriate, their relatives had been involved in planning and reviewing their care. They had been consulted about how they liked their care undertaken and what mattered to them.

Records indicated people were encouraged to be involved in their care and independent where possible. Care records explained what staff needed to do and what people could do independently. In a written compliment one person had written, "I am given so much confidence by my new carers. They constantly persuade me that I can do things and they always do their best to help me achieve my goals."

People told us staff were respectful of both them and their homes. One person told us, "Every member of staff always does their best to keep the house as I want it to be and if I want it to be changed, then all I have to do is ask and they will change things how I like things to be." This person went on to say, "My care needs are always provided with dignity and respect."

Staff had received training in equality and diversity. One staff member confirmed they had received the training and said, "We have no-one with any specific (cultural) needs, but they are all important to us, no matter what their needs. We are trying to do the best for them."

## Is the service responsive?

### Our findings

We reviewed the care records of two people who received a personal care service. Care plans provided staff with information about the person's abilities and dependencies for personal care, medication, nutrition and mobility. Plans were person centred and contained information from the person's perspective about how they wanted to be supported.

Plans gave care workers instructions about what to do on each visit and demonstrated that people had been involved in developing their care plans. One person told us, "When Grande Care Ltd took on my care package they spent a great deal of time and effort asking me precisely what I wanted, needed and required from my care supporters. This has continued throughout the time I have been with the company." Another person told us, "Before I even started with the company, on the initial meeting with the care manager we went through my likes and dislikes and these are in my care plan."

The manager told us they completed care calls to make sure assessments and care plans continued to be reflective of people's care. The manager said they took this opportunity to ask people directly if the service continued to meet their needs. One person confirmed, "My care plan is updated on a regular basis so should any part of my needs change, it will be done in the care plan" Another person told us, "I am often asked if I am happy with the service and whether I would like to change anything in my care provision."

People received care from a consistent staff team. One person told us, "I receive care from a consistent team of a dedicated group of staff who have a high level of care .....and they never lower the standard of care that they provide to me." One member of staff told us they were able to maintain those standards because care staff were not rushed and had time to monitor people and ensure the care they received was responsive to their needs. They explained, "I think there is a better quality of care. There is no rushing in and the carers have time to talk to the clients and make sure they get the care they need."

People's individual communication needs were explained in their care plan. People told us staff communicated effectively with them to ensure their wellbeing. One person explained how they could often experience pain and staff were mindful of that when providing care. They told us, "They always ask me how I am so that they are aware of any pain that I may be experiencing before they even move me, and during transfers a member of staff will usually be where they can have a clear view of my face so they can read my body language as another form of communication as well as talking to me verbally."

People were issued with a service user guide that informed them how to make a complaint when they started to use the service. No complaints had been made since the service started delivering care from June 2017. The manager said, because they regularly provided people's care, if there were any concerns, these were swiftly dealt with. One person told us they had a good understanding of the complaints procedure and felt confident to escalate them further if they were not dealt with to their satisfaction.

## Is the service well-led?

### Our findings

The service did not have a registered manager at the time of our inspection visit. There had been some changes within the provider company and the previous registered manager had cancelled their registration with us in February 2018. The manager was studying a managerial qualification in health and social care and planned to apply for registration on completion of the course. In the meantime, they had recently recruited the care co-ordinator who had previous managerial experience and who was in the process of commencing their application to become registered with us.

Staff told us they were part of a supportive team and management support was available. Staff did not receive formal supervision, but the manager carried out observation of staff practice during care calls. The manager told us they planned to introduce formal meetings as more staff were recruited so they had the opportunity to discuss training and development with staff. They explained how they wanted staff to develop their skills and planned to introduce the Care Certificate and encourage staff to study for further qualifications in health and social care. One member of staff confirmed, "[Manager] has already asked me if I want to do my NVQ2. She will support me if I want to do it."

The manager told us they had plans to grow the service and provide care to more people. However, they explained they only wanted to provide around ten care packages as they wanted to maintain the ethos of the service. This was to provide people with a high standard of care from a consistent staff team who knew people very well. They explained, "It is about the quality of the relationship between the carers and the clients."

We looked at systems to show learning and improvements were taken through a programme of regular checks and audits. As the service had only been operating for a short time and was only providing care to four people, it was not possible to fully assess if the systems to learn, improve and ensure sustainability were fully effective. There were governance and accountability arrangements in place, but these were mainly completed on an informal basis. For example, the manager checked care plans reflected people's needs and sought people's feedback about the care provided during care calls. We discussed this with the manager who acknowledged that as the service grows, these systems needed to be more formalised and become embedded into the running of the service so they captured any organisational issues and risks.

People spoke very highly of the leadership and quality of care provided by Grande Care Ltd. People told us the manager led by example and encouraged staff to provide care to a high standard. One person told us, "I think that the company on the whole is led very well and from the care that I have received since I have been with Grande Care Limited, I feel comfortable and confident that my care will always be met effectively even if my needs did change at any stage. A lot of that comes down to effective leadership because everybody knows what they are doing."

People were encouraged to provide feedback about the care provided. One person commented, "I am asked my views on the service provided to me. My opinions are always listened to and taken into account. I am sure if I wanted change from the service provided by Grande Care Ltd, suitable arrangements would be

discussed and then put into operation. My view is that the service provided by this company is exceptional"

The manager understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR) as required by the Regulations.