

Grace Live In Carers Ltd

Grace 24/7 Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grace 24/7 Care is a domiciliary care service that provides care and support to adults in their own homes. Not everyone who used the service received personal care. 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

People received the support they needed to keep them safe and well. Staff used risk assessments and care plans to support people with their individual care needs. These were up to date and reviewed regularly.

Staff complied with good infection control practices when supporting people, such as wearing the correct personal protective equipment (PPE). People received their medicines safely. The service had made the required improvements in this area since our last inspection.

People and their relatives gave positive feedback about the service. People told us they received support from a regular team of staff, who were kind, helpful and well-trained. The service promoted person-centred care and had an open and honest culture.

People received support that gave them maximum choice and control of their lives. 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 registered manager used a range of governance systems to assess and monitor the quality of the service. Staff told us they were happy in their jobs and felt supported by the registered manager.

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

Rating at last inspection and update

We carried out an announced comprehensive inspection of this service in January 2020. A breach of regulation 12 (safe care and treatment) was found in relation to the management of medicines. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grace 24/7 Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led section below.

Grace 24/7 Care

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.

This was a focussed inspection to check whether the provider had met the requirements of the requirement notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection team consisted of an 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

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

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 a short period notice of the inspection to ensure the registered manager was available to speak with us and to ask service users their permission to contact them.

Inspection activity started on 6 May 2021 and ended on 20 May 2021. We visited the office location on 6 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the action plan the provider had submitted following our last inspection. We received positive feedback from a local authority. We used all of this information to plan our inspection.

During the inspection

During our visit to the service office we reviewed a range of records. This included five people's care records and risk assessments. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were emailed to us and reviewed. We spoke with the registered manager. The Experts by Experience spoke with eight people who used the service and four relatives, on the 'phone.

After the inspection

We spoke with five care workers on the phone. 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made the provider was no longer in breach of regulation 12.

- Medicines were managed safely. People told us they received their medicines when they needed them.
- Staff had received training and spot checks were carried out by the management team to ensure staff administered medicines correctly.
- Medicines administration records (MAR) we checked had been completed fully. Body maps were used to ensure staff knew how to apply topical creams correctly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt happy and safe being supported by staff. Comments included, "Very safe, they are just so helpful and cooperative", "Yes, I feel very safe with them" and "We're on first name terms which is nice. We've got to know each other as friends. They are all well- mannered, and you can ask them to do anything."
- There were systems in place to help protect people from abuse. Staff had received training in safeguarding vulnerable adults and were confident any concerns they raised would be taken seriously by the manager and acted upon.
- The provider had a system in place to keep a record of safeguarding concerns raised with the local authority, actions taken and any outcomes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and well-being had been assessed and information was available to help staff minimise identified hazards. These included, for example, risk assessments around moving and handling and nutrition.
- Environmental risk assessments had been completed of people's homes. These helped to identify if there were any potential hazards to staff, such as from pets, or poorly maintained buildings.
- Risk assessments for staff with a higher probability of being affected by COVID-19 had been completed and adjustments in their employment offered, where required.
- Accidents, incidents and complaints were recorded, and reviewed regularly to establish whether there were any trends and any lessons learnt to be shared with staff.

Staffing and recruitment

- The staff recruitment process was safe. Staff personnel files were comprehensive, and all the necessary pre-employment checks had been completed to ensure people recruited were of good character. The provider kept accurate records of the recruitment and induction process for newly recruited staff.
- Staff had completed a range of training, through e-learning and face-to-face teaching.
- People told us they generally received support from familiar staff. Comments included, "I have three regulars and sometimes it might be different at the weekend it depends who is off. I know all of them and feel safe with them." and "Sometimes they are a little late, but you have to expect that... I did get a phone call when they were going to be late, but the carers apologised as well."

Preventing and controlling infection

- People who used the service and relatives told us staff followed correct infection control procedures and always wore personal protective equipment (PPE) when providing personal care. One person said, "They've always got gloves and aprons. They have surgical style masks and I've seen them with face shields." Another commented, "They wash their hands, wear gloves and masks. If I'm having a shower, they put an apron on."
- Staff had received infection control training and additional information and guidance about how to protect themselves and service users during the COVID-19 pandemic.
- The service had good stocks of personal protective equipment.
- Staff had completed regular Covid-19 tests.

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 requires improvement. At this inspection this key question has improved to good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service cared for people in the way they wanted and needed.
- People and relatives we spoke with gave overwhelmingly positive feedback about the care staff, the registered manager and the service they received. One relative said, "The carers seem to be very happy, their nature is very nice. The good thing is they cheer him up, he's not treated like it's just a job." One person, when asked if they would recommend the service, told us, "Yes I would, they're an excellent service. They turn up at the times they say."
- The service regularly checked with people to see that they were happy with their support. One person told us, "A lady came, and we discussed the care I needed, and she asked; was I happy with that?" A service user and staff survey had recently been carried out.
- Staff were complimentary about the support they had received from the registered manager, particularly during the COVID-19 pandemic.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager showed a strong commitment to ensuring good governance of the service.
- A range of audits to monitor the safety and effectiveness of the service were completed monthly. These included audits on care records and medicines administration records.
- The organisation of the service was robust, and records related to the running of the service reflected this.

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; Working in partnership with others

- The registered manager understood their responsibility around the duty of candour and showed commitment to openness and transparency when something went wrong.
- Untoward incidents and complaints were dealt with correctly and any learning from investigations was used to improve the service.