

Grade A Care Limited

Grade A Care

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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of Grade A Care on 26 June 2018. The provider was given 48 hours' notice of the inspection because the location is a small, family run domiciliary care service and we needed to be sure someone would be available to facilitate the inspection.

Grade A is a domiciliary care agency in Hindley, Wigan. It provides personal care to people living in their own houses and flats in the community. Not everyone using Grade A receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of inspection, there were seven people receiving a regulated activity from the service.

The service was last inspected in June 2017, when we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to regulation 17; good governance. We also made three recommendations in relation to risk assessment documentation, training and reviewing people's care needs within specified time frames.

Following this inspection, the service was rated as requires improvement overall and in the key lines of enquiry (KLOE's); responsive and well-led. The service was rated as good in safe, effective and caring.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; responsive and well-led to at least good. However, the provider failed to submit the requested action plan.

We reviewed the progress the provider had made as part of this inspection and found the provider remained in breach of regulation 17; good governance (two parts). We also identified an additional breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to regulation 18; staffing. We also made a further recommendation to review risk assessment documentation. You can see what action we told the provider to take at the end of the full version of this report.

This was our third inspection of Grade A where the rating has not improved from requires improvement. All previous inspection reports can be viewed by clicking the 'all reports' button on our website at www.cqc.org.uk. We are currently considering our options in response to this third requires improvement rating in line with our methodology.

At the time of the inspection there was a registered manager in post. 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.

People we spoke with told us they felt comfortable with the staff and had no safety concerns.

At our last inspection we recommended the service sought advice and guidance from a reputable source regarding individual risk assessment documentation. This was because the risk assessments in place did not identify sufficient control measures to mitigate all risks and were not kept under review. At this inspection we found this had not been actioned and the risk assessment documentation was unchanged.

There was a recruitment process in place, but records to demonstrate this had been followed were not sufficiently maintained.

People continued to be supported by staff who understood their responsibilities if they suspected people receiving support from the agency had been abused or mistreated.. Staff were also knowledgeable about how to report accidents and incidents.

Medicines were managed in a safe way with records being completed accurately and all medicines given as prescribed.

There were sufficient staff employed to meet current care commitments and missed visits were not a concern within the service.

There was a basic induction and training in place at the service and one staff member had completed the care certificate. However, staff did not consistently receive supervision at regular intervals or complete an appraisal of their work.

People's rights under the Mental Capacity Act 2005 (MCA) continued to be protected. Care staff supported people to have maximum choice and control of their lives.

The agency is a small family run service so people were supported by a small familiar staff team which promoted continuity of care and people and staff spoke positively of the care provided and the relationships that had developed.

Staff were caring and respected people's privacy and dignity. Staff were provided with enough time on care calls to be able to provide compassionate care. People told us staff visited at the scheduled time and were flexible about staying longer when required.

Staff demonstrated they knew people's preferences and care needs. We saw there were basic support plans in place to provide initial guidance to staff which had been reviewed.

There was a complaints process in place which had been followed and we saw the service had received compliments from people receiving support.

We found basic quality assurance systems had been implemented but these had not been devised or fully operated to monitor all aspects of service delivery. In addition, it could not be determined when formal feedback had been sought to obtain people's views through reviews or questionnaires. Team meetings had not been maintained but staff confirmed their views were sought and they had regular communication with the registered manager and provider.

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 has deteriorated to Requires Improvement.

Effective systems were not in place to demonstrate recruitment processes were being followed.

The service had not followed recommendations from previous inspections to demonstrate risks to people were kept under review.

Safeguarding procedures were in place and staff were aware of the action to take in the event of concerns.

Requires Improvement ●

Is the service effective?

The service has deteriorated to Requires Improvement.

An assessment of people's needs was carried out when they first started using the service. However, support plans did not contain sufficient information about people's health conditions and the level of support people required to meet their individual needs.

People were supported by staff who received a basic induction and relevant training but who did not always receive regular supervision.

People were supported to exercise maximum choice and control over their lives.

Requires Improvement ●

Is the service caring?

The service remains Good.

Staff developed relationships with people and demonstrated they knew people well.

Staff were provided enough time to provide compassionate care and were flexible about staying longer to ensure people's care needs were met.

Staff maintained people's privacy and dignity and promoted their independence were able.

Good ●

Is the service responsive?

Good ●

The service has improved to Good.

People told us the service was responsive to their needs and spoke highly of the care received.

The care files had been developed to include person centred information and were reviewed.

There was a complaints procedure in place which people were aware of.

Is the service well-led?

Requires Improvement ●

The service remains Requires Improvement.

An action plan had been requested following our last inspection but this had not been provided.

There was a registered manager at the service but they were not fulfilling their role to ensure regulatory compliance at the service.

Feedback was not formally sought from people using the service and the systems in place to monitor quality needed to be improved.

Grade A 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.

The inspection site visit took place on 26 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

The inspection visit was conducted by one adult social care inspector from the Care Quality Commission (CQC).

In preparation for our visit, we considered the previous inspection reports, and discussed the service with the local authority's quality performance officers.

Prior to the inspection the service completed a Provider Information Return (PIR), which 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 also looked at any information we held about the service. We had not received any notifications from the service, a notification is information about important events, which the provider is required to send us by law.

There were eight staff employed at the company and as part of the inspection we spoke to the nominated individual, the registered manager and one staff member. We also visited two people receiving support from the agency in their own home.

We looked at three staff files, two care files and one Medication Administration Record (MAR). We also reviewed other records held by the service including; training information, policies and procedures and audit documentation. We used all this information to inform our judgement.

Is the service safe?

Our findings

At our last inspection of Grade A in June 2017, this key question was rated as Good. At this inspection it had deteriorated to requires improvement because recommendations made following our last inspection had not been actioned and the registered manager could not demonstrate effective oversight of the recruitment procedure.

The registered manager carried out recruitment checks, however was unable to demonstrate sufficient oversight had been maintained. This was because the recruitment policy stated the steps to be completed included a disclosure and barring service check (DBS) at enhanced level. The registered manager and provider confirmed they had misplaced the DBS numbers for all staff working at the service, which would confirm checks had been completed within the required timeframes. This had only been realised when the quality performance officer from Wigan had visited and identified this.

The registered manager had attempted to rectify this by contacting the staff and requesting they bring in their DBS certificate to recommence collating this information. However, there were two staff that had been unable to locate their certificate. Staff told us they believed correct recruitment procedures were being followed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, as the provider and registered manager were unable to demonstrate they were maintaining records securely, in relation to persons employed in the carrying on of the regulated activity.

Following our last inspection, we recommended the registered manager sought advice and guidance from a reputable source regarding individual risk assessment documentation. At this inspection we found risk assessments continued to contain basic risk information for staff to follow. The risk assessments detailed people's general needs and environmental factors such as; mobilising, environment, appliances, nutrition, fire and safety to others. We found the risk assessments in place identified some possible hazards but did not include strategies for staff to implement to prevent incidents or detail actions for them to take in the event of an incident.

Although we identified the documentation remained unchanged, we found staff were knowledgeable about people's risks and care needs and due to the small team, the approaches utilised were consistent across staff members to mitigate the risk. Furthermore, staff confirmed they regularly discussed changes in people's needs and emerging risks with the provider and registered manager. We were party to this whilst undertaking the inspection when discussion ensued regarding a person's medicines and whether there were sufficient safeguards in place.

We found that although risk assessment documentation remained unchanged and there was no formal review for looking at risks, risks were being identified and mitigated as they arose.

We recommend the registered manager seeks advice and guidance from a reputable source regarding

individual risk assessment documentation.

We saw there was an accident and incident policy in place, which detailed how accidents and incidents should be managed. Prior to undertaking the inspection, we had not received any notifications to indicate any accidents or incidents had occurred at the service. We looked at the accident and incident file which was empty. We spoke with the provider, registered manager and a staff member who all confirmed that no accidents or incidents had occurred at the service.

People spoken with told us they felt safe, comfortable and held the service in high regard. A person told us; "You hear some horror stories about care companies. Grade A is absolutely superb."

There had been no reported safeguarding incidents since our last inspection. We saw there was a safeguarding file in place that detailed local policy and Wigan's tier system for reporting. Staff remained knowledgeable regarding safeguarding matters and types of abuse.

We saw there were suitable records in place to demonstrate the administration of medicines was safe. Staff told us they received training in medicines administration and records showed this to be the case. The registered manager told us they regularly checked medicines administration records (MARs) to assure themselves people were receiving their medicines as prescribed. However, there was no formal documentation to show timeframes for completion or any actions taken if discrepancies in documentation had been identified. We also identified the competence of staff to administer medicines could not be demonstrated as being regularly checked.

'Nurse buddy' had been implemented since our last inspection to monitor visits. This is a software app which staff used to check in and out of visits and enabled the provider to manage staff, work shifts and absences. We looked at the last four weeks visits and determined there had been no missed visits within this timeframe. People and staff confirmed that missed visits were not a regular occurrence with the agency. The staff member spoken with confirmed staff were good at covering each other if an emergency or unaccounted eventuality arose to ensure people's care needs were met.

Personal protective equipment was available at the office and people's homes to ensure staff had access to the correct equipment to prevent the spread of infections.

Is the service effective?

Our findings

At the last inspection, in June 2017, this key question was rated as 'Good'. At this inspection, the rating has deteriorated to 'Requires improvement' because recommendations made following our last inspection had not been actioned and staff were not consistently receiving regular supervision or having an appraisal of their work completed.

A person using the service told us; "All the staff are really good and know what they are doing. They have individual strengths too."

New staff completed a basic induction in to the service which included shadowing existing staff. One new staff member had joined the service since our last inspection who we saw had completed the care certificate. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care.

We checked to see whether staff were provided with sufficient training to enable them to undertake their roles effectively. We saw staff had completed a one-day mandatory training session in November 2017 which included; health and safety, information governance, fire safety, equality and diversity, infection control, food hygiene, basic life support (practical), moving and handling (practical), safeguarding children and adults, complaints handling and conflict management.

The staff had also completed additional training courses in safeguarding, manual handling and medication from Social Care TV which is an accredited e-learning system for health and social care providers. As well as complete the training course, staff had also been required to complete workbooks to determine their competency.

We noted the service was supporting people living with a diagnosis of dementia but the staff had not undertaken specific training relating to supporting people living with dementia or the Mental Capacity Act.

In the three staff files we looked at we determined spot checks, supervision and appraisals were not occurring as frequently as the registered manager indicated. We saw one spot check had been completed following the announcement of our inspection but the level of detail was insufficient to determine what the assessment of the staffs' competency meant.

We asked the registered manager why spot checks, supervision and appraisal were not being consistently completed and the registered manager indicated they were trying but were unsure what to do when staff members were friends.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing because staff did not always receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

We saw people's needs were assessed by the registered manager before they started to use the service and a support plan was produced. The information contained within the support plans were limited but staff demonstrated they knew people's needs well and staff communicated with each other regularly to ensure they provided effective care and support to people.

A communication book had been introduced when people had more than one service provider to support effective communication between agencies.

People and their relatives confirmed being consulted about support plans and that care was delivered in line with their preferences and needs. People had complete control over their care and confirmed their consent was obtained prior to the service starting. Staff re-visited this and explained to people what they were doing prior to undertaking care tasks to gain verbal consent when meeting people's care needs. Where concerns had been identified regarding people's capacity to make certain decisions, family members had been consulted following best interest procedures. Outcomes had been determined of how best to meet people's support needs, taking in to account least restrictive options to provide the care and support required.

At the time of the inspection there was nobody using the service that had specialist dietary needs and staff continued to support people with meal preparation or prepared meals for them as per people's care agreement.

Staff continued to monitor people's health when undertaking care visits and we saw evidence to confirm staff had consulted people's family members about the health concerns of their relatives or contacted the person's GP directly.

Is the service caring?

Our findings

A person told us; "The care we receive is absolutely brilliant. As people, the staff are quite exceptional."

The service is a small family run agency and the provider for the service is instrumental in undertaking visits and completing care tasks. Throughout our inspections, people have consistently praised the agency for the care and support received. A person told us; "It's a family business and they set themselves up to go the extra mile."

People told us staff delivered compassionate care and were not clock watching when completing their care visit. One person said; "They are here on time and stay past the time. I'm always telling them they are over their time when they visit but they tell me not to worry and don't leave until everything is done."

Staff demonstrated they knew people well and understood people's likes, dislikes and preferences. Staff had formulated bonds with people and considered people's needs even when they were not in work. One staff member went shopping for a person or picked up food from the 'chippy' for them in their own time.

The service was flexible in meeting people's needs and had previously adapted the service to do a night service when a person's main carer went in to hospital so the person could stay in their own home. The provider had also taken a person's pet in when they had needed to go in to hospital, to prevent the person worrying when they had no family or alternative arrangements in place.

The provider stated the agency continued to be flexible and would meet people's needs even if this hadn't been the initial remit of the service provided. We saw the service had taken a package that other agencies had declined due to the geographical area and because the care required was only a small amount of time. The provider said Grade A had taken the care package because they couldn't know about the person and leave their care needs unmet.

People continued to receive care from a staff team that treated them with dignity and respect and explored opportunities to promote people's independence when appropriate to do so. A staff member told us; "We encourage people to continue to do what they can for themselves. We provide practical assistance and support during certain care tasks but we don't do the whole task because people can still achieve certain parts of these tasks for themselves."

At the time of our inspection the service was not supporting anyone who required the support of an independent advocate. An advocate is an independent professional who supports people to express their views or represents their best interests. We know from previous inspection that people in the service have had advocates involved and the registered manager confirmed they would put people in touch with an advocate if required.

Is the service responsive?

Our findings

At the last inspection in June 2017, this key question was rated as 'Requires Improvement' because support plans were not person centred or reviewed. At this inspection, the rating had improved to 'Good'.

People told us care was responsive to their needs. One person said; "They meet our needs and more. They ring and ask whether there is anything I need from the shop before they visit, and before they leave they always ask me if there is anything else we need."

Following our last inspection an initial care needs assessment had been completed with any new people using the service which captured people's; medical history, medication, mobility, communication, spiritual needs, nutrition and hydration, elimination, personal hygiene, house management, security, financial, background and social interests. This enabled staff to have the required information about each person prior to providing support.

We found the registered manager had responded to the recommendations made at the last inspection and had introduced a one- page profile. This captured some basic information about the person's background including places the person had lived, family, interests, likes and dislikes. People's support plans contained basic information about any religious or cultural needs people had which ensured staff were aware of cultural or religious considerations.

We found staff demonstrated a good understanding of people's individual needs which had developed from working with a small number of people. Staff were flexible and told us they adhered to the support plan but would assist with other tasks that weren't detailed in the support plan if that's what the person needed. A staff member told us this may include walking a person's dog, changing light bulbs or calling at the shop on the way to the visit.

We found the review document introduced at our last inspection had been completed with people, although there was no formalised review time frame implemented. Despite this, people's care needs were being communicated and discussed regularly and although formal reviews within specified timeframes had not been determined, people's care was being reviewed on a fluent basis. Staff and people expressed feeling involved in this discussion and that care was being consistently reviewed and adapted to ensure their needs were met.

We found the registered manager was not fully aware of the Accessible Information Standard (AIS). The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. The registered manager confirmed there was nobody currently using the service that AIS would apply to but indicated this information would have been captured regardless of the introduction of this standard and was able to provide examples of when this had occurred previously.

No one currently supported by the service was in receipt of end of life care. The provisions in place for end of

life care were discussed with the registered manager and a staff member. The registered manager confirmed they had previously provided a sitting service to people nearing the end of life to provide support and respite to family members at that time.

There was a complaints process in place at the service which people told us they were aware of. We saw a complaints file had been developed and there was a complaints log that detailed any complaints received. We saw one complaint had been received since our last inspection which the registered manager had consulted with Wigan quality performance officers about. We also identified compliments were being logged which included a person informing their social worker that the care they were receiving was superb and a family member of a person receiving support commending the care their relative received, stating it was excellent and highly recommended.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. However, it was difficult to determine how much involvement they had with the agency. These concerns were mirrored by the Local Authority who confirmed the registered manager wasn't involved in the day to day running of the service. 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 this inspection we found recommendations from our last inspection had not been consistently applied. The previous inspection had identified gaps in people's risk assessments, staff training and quality assurance systems, however despite the provider and the registered manager providing us with assurances at the time that they would improve these areas, gaps remained. We had also not received an action plan as requested following our last inspection to determine how these improvements would be made.

We found since our last inspection there had been no change in how spot checks and surveys were being completed. We identified one spot check had been completed with a staff member on the day we announced the inspection. On reviewing this document, the information contained was basic and we could not determine what had been checked or what the score given meant.

The registered manager showed us surveys but they were unable to determine when these had been sent or demonstrate anything had been done in response to people's feedback. The surveys had been put in people's care files but no analysis of the results had been undertaken to determine what the results meant for the service. The registered manager had not analysed any of the information or formulated an action plan from the findings with identified timeframes to address the agency deficits to internally drive improvement.

The quality assurance and oversight provided at the agency was sporadic and not coordinated to determine timeframes for the regulated activity being checked. An audit was completed on the day the inspection was announced but the template was basic and although it indicated three care files had been checked, it didn't record which of the three care files had been looked at and what in relation to the care files had been considered. The MAR were signed as checked but this didn't translate to a medication audit to determine whether the MAR had been checked against the medicines, whether signed correctly or contained all required information in relation to 'when required medicines' (PRN).

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance because the provider did not have an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which may arise from the carrying on of the regulated activity.

We found staff were happy working at the service and people spoken with were happy with the service

received. A person rated the service as outstanding and indicated they were always recommending the service to others due to the level of care and support they received.

We found team meetings had been conducted more frequently but again there was no identified timeframe for completion. Staff confirmed they communicated daily with the provider and felt involved in decision making on a day by day basis.

We had not received any notifications from the service since our last inspection but we were informed that no notifiable incidents had occurred and we did not identify any reportable incidents whilst undertaking this inspection.

The ratings from the last inspection were displayed in the small office which was accessible to all people who came into the service.

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 did not have an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which may arise from the carrying on of the regulated activity.</p> <p>The provider was unable to demonstrate they were maintaining records securely, in relation to persons employed in the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not always receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>