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Grace Community 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?	Requires Improvement

Summary of findings

Overall summary

We carried out an inspection of Grace Community Care on the 17 and 21 August 2018. The first visit was announced and included a visit to the service's office. The second day involved talking to people who used the service.

The last inspection of this service was in August 2015. At that inspection the service was rated as good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to predominantly older adults. The service at present provides support in the Northwich and Knutsford areas of Cheshire. At the time of our visit, the service provided support with personal care to four people although one person was in hospital at the time of our visit.

The registered provider is also the 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.

The registered provider provided support personally to people and was able to gain an indication of the quality of care provided. This was not always evidenced through recording.

Effective systems were in place to protect people from abuse. Training and procedures were in place to raise any concerns.

Risk assessments were up to date and evaluated. These covered risks faced by people in the support they received as well as risks presented by their home environment.

The agency had sufficient staff to meet the needs of people who used the service. People told us that staff always arrived on time with no calls missed.

No new staff had been recruited since our last visit. Recruitment was found to be satisfactory on that occasion.

People required limited assistance with medication with only prescribed creams being applied by the staff team. Medication records were appropriately signed.

Staff received the training they needed to perform their role. Refresher training in safeguarding had been arranged..

The registered provider was able to supervise the other staff member when two staff members supported people. Formal spot-checks had been completed but not always recorded.

The registered provider was aware of the Mental Capacity Act 2005 and the implications for people who may lack capacity.

The health needs of people were promoted.

People told us they were treated in a kind and unhurried manner.

People received the information they needed about their support and were able to make choices as a result in line with their wishes.

Assessments captured the main needs of people both in terms of the support required, their communication skills, medical history and social interests. Care plans were person centred and included the preferences of people in how they were to be supported.

While people were not supported by the agency to pursue interests and activities; the registered provider had captured interests so that a point of discussion on interests could be made with people; especially when respite care was being provided in people's own homes.

A complaints procedure was in place although no complaints had been recorded.
People told us the service was well run and organised.

The registered provider had a clear vision preferring to provide support to a small number of people so that continuity could be achieved and good standards of care maintained.

The registered provider always notified CQC of any adverse events that affected the wellbeing of people who used the service.

Ratings from the last inspection were made available in an open and transparent manner.

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 remains Good.

Good

Is the service effective?

The service remains Good.

Good

Is the service caring?

The service remains Good.

Good

Is the service responsive?

The service remains Good.

Good

Is the service well-led?

The service was not always well led.

Audits measuring the quality of the service had not always been recorded.

The views of people who used the service had been gained.

The registered provider always notified CQC of any adverse events that affected the wellbeing of people who used the service.

Requires Improvement

Grace Community 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 inspection took place on the 17th and 21st August 2018. The first date was announced and involved a visit to the service's main office. The second day involved contacting people who used the service for their views about the support they received. was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered provider was available to assist us.

The inspection team consisted of one Adult Social Care Inspector.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at four care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we spoke to two people who used the service. We also spoke to the registered provider and a staff member. Only two staff members are involved in providing care; one of whom is the registered provider.

The service supports people who privately fund their support. The service does not routinely contract with a local authority. Referrals to the service are made through other agencies such as Age Concern.

As part of our inspection, we ask registered providers to complete 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. A PIR was returned to us when we asked.

Good

Is the service safe?

Our findings

No new staff had been recruited since our last visit in August 2015. The service was staffed by two people; one of whom was the registered provider. The registered provider had already been assessed as a suitable person to run the service through their registration with the Care Quality Commission. The recruitment details of the other member of staff had been examined during our last visit and found to include all the appropriate checks to ensure they were suitable to support vulnerable people. The registered provider had a recruitment policy in place.

The service had a medication policy. At the time of our visit, no one received direct support from staff in taking or managing their medication. This was confirmed through assessment information and care plans. The staff team did have a role in ensuring that creams were applied, especially when assisting people to shower or bathe. Medication administration records were maintained when creams were applied and daily records were also maintained confirming when creams had been applied. Medication records were appropriately signed when creams had been administered. While completed medication records were returned to the agency's office, we did not see any evidence that these had been audited by the registered provider to ensure that they had been completed correctly. We discussed this with the registered provider who acknowledged issues with recording in general.

Risk assessments were in place. These outlined the potential risk people faced when they were being supported or from risks within the environment. Environmental risk assessments were clear and indicated how risks of harm had been minimised or taken into account. Details were in place in environmental risk assessments of the location of gas, water and electrical cut off points that could be accessed in the event of an emergency in each person's home.

The main risk assessments for people at the time of our visit related to manual handling assessments. These outlined how people could be transferred safely during support. Details were in place in care plans of those who had a pendant which served as an alert system. This enabled people to contact outside agencies in an emergency. Daily records reflected action taken by staff to ensure that pendants were accessible to people to ensure their safety.

Arrangements were in place for recording any accidents or incidents that occurred. No accidents had occurred and this was confirmed through our records. As a result, the registered provider could not analyse any patterns or trends of accidents given that none had occurred.

People told us "I feel safe with the staff" and "yes absolutely I feel safe with them and I trust them". There was a clear safeguarding procedure in place. This outlined the types of abuse that could occur and staff had the skills to recognise any concerns that may arise. We had not received any safeguarding notifications in relation to the service. The registered provider was very clear about the reporting mechanism that would be used in the event of any abuse allegations. The registered provider was also aware of the reporting of "low level" concerns to the local authority. No low-level concerns had had to be reported. Low level concerns are those events which do not meet the threshold for a more formal investigation. A whistleblowing procedure

was in place. This contained details of external agencies that could be contacted in relation to care concerns.

Records of visits made were retained by the registered provider and this formed the staff rota. The rota for visits was straightforward to manage as only two people, including the registered provider provided support to people at the time of our visit. People we spoke with were clear about the reliability of the service. They told us that calls were always made and never missed. On occasions when staff anticipated that they were going to be delayed they told us "They [Staff] always let me know", "[Staff] are very reliable and "[Staff] always keep me informed."

Infection control was maintained through the use of personal protective equipment (PPE) such as disposable gloves. People told us that the staff always made sure that hygiene was promoted.

Good

Is the service effective?

Our findings

People who used the service told us that they considered staff to be well trained and knowledgeable. They told us "[Staff] really know what they are doing" and "They are very knowledgeable and will always look to answer any queries I have".

Training for staff was ongoing and recent training had included an update in manual handling. The registered provider recognised that other refresher training was needed in the near future, for example in safeguarding. Other training included mandatory topics as well as awareness of the Mental Capacity Act. The registered provider was aware of resources that could be accessed for training.

No new staff had been recruited to the service since our last visit. In the event of new staff being recruited, a structured induction process was in place. This enabled new staff to become familiar with their role. The registered provider included the Care Certificate in this process for those people who may not have had previous care experience. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

The registered provider worked regularly with the other staff member when people required the support of two staff members. The registered provider told us this was a chance to look at care practice and supervise the other staff member. Records were available outlining supervision sessions that had been held in the past but current supervision sessions were now not recorded. The registered provider had the opportunity to be aware of the performance of staff but did not formally record these and as a result recent staff supervision could not be evidenced. We discussed this with the registered provider who agreed that evidencing this was needed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community any restrictions need to be referred to the Court of Protection for authorisations. At the time of our inspection there was no one who required a referral to the Court of Protection.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and found that it was. The registered provider and staff had information and knowledge relating to the MCA and how this would influence the support provided if it had been judged that a person lacked capacity to make decisions.

The process of assessment used by the registered provider in gathering information on the needs of people, included reference to their capacity to make decisions. The registered provider told us that everyone they supported at the present time did have the capacity to make decisions about their care. People told is that

they were always consulted about their support and had the opportunity to consent to the support they were provided with.

Records reviewed confirmed that consent was sought during interactions between staff and people supported.

People's nutritional needs were taken into account by the registered provider but current support did not involve preparing meals for them. For one person, assisting in regaining cooking skills formed part of their care plan. This did not involve the direct preparation of meals but focussed on assisting people to be independent in making meals for themselves.

The agency took the health needs of people into account. Details of medical conditions were recorded within assessment information and care plans. The contact details of health professionals were in place in care plans. Evidence in daily records indicated that staff encouraged people to carry out exercise in line with advice from physiotherapists. Daily records also outlined the assistance that staff had given when people were found to be unwell. This involved contacting emergency services and health professionals to treat a medical condition with a positive outcome for the individual.

Good

Is the service caring?

Our findings

People told us that the staff team were very caring. They told us that positive relationships had developed themselves and staff. They told us "[Staff] are always patient and kind" and "I never feel hurried; they support me at my own pace and they are very kind". They also told us that their privacy and dignity was always promoted "They [Staff] treat me with dignity and always make sure I have my privacy". They also told us that they felt involved in their support and that they were listened to.

The registered provider had received compliments about the care that had been provided to people who used the service. Comments had been received in the form of cards and letters and were readily available for staff to look at. Comments included "You have been a great help to us", "The service is accommodating and caring." and "I get all the care I need".

The registered provider had taken steps to ensure that sensitive information relating to people remained confidential. All documentation was secured in lockable facilities that could only be accessed by the registered provider. These remained secure during our visit.

A service user guide and statement of purpose were available. Alternative formats could be made available if required. This provided contact numbers as well as other useful information about the agency. This was provided to people when they started to use the service. Out of the care plans we looked at, no-one had needed the involvement of an advocate although advocacy services could be referred to if needed. Staff inductions and training indicated that staff were expected to maintain confidentiality. Staff had signed agreeing to maintain confidentiality and a confidentiality policy was available. Training included a focus on the values that staff should use during their support, for example to maintain the privacy and dignity of people. We saw in care plans that consideration was made to the preferred terms of address that people wanted to be called as well as an indication of any religious or cultural beliefs.

No one being supported at the time of our visit had disabilities which limited their ability to verbally communicate with others.

Good

Is the service responsive?

Our findings

A complaints procedure was in place. This was included in the service users guide and indicated the timescale for any complaints to be investigated. No complaints had been recorded by the service since our last inspection. No complaints had been received by CQC according to our records. People we spoke with were clear that they did not have any concerns about the support they received and had not made any complaints. They told us that they were confident that any concerns they did have would be listened to and acted upon.

The service did not directly support people in pursuing activities yet there was an acknowledgement and account of the interests of people in assessments information and care plans. The registered provider acknowledged the interests of people and used this as a point of discussion during support. The service provided respite for family members and individuals and the registered provider outlined that interests and social histories were used as a point of discussion while this respite support was being provided.

Prior to using the service, assessment information was gained by the registered provider outlining the main needs and areas of support for each person. The medical needs of people were gained as well as the social history and interests of each person. These assessments were signed by people to confirm that they agreed with the initial assessment. Assessments also included the levels of personal care required by each person and how the agency could best support them. One completed, assessments were then translated into care plans.

Each person currently being supported by the service had a care plan. These included the areas of support that was required and the frequency and time of each visit. Care plans included the personal preferences of each person with details of how people could still maintain their independence during showering or dressing for example. Care plans were subject to review and this provided people with the opportunity to comment or put forward their suggestions on how they could best be supported. People told us that they were aware of their care plan and agreed with the contents of it.

While no one was receiving end of life care, the agency had had experience of assisting a person during this stage of their life. We spoke to a relative of this person who commented that the service had greatly assisted during that time.

Requires Improvement

Is the service well-led?

Our findings

The scale of the agency meant that the registered provider was directly providing support to people who used the service and working with the other staff member where necessary. As a result, the registered provider was able to gain information about the quality of the support from people but this had not always been recorded.

At our last visit, the registered provider had a system of audits in place yet this visit found that the recording of checks on the quality of the service had not always taken place. Medication records were returned to the service when completed but no evidence was available to suggest that these had been checked to ensure that they had been appropriately signed and were accurate. It was recognised that many medication records had been signed by the registered provider themselves as part of the support they gave. Daily records were also returned to the office when completed yet as with medication records, these had not been checked for accuracy or completeness.

Supervision spot-checks had not been recorded and not all care plan reviews had been undertaken within the registered provider's own timescale. The lack of recording in quality checks meant that the registered provider could not directly evidence that effective auditing was in place. The registered provider acknowledged this.

Since our last visit, the registered provider had scaled down operations within the service. This had meant that fewer people were supported and no new staff had been recruited. This decision had been made in line with the registered provider's vision for the agency to ensure continuity of care and to maintain standards of good practice within the agency.

Surveys had been sent to people who used the service. A new set of surveys were due to be sent out in the near future. The registered provider was looking to review the survey and the questions asked to ensure that people's responses could effectively influence the practice of the agency. Comments received had been positive. People told us "The service is well-run" and "The agency is very well organised".

The registered provider worked with other agencies where necessary. Some people who used the service received support from other agencies alongside Grace Community Care. The registered provider was aware of this with contact being made where necessary in meeting people's needs.

The registered provider displayed ratings from the previous inspection. This had been included on the service's website.

The registered provider was aware that they were required to notify us of any adverse incidents that affected the wellbeing of the people they supported. While no notifications had been made to us since our last inspection; our records indicated that where appropriate in the past, notifications had been sent to us in a timely manner.