

People First Care (Homecare) Limited

The Grange

Inspection report

Church Road
Rennington
Alnwick
Northumberland
NE66 3RR

Tel: 01665577663
Website: www.thegrangealnwick.co.uk

Date of inspection visit:
10 December 2018
11 December 2018
17 December 2018

Date of publication:
24 January 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 and 11 December 2018 and was announced. We announced the inspection because the service is small and we wanted to ensure there would be someone in the office. We also spoke with staff members during the week commencing 17 December 2018. This was the first inspection of the service as a separately registered entity. The service had previously been registered jointly with one of the provider's care homes.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. The Grange supports people in a highly rural area of Northumberland, with an office base on the same site as one of the provider's care homes. At the time of the inspection the service was delivering around 500 care hours per week, supporting 37 people, although not all people were actively being supported with personal care needs.

The service had in post a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks within the service were not always well recorded and actions to mitigate risks were not identified. Where risks were recorded these did not always reflect how care was being delivered. The provider had a safeguarding policy in place and any issues had been dealt with appropriately. The service had in place contingency plans to support people in the event of poor weather or other emergencies.

People and staff told us sufficient staff were employed to support people's personal care needs. Care was delivered to individuals by a small number of care staff to ensure consistency. People told us they were advised if staff were going to be late. The provider did not routinely monitor the number of late calls delivered by the service. Appropriate recruitment systems were followed to ensure properly experienced and qualified staff were employed.

Medicines were not always managed effectively or safely. Care records did not always indicate how staff should support people with medicines and there was limited information about how people should be supported with creams and ointments. Staff training on the safe handling of medicines and competency checks on staff around handling medicines were not always up to date. People told us staff followed safe practices with regard to cleanliness and infection control.

Systems regarding staff training were not robust and it was not always possible to determine if training had been refreshed or updated in a timely manner. Staff told us, and records showed regular supervision and annual appraisals had been undertaken.

Some relatives had signed consent forms when it was not clear they had the authority to do so. The service

did not maintain details of relatives who held Lasting Power of Attorney, to ensure only people with legal authority made care decisions. The registered manager told us she undertook an assessment of people's needs prior to them using the service, although records relating to this were not always available. People told us they were supported to make personal choices and staff encouraged them to have a healthy diet.

People told us they were very happy with the staff and the support they received. Staff were committed to ensuring people they supported received good quality and personal support. People told us they were supported to make day to day decisions about their care. Questionnaires completed by people who used the service were extremely positive about the support they received.

People's privacy and dignity were respected. Staff spoke knowledgeably about how they promoted and encouraged people's independence.

People told us an assessment of their needs had been undertaken prior to them receiving support from the service, although formal records of this assessment were not readily available. Care records contained information that supported staff to deliver person centred care which met the individual's needs. Evidence of care reviews was extremely limited, as was people's involvement in review processes. There was no robust system for ensuring care needs were reviewed and updated regularly. As far as practical people were supported to access events and activities in the community. There had been no recent formal complaints about the service.

People and staff spoke positively of the registered manager, although she had only been in post a short time. Staff said the registered manager was approachable and offered good support. They were positive about their work and said there was a good staff team.

Regular audits and checks were not in place to monitor the quality of the service. Only two spot checks on the quality of care delivery had been undertaken in the previous 12 months. The provider did not undertake any formal reviews of the service. The quality of records was variable with many undated or were not easily traced or accessible. Daily records contained good detail. The service was meeting legal requirements by submitting notifications to the Commission.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the Consent, Staffing and Good governance. You can see what action we told the provider to take at the back of the full version of the report. The rating for this service is Requires Improvement.

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 was not always safe.

Risk assessments were not always robust or contained up to date information. More widely records were often of poor quality and without dates.

Care plans with regard to medicines management did not always reflect how staff were supporting people. There was limited information to support the effective application of creams and lotions.

People told us they were well supported by staff and received consistent care. Appropriate recruitment processes were in place. The provider had a safeguarding policy and staff were aware of how to report any issues.

Requires Improvement 

Is the service effective?

The service was not always effective.

Robust systems to ensure staff training was up to date and current were not in place. Staff did receive regular supervision and annual appraisals.

Effective systems were not in place to safeguard that only people with appropriate legal authority made decisions about care.

People told us their needs had been assessed, although documentation around this was limited. They were supported to access health care services and supported to maintain a healthy diet.

Requires Improvement 

Is the service caring?

The service was caring.

People told us they were happy with the care they received and were well supported by all the care staff.

Returned questionnaires were highly positive about the service and staff.

Good 

People told us staff supported their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

The service was not always responsive.

Care plans, with the exception of some medicine care plans, were personal and contained good information for staff to follow. Reviews of care plans were not always clearly documented and there was limited evidence of people's involvement in reviews.

People told us they were able to exercise choice about the care they received and were supported to maintain contact with friends and family.

The provider had a complaints policy in place. There had been no formal complaints in the last 12 months.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There had been only two spot checks carried out on the quality of care delivered by the service. There were no other formal quality checks or audits undertaken.

The quality of records was variable with many records difficult to locate and undated.

Staff were positive about the role of the registered manager and the support she provided.

Requires Improvement ●

The Grange

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 10 and 11 December 2018. In addition, we made further telephone calls during the week commencing 17 December. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we wished to ensure there was someone at the office. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had not completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority contracts team, the local authority safeguarding adults team. We used their comments to support our planning of the inspection.

We spoke with three people who used the service and two friends or relatives. Additionally, we spoke with the registered manager, the provider, a senior care worker and three care workers.

Because of the nature of the service we were unable to directly observe care and support offered to people. We looked at a range of documents including four care records for people who used the service, four medicine administration records, three staff files, staff training and supervision records, and a range of other management and meeting records.

Is the service safe?

Our findings

We found assessments of risk were largely tick box in nature and were not always well completed. They did not always detail the action staff should take to minimise risk. For example, one person's care plan stated risks associated with using the toilet were 'N/A' (Not applicable). However, a friend who supported them told us the person now had difficulty standing and needed help from staff to move to the commode. Another person's care plan had several references to their mobility and risk of falls, including one reference to the person being 'very unsteady on their feet.' However, risk assessments and fall assessments were recorded as being a low risk. Medicine risk assessments were also very limited and did not always reflect people's actual risks or situation. For example, one person's medicine risk assessment stated there were no medicines to be left out for the person when the care worker left the house. However, care plan details stipulated care staff must make sure the person's inhaler was left out within reach at the end of a visit.

Other records were not always well completed and were not always dated, so we could not be sure what was the most up to date version of risk assessments or reviews. Care records were also kept in separate files, loosely in a filing cabinet or in various locations on the company's computer system. This meant comprehensive information was not always immediately available or certain documents could not be located. We did not identify any impact directly on people because of these omissions and short falls in record keeping and updating. We considered effective and robust systems to maintain records were not fully in place to ensure people's health, safety and welfare.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good governance.

Risk assessments had been undertaken regarding risks and hazards related to working in people's own homes. Assessments considered areas such as trip hazards, fire risks and any risks associated with pets.

The registered manager told us staff supported some people with medicines. However, it was not always clear from care records whether staff were to prompt people with medicines or actively administer medicines. Care plans and assessments did not always reflect the true situation. For example, one person, whose home we visited, told us the first thing staff did when they came to the home in the morning was to take their medicines out of the pharmacy provided dosette box and place them in a cup for them to take. We looked at the care plan for this individual and found there was no mention of staff supporting this person with their medicines in this way. Staff we spoke with talked about prompting people with medicines but then described administration processes to us.

We saw a number of people were supported by staff to apply creams. Medicine administration records did not always show where creams should be applied and often stated 'as directed'. Care plans indicated staff should apply creams but did not always state the type of cream or the area of the body. We did not identify any impact directly on people because of these omissions and short falls in record keeping. We considered effective and robust systems to maintain records were not fully in place to ensure people's health, safety and welfare.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good governance.

People we spoke with told us they were happy with the support they received from staff with their medicines. With the exception of the issues with creams and lotions, daily medicine administration records (MARs) were well completed and detailed the signature to the staff member who had administered the medicine and the time the dose was given. Any omissions were noted.

The registered manager spoke with us about contingency plans should the area be affected by bad weather. She told us most people supported were within walking distance of a care worker or lived close to family, meaning they could be supported to some degree in extreme circumstances. She told us a small number of people who used the service were rated as high risk because they lived rurally. She said contacts with the local community would be made to provide interim support if care staff could not visit them. Care staff also told us the provider had a 4x4 vehicle which they could access in extreme conditions.

People and relatives told us they, or their relations were safe when being supported by the service. The provider had in place a safeguarding policy and staff had received training with regard to safeguarding vulnerable adults. Staff we spoke with understood safeguarding issues and told us they would report any concern. The service had dealt with one recent safeguarding matter and we saw this had been handled appropriately.

People and relatives we spoke with told us they received care from a small group of care workers, except when there was unplanned sickness or staff holidays. They told us staff usually attended on time and stayed for the full allotted period. Staff we spoke with told us they had enough time to complete the allotted care tasks. They said that if they felt more time was required they could raise this with the management and the care would be reviewed. They told us they were given travelling times between appointments, although not paid for this.

People said if staff were going to be late then the office contacted them to let them know. We spoke with the registered manager about missed and late calls. She told us there had only been two missed calls in the last 12 months. This had been due to communication errors. She told us the service did not routinely collect information about late calls, because such calls were just rescheduled or she or a senior carer would pick up the calls. This meant it was not possible to see if there was an issue with late calls and whether this related to staffing or scheduling. The registered manager and the provider agreed it was probably useful to collate this data to have a better overview of the service.

We looked at staff recruitment for the service. We saw prospective staff had completed an application form, had attended for interview and that appropriate checks had been undertaken, such as the taking up of two references and Disclosure and Barring service (DBS) checks undertaken. DBS checks ensure staff working for the service have not been subject to any actions that would bar them from working with vulnerable people. We noted not all application forms contained a full employment history. We spoke with the registered manager about this. She agreed it was important to be able to check people's past employment history and said she would ensure this was covered in all future applications.

The provider had in place a disciplinary procedure. We saw, where necessary, action had been taken to address concerns about performance by staff.

People we spoke with told us staff always followed good practice regarding infection control when supporting them with personal care. Staff told us they had regular access to protective equipment, such as

gloves and aprons.

Is the service effective?

Our findings

We found robust systems to ensure effective training and development were not in place. We asked the registered manager if there was an overarching record of staff training and when it was required to be updated or refreshed. She told us there was no single principle record and that each training area had its own file, with a list of when training was required for each staff member. We looked at these lists and found in several areas dates for when training should be repeated had been exceeded. This included topics such as: safe management of medicines, moving and handling, safeguarding adults and fire safety. In some instances, the listed dates showed a required refresh date as being exceeded, but the file contained certificates with a later date. Staff we spoke with told us they had undertaken training but were not always clear what recent training they had completed. We asked the registered manager if staff competency with regard the safe management of medicines was assessed. She told us this was done annually. However, we found some staff had not had such competency checks recorded since June 2017.

We asked the registered manager if there were agreed timescales when training should be updated, for example, additional training on supporting people with dementia. She told us there was no set period. She said staff completed training using the local Learning and Development Unit (LDU) system and would update their knowledge when a new version of the training became available, but there was no formally agreed period. Records showed some staff had last completed dementia training in 2011. She also told us the regional manager would check staff training records and send out letters advising staff they needed to update certain training. However, as far as she was aware there was no cut-off date given for the training to be completed and the letters were not always followed up.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 18. Staffing.

Records showed staff had received regular supervision, taking place approximately every two months and had participated in an annual appraisal. Staff we spoke with confirmed they had regular supervision and appraisals with the registered manager or senior carers. Staff had also received training with regard to equality and diversity, although we noted a number of staff had not had any recent refresh of this training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager told us no one currently supported by the service had any restrictions placed on them by the Court of Protection. We noted some people had signed consent forms to say they were happy for care to be delivered. In one instance we saw a consent form had been signed by a relative, although we

noted the person was said to have capacity but had limited verbal communication. We asked the registered manager if the relative who had signed the consent form had Lasting Power of Attorney (LPA). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. The registered manager told us they were unsure if this was the case. We asked if relatives of other people supported by the service had LPA and whether copies of the authorisations were available. The registered manager told us some relatives did have LPA but they could not confirm fully which these were and copies of the LPA documents were not routinely held by the service. One of the people we visited told us their relatives held LPA, but the service was not aware of this. This meant the service could not be sure people signing consent forms on behalf of others had authority to do so. There was also no evidence people who were deemed to have capacity had been supported to express their views or consent by alternate communication means.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 11. Consent.

People we spoke with told us that prior to care and support being provided a member of staff had spoken to them about their requirements. The registered manager told us before a package of care was delivered she would visit people's homes and gain an understanding of their personal history, medical history and care needs. We looked in people's care records and found it was not always possible to discern that a full assessment had been undertaken, although care delivery notes included good detail about people's preferences and choices.

People told us, and records showed that, where necessary, people were supported to access health professionals and appointments. Staff also described instances where they had raised concerns about people's wellbeing and requested GP visits or input from other health professionals.

People we spoke with told us staff supported them well to ensure they had adequate access to food and drink. They said staff were aware of any particular dietary requirements. Care plans detailed when staff were to support people with meals and drinks and staff spoke about how they monitored people's diets and raised any issues or concerns.

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy with the service they received and felt the care staff were very kind. They said care staff were compassionate and understanding. They told us they often looked on care staff as 'almost extended family.' Comments included, "(Person's name) gets on so well with them. They love them coming. They've been an absolute godsend"; "They are very nice girls. They can't do enough"; "They are perfect. They look after me perfect. They are very good"; "They are very special people"; "They can have a gold star from me. They are fabulous" and "The girls are so willing to do anything. They are very efficient and go that extra mile."

Staff we spoke with told us they were committed to supporting people and delivering high quality care. They told us they enjoyed their jobs and took great pleasure in supporting people. Comments included, "I enjoy meeting people and caring for them. It's a people business and we change all the time to meet their needs" and "The best thing is making a difference to people's lives and keeping them in their own homes."

People told us they were involved in determining their care needs. They said they were able to make requests on a day to day basis. They also told us they were sometimes asked about care reviews, although this was not done formally. They told us senior staff from the service would sometimes ring them to check everything was alright. We noted care files contained records of care reviews and that some of these indicated people had been involved in these reviews. People and relatives had also been asked to complete a questionnaire about their experiences with the service. The registered manager showed us several returned questionnaires which she said had been conducted in 2018, although none of the sheets were dated. We saw the majority of responses were highly positive about the service, with most questions responded to with 'Agree' or 'Strongly Agree'. Free text responses were also positive with care staff described as, 'Friendly' and 'Professional'.

Staff we spoke with understood about the need for confidentiality, especially when working in the community. People we spoke with told us staff worked extremely hard to ensure their privacy and dignity were maintained during the delivery of personal care. One relative commented, "They keep things private, very private. They just get on and they don't find it embarrassing." People also told us staff supported their independence. They said staff allowed and encouraged them to do as much for themselves as possible. Care records also noted people could carry out certain personal care tasks and instructed care staff to support people to provide self-care as much as possible.

Is the service responsive?

Our findings

People told us the service had undertaken an assessment of their needs prior to care and support being delivered. The manager told us she used the documents and risk assessment forms in the care files as a template, completed these by hand and then typed up the information, which resulted in their being no formal record of the assessment retained on file.

Care plans were simple in form but highly personal and contained good details about people's personal needs, requests and desires. Records indicated how people liked to be bathed or showered, their preferences for getting dressed, their likings for food or drinks and any particular likes or requirements that they had. Personal choices were highlighted with the care instructions including preferences for bed time routines and how they wished staff to enter and leave the house. The registered manager and provider told us more personalised and detailed care plans had been something they had been working towards following a past inspection.

There was some evidence of care plans being reviewed, although this was extremely limited, did not always demonstrate people had been actively involved in these reviews and gave limited information about any changes to care, as a result of the review process. We asked the registered manager if there was a schedule for formally reviewing care plans. She told us reviewing plans occurred 'as necessary', although there was also a formal review date of every six months. We noted some of the most recent reviews of care had not been conducted by staff from the service but seemed to have been conducted by relatives or people on their own. We could not be sure full and appropriate reviews of people's care needs were conducted in a timely manner. We did not identify any impact directly on people because of these omissions and short falls in record keeping. We considered effective and robust systems to maintain records were not fully in place to ensure people's health, safety and welfare.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good governance.

People we spoke with told us the service supported them to attend events and appointments, as appropriate. A number of people had additional support time allocated during the week for staff to assist with shopping or social events. People also told us the service was flexible in accommodating their needs and they were able to rearrange care visits around family events or other appointments. People also told us their families were involved in their care and they were supported to maintain contact with family members. One response to a relative questionnaire highlighted how the service had maintained a person in the community and allowed them to have contact with their family and community.

People told us care staff supported them making personal choices about their lives and care. They told us in detail how staff always checked they were happy with the support they were receiving and how they followed routines they felt comfortable with. Details of people's personal choices and particular routines were included in care plan information.

The provider had in place a complaints policy and details of how to raise concerns were include in information leaflets given to people at the start of care delivery. There had been no formal complaints recorded within the last 12 months. People we spoke with told us they knew who to contact to raise any concerns but had not made any recent complaints about the service.

At the time of inspection, the service was not supporting anyone with end of life needs. Friends and relatives told us they were sure the service would be flexible if such a situation arose.

Is the service well-led?

Our findings

At the time of the inspection the service had a registered manager who had registered with the Commission in November 2018, although had worked within the service for the previous two years as a co-ordinator. The service had previously been part of the provider's registration for a care home at the same address, but a separate registration for the home care services had been instigated around 12 months previously and a separate registered manager appointed.

People and relatives we spoke with told us only very occasionally did a senior staff member or the registered manager visit their home to check on the standard of care, although they said they did receive telephone calls at times. Records showed there had been only two formal 'spot checks' made on staff in the past 12 months. 'Spot checks' are where a senior member of the service attends an appointment unannounced to ensure staff are maintaining standards of care. The registered manager confirmed only two such checks had taken place and that finding the time to carry out such visits had been difficult due to time constraints. We asked the registered manager what other audits or checks they undertook on the quality of care. They told us they did check daily records and MARs when they came in, but this was not formally recorded and so were unable to demonstrate this took place. We spoke with the provider about what oversight they had of the service. They told us they popped in approximately two days a week to check on the service. They said as the service was small they had constant conversations about the delivery but did not formally undertake any checks. They told us there was also a regional manager who oversaw the service, but we were not presented with any formal audits carried out by this individual.

When looking at the recent questionnaires returned by people and relatives we noted the question around staff arriving on time had solicited a lower satisfaction response than other areas. We asked the registered manager if there was a review process for the questionnaires and whether any action had been taken in light of this lower rating. The registered manager told us no formal review of these responses had been undertaken, but it was something she could look to address.

Records maintained by the service were of variable quality. Documents were often undated and care records were not always stored together, making them difficult to follow, and achieve a full picture of the assessment and care delivery. Records said to be maintained on the service computer system could not always be located. Daily records were well completed and contained appropriate detail.

The registered manager told they were still settling into the role but felt they needed to be able to concentrate on the management aspects of the role, rather than be providing care and undertaking administrative tasks. They also told us that in recent weeks, in addition to their full-time role as registered manager for the service, they had also been undertaking shifts assisting in the kitchen at one of the provider's care homes. We spoke with the provider about the issues we had found with the service and how the service could be better managed and supported.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good governance.

Following our inspection, and in light of the initial feedback given at the inspection, the provider sent us an outline action plan to improve the service.

Staff we spoke with told us that although the registered manager was new into post they had worked in the service previously and had a good understanding of care requirements. They said they felt well supported by senior staff in the organisation. Comments about the registered manager included, "I think she is very good and very understanding" and "(Name of registered manager) is very good. She is very thorough and gives you the information you need." Records showed, and staff confirmed there were regular staff meetings. They told us they could raise any issue they wished to discuss in these meetings. They also told us they did not have to wait and could visit the office any time to raise issues and seek support. They further told us they felt the service had a good staff team and they would support each other, although the majority of care calls were single handed.

The registered manager told us she was aware there was a lot of work to be done to improve the quality of systems within the service, although she felt confident the actual care delivery was of a high standard. She said she wanted to keep the service small, to support the very personal approach staff were able to offer, but also because of the rural nature of the service. She agreed her focus needed to be on management tasks within the service and putting in place appropriate systems, which she felt she was already starting to address.

The provider was meeting legal requirements. The service had notified the CQC of key events such as serious injuries, safeguarding events and any deaths, as they are legally required to do so.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Systems were not in place to ensure that care and treatment was provided with the consent of the relevant person. Regulation 11(1).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place or operated effectively to ensure there was appropriate provisions to assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate risks within the service. The service did not always maintain securely, accurate, complete and contemporaneous records in respect of each service users. Regulation 17(1)(2)(a)(b)(c).
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not have in place robust systems to ensure staff received appropriate support, training and professional development to enable them to carry out their duties. Regulation 18(2)(a).