

Gray Healthcare Limited

Gray Healthcare

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection was carried out on 6 and 13 May 2015. We gave the provider one day's notice of the inspection in order to ensure people we needed to speak with were available.

Gray Healthcare is a registered with the Care Quality Commission to provide 'personal care'.

The office base is located in Liverpool, Merseyside. The office building is modern and fully accessible for people who required disabled access. Gray Healthcare provides support to people across the UK. At the time of our

inspection the service was supporting 28 people who were located in Central England, North West England and parts of Yorkshire. The service provides support to people living in their own home who have enduring mental health needs, an acquired brain injury or learning disability. The service specialises in supporting people who have a forensic mental health history and who have experienced episodes of care in secure mental health services. Care and support was being provided to people

Summary of findings

in their own homes on a flexible basis which was based on the person's assessed needs. The amount of support provided can vary between several hours per day to 24 hour support, 7 days per week.

At our last inspection in October 2014 the service was not meeting the regulations we inspected. Following the inspection the provider sent us an action plan outlining how they intended to become compliant with the regulations.

During this inspection we found that significant improvements had been made and the provider was meeting the regulations we had looked at last time.

A registered manager was 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.

The majority of people, who used the service, who we spoke with gave us positive feedback about the agency. People told us staff were reliable and most people said they had confidence in the staff who supported them. People told us they felt safe in the way staff supported them.

People were provided with care and support that was tailored to meet their individual needs. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff told us they felt well informed about people's needs and how to meet them.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was detailed in their support plan.

Staff supported people to meet their own health care needs and they liaised with healthcare professionals as required to meet people's needs. People told us staff supported them with their diet and meals if they required this.

Some of the people who used the service were supported with their medicines and staff told us they were trained and felt confident to assist people with this. People's supports plans included information about their needs with medication but the level of information varied. Medication administration records were being maintained appropriately and medication practices were audited regularly.

The manager had a clear knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. They were able to explain the process for assessing people's mental capacity and how they would ensure a decision was made in a person's best interests if this was required. This included working alongside people who used the service, multi-disciplinary professionals and advocates as appropriate.

There were appropriate numbers of staff employed to meet people's needs. Pre-employment checks were carried out on new staff before they started working for the agency. However, we found that staff employment references were not always being attained appropriately. The agency was not always employing people with the right skills and experience to support people who presented with complex and high risk behaviour. We found this had a direct impact on people who used the service as the staff turnover was high for some people.

The provider had introduced new systems for supporting and training staff since our last inspection. We found these were still embedding at the time of our inspection.

Systems to check on the quality of the service and ensure improvements were made had been introduced since our last inspection. These included audits/checks on areas of practice and seeking people's views about the quality of the service.

You can see what action we have told the provider to take at the end of this report.

Summary of findings

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.

Staff recruitment processes were not robust and required improvement.

Safeguarding procedures were in place to protect people who used the service from avoidable harm and potential abuse.

Risks to people's safety had been assessed and people were supported to manage these.

Staff had been provided with training in administering medication and they told us they felt confident in this.

There were sufficient numbers of staff employed to meet the needs of the people who used the service.

Requires improvement



Is the service effective?

The service was effective.

The majority of staff we spoke with told us they felt sufficiently trained and supported in their role.

The manager had a clear understanding of their roles and responsibilities to assess people's capacity to consent if a person was deemed to lack capacity to make their own decisions. Staff obtained people's consent before providing care and support.

Staff supported people with their health care needs and people were supported with their meals and diet in accordance with their support plan.

Good



Is the service caring?

The service was caring.

The majority of people we spoke with who used the service told us staff were caring.

People were clearly involved in making decisions about the care and the support they received.

Staff told us they had a good knowledge of people's needs and provided support in line with these.

Good



Is the service responsive?

The service was responsive.

Support plans were in place outlining people's care and support needs.

Good



Summary of findings

People were supported with their health care needs and staff referred to relevant health professionals for advice and support in response to people's changing needs.

People were provided with information about how to make a complaint. Complaints were investigated and action was taken to resolve them.

Is the service well-led?

The service was well-led.

Staff were clear as to their roles and responsibilities and the lines of accountability across the service.

Systems were in place to check on the quality of the service. The manager had introduced many new practices since our last inspection of the service and people who used the service and staff told us they had seen improvements.

People who used the service were surveyed about the quality of the service they received. The results of the surveys had been analysed and reported on with a view to improving the service.

Good



Gray Healthcare

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 was 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 was carried out over two days 6 and 13 May 2015. We gave the provider one day's notice of the inspection in order to ensure people we needed to speak with were available.

The inspection team consisted of an adult social care inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse with experience of working with people who have enduring mental health needs.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

At the time of the inspection the agency was supporting 28 people. We contacted 13 of the people who used the service by telephone to seek their views about the care and support they received. We met with two registered nurses and three members of the management team including the registered manager. We also contacted 15 members of the care staff team by telephone.

We viewed a range of records including: the support plans for five people who used the service, seven staff personnel files, records relating the running of the service and a number of the provider's policies and procedures.

Is the service safe?

Our findings

The majority of people we spoke with who used the service told us they felt safe in the way they were supported. People's comments included: "I'm safe, they look out for me, it's great". Another person told us "Yes I feel safe." We asked people if they would feel confident to raise any concerns about their safety and they told us they would and a couple of people gave us examples of when they had done this. Three people told us their support hours had been reduced. One person told us "I'm really happy as it gives me more independence". Two people were not particularly happy with the decision. We discussed this feedback with the manager and they told us the Commissioners of the service had made the decision to reduce people's support.

We looked at the recruitment records for seven new members of staff. We found application forms had been completed and applicants had been required to provide confirmation of their identity. This information was not on the staff files we viewed at the time of the inspection. The information was forwarded to us following the inspection at our request as staff had told us they could not access the records which were held electronically at the time of the inspection. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. We found the provider was not always ensuring that employment references were attained appropriately. For example for six out of the seven staff files we viewed there had only been one reference attained. Those on file were not always from the applicant's current or last employer or covering a suitable time period. We also found that three of the seven new staff whose personnel files we viewed had no previous experience in care. The provider's statement of purpose details that the service is a specialised service supporting people with complex needs and high risk behaviours. As a result of employing staff with no previous experience and sometimes delays in providing induction training and more specialised training to new staff people who use the service may be supported by staff who are not suitably skilled, experienced and knowledgeable to meet their needs safely.

Employing people without operating effective recruitment procedures is a breach of

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to prevent abuse from occurring. An adult safeguarding policy and procedure was available. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. Staff had been provided with safeguarding training as part of their induction and staff we spoke with gave us appropriate responses when we asked them what they would do in the event of witnessing abuse. Staff told us that they would not hesitate to report any suspected abuse. The manager was aware of their responsibilities to report abuse to relevant agencies and we know from information we hold about the agency that safeguarding referrals have been made in line with Local Authority safeguarding procedures.

We looked at how the agency supported people who required support with their medicines. Staff training records showed that staff had been provided with training in administering medication and staff who we spoke with told us they felt suitably skilled to administer medication. The agency had a policy and procedure for the safe handling of medicines. People's support plans included information about the support they required with medication. We saw a number of examples whereby people required PRN (as required) medication. We saw there was information about this in people's support plan. This information was more detailed for some people than others.

Medication administration records were maintained for each person who required support with medication. We saw that these were had written and counter signed by senior staff. The manager advised that they were considering using pharmacy printed administration records as this would mean there would be less room for error in how people's prescribed medicines were recorded.

Registered mental health nurses told us they used an assessment tool to track the side effects of people's medicines and we saw examples of this in people's records.

Audits on medication practices were being carried out to identify shortfalls in practice and ensure action was taken to address these. People were supported to take their own

Is the service safe?

medication where possible. One person told us “They trust me with them as I am doing well.” People had been asked to provide signed consent for staff to administer their medicines if they required this.

Assessments were undertaken to assess risks to people who used the service. These included environmental risks and other risks relating to people’s health and support needs. The risk assessments we read included information about what action needed to be taken to minimise the risk of harm occurring. For example, some people were at risk of self harm and their support plans included information about how to support them to prevent this and what action to take in the event of a person self harming. We did find however, that information about how to support one person to prevent them self harming was not as detailed as it was for another person. During discussions with staff they told us they knew how to support people to minimise risks to their safety and wellbeing.

‘On call’ out of hours support was provided by a registered mental health nurse and a community support manager 24 hours a day by telephone. (Accessible directly by people who used the service if required, or by staff on duty to provide support and guidance out of core hours.) We heard a number of examples of how people had recently accessed the ‘on call’ support and that this had worked well and to good effect for the people concerned.

People who used the service were supported by small staff teams. An initial assessment (and risk profile) was carried out to determine the level of staff support people required. The initial assessments indicated a higher level of support was required following discharge from hospital for example, with a plan to a gradual reduction. There was evidence of this with one person whose support plan we reviewed where the support had gradually been tapered from 24 hour support to six hours support per day.

People who used the service and staff gave us mixed feedback about staffing. The majority of people we spoke with told us they thought there were sufficient numbers of staff employed but a number of people said they had experienced a high turnover of staff. One person told us they had had a long term, steady staff team for some time but others told us there was a lot of changes to their staff team. We asked the provider to share information with us about the turnover of staff for a sample of people who used the service. This showed that for some people the turnover of staff over the past 12 months had been high. One person had had a 100% turnover of staff and for another person this was 80%. We found that some of the reasons staff cited for having left the job was that the job was not suitable for them. Our findings about staff recruitment, with regards to the lack of previous experience of some new staff, may have had an impact on the turnover of staff and subsequent frequent changes of staff that some people told us they experienced.

Is the service effective?

Our findings

Most people we spoke with told us they felt the staff were appropriately trained and experienced. One person told us “I’m involved, they work with us together”. We did also receive some negative feedback about staff not always being suitably experienced. One person told us they felt support workers were not always confident in communicating with them.

People’s health was regularly monitored to identify and any changes that may require additional support or intervention. Each person who used the service had a ‘care and recovery’ plan. Each person had an allocated registered mental health nurse, a community support manager and an occupational therapist who had regular weekly contact with them in order to review their needs. We found that the care planning and risk assessment process was recovery orientated. There was also evidence of a collaborative approach to care planning as we saw that people’s support was regularly reviewed by the commissioners of their care. We saw that a number of evidence based, standardised assessment tools were used to monitor people’s progress and risk. The frequency of use of the assessment tools was dependent upon the person’s presentation. They were used in the initial assessment of people’s needs and to assist in formulating people’s care and recovery plan.

The provision of staff training across the company had been reviewed since our last inspection. Most but not all staff told us they felt sufficiently trained and experienced to meet people’s needs and to carry out their roles and responsibilities. Staff told us they had undergone an induction when they commenced their employment and they had a period of shadowing more experienced members of staff prior to working on their own. A staff training matrix was in place and this showed that all staff with the exception of some of the newer staff had undergone induction training in the following topics: the role of the support workers, personal development, communicating effectively, equality and diversity, duty of care, safeguarding, person centred support, moving and handling, basic life support, infection control, fire safety medication awareness, food safety, nutrition and hydration accidents and incidents. The training matrix also showed that some staff had been provided with training in topics such as mental health awareness and conflict

management. Some of the staff we spoke with told us they felt they needed more training in specific area such as; supporting people who have an acquired brain injury or autism. We saw that a training analysis had been carried out to identify the training staff required linked to the needs of the people they supported. For example if a person who used the service had a specific mental health diagnosis then staff who supported them had been identified as requiring training in that specific area. The main training matrix showed that staff had been enrolled on specialised training but most staff had not completed it to date. The development of staff training was therefore still in the early stages and the new systems needed time to embed for staff to feel the results. The manager told us that before a new package of care was provided the staff team were required to undergo two days bespoke training linked to the specific needs of the person they would be supporting.

Two of the registered mental health nurses we spoke with had significant experience in mental health nursing. Both nurses reported an interest in professional development and one nurse indicated that their role was developing to provide a programme of on-going training with support workers.

Regular supervision for staff had been introduced since our last inspection of the service. This was carried out in a number of different ways: via monthly structured discussions over the telephone, by the introduction of team meetings (group clinical supervisions) and by one to one meetings with a manager if this was requested or required. Support workers also had access to an ‘employee liaison’ worker who they could contact for advice and support. The employee liaison worker contacted staff to provide a de-brief following incidents. The majority of support workers we spoke with told us they welcomed the new supervisions as it gave them an opportunity to discuss issues and their development. The manager told us that they were in the process of recruiting team leaders who would provide another level of support to support workers. Supervision for the registered mental health nurses and occupational therapists was provided on a monthly basis by the clinical lead (who is the registered manager). The Clinical Lead also had a daily telephone conversation with the clinical staff in their localities to discuss any on-going issues. This was considered very supportive by the staff we

Is the service effective?

spoke with. In addition staff indicated that the current clinical lead was able to be contacted at any time of the day or night by themselves or on call staff to discuss any urgent issues.

The manager was able to demonstrate a clear understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) (MCA) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The manager and registered nurses had undertaken training in the Mental Capacity Act. The manager told us the training would be rolled out across the staff team. The manager told us they carried out mental capacity assessments for people who used the service when required and worked alongside other health and social care professionals and family members to ensure decisions were made in people's best interests if

this was required. The manager discussed a number of examples of recent practice which showed they were clearly aware of their roles and responsibilities under the Mental Capacity Act.

People who used the service were asked to consent to care and support. People had signed their 'care and recovery' plan as consenting to the care provided. People gave us numerous examples of how they were making their own decisions and choices and these were respected by staff. During discussions with staff they told us they always asked people's consent and that the service worked on the basis that staff were there to 'assist' and 'support' people to living independent lives.

People who used the service told us they made their own choices about their meals and diet. Staff told us they were aware of people's dietary needs and they encouraged and supported people to make healthy choices when this was part of the person's support plan.

Is the service caring?

Our findings

We asked people who used the service if they thought the service was caring. People gave us mixed feedback about their experiences of the care. People's comments included "Support workers are great and supportive, if I have a problem they listen and talk to me and put me at ease", "They communicate well and we talk all the time", "They definitely care about me" and "We have good chats and a laugh." We also received some negative comments from one person telling us they felt "The care is only mediocre, the general lines of communication is poor." Another person said "There is no duty of care."

From our review of people's care plans it was evident that the overall model of care was recovery focussed. The content of people's care plans showed that they had been involved in developing them. Care plans were written in the first person and they gave a clear indication that people had been listened to and their views used in the formulation of the plans.

The care plans we viewed were realistic and person centred (based on people's individual needs, wishes and preferences). Where people changed their minds about accepting support, or wished to vary the arrangements there was evidence in the care records to demonstrate that this had been respected.

We saw in people's support plans that short term and long terms goals had been set to support people to achieve tasks or greater independence. These were at a pace and in

line with some of the more complex and enduring mental health needs of people supported by the agency. For example concordance with medication as a short term goal with self-medication a longer term goal.

We heard examples of people being supported to be independent with one person saying "I make all the decisions myself but I can ask the carers for advice". During our discussion with staff they used terms such as 'assistance' and 'choice' when describing how they supported people. We also saw in people's records that staff had recorded that they had 'supported' people or written that a person had carried out a task independently.

Staff told us they were always introduced to people before providing care and support. They told us they knew people's needs, preferences and personal histories. The staff we spoke to presented as having a genuine concern for the wellbeing of the people they supported and they told us they knew how to support people to relieve their distress.

People received care, as much as possible, from a small staff team. This meant people had the opportunity to build relationships with staff and that staff had the opportunity to get to know the people they supported well. For some people the turnover of staff presented a concern as they felt their support package lacked consistency and that as a result staff didn't always have a good level of knowledge or understanding of their individual needs.

During discussions with staff they told they were respectful of people's privacy and confidentiality. A member of staff demonstrated this by seeking clarification about what they could discuss with us to ensure they did not breach confidentiality.

Is the service responsive?

Our findings

We asked people who used the service if the agency was responsive to their needs, preferences and choices. People told us they thought it was. A person who had had their hours reduced told us they were happy with this. They told us it had been discussed with them and they were involved in the process. One person told us “I want some counselling and stress management so the staff are looking in to it for me”. Another person said they were encouraged to make a weekly planner with staff so that they could plan their support in advance and this reassured them.

We saw clear evidence that clinical risk assessment and management was taking place and care planning was not restricting people’s choice or lifestyles un-necessarily. Each of the people who used the service had a personalised care plan entitled; ‘My personal care and recovery’ plan. People had signed their care plan to confirm they had been involved in drawing it up and to give their consent for the care to be provided as prescribed in the plan. The plans were individualised and detailed. They provided information about people’s needs and provided guidance for staff on how to meet people’s needs. People’s support plans had been reviewed and updated since our last inspection. Registered mental health nurses provided a quarterly summary of people’s support and treatment. People’s support was also regularly reviewed on multi-disciplinary basis by the commissioners of the service or external professionals such as care co-ordinators.

Detailed and informative daily records were maintained on all aspects of the care and support provided to people. Each daily entry also had a daily risk assessment section. We reviewed the daily records for two people. It was clear from the daily entries (and cross referencing to completed

incident reports,) that when care staff encountered difficult situations, they made use of the on call system (if out of hours) or immediately contacted the locality registered mental health nurse for guidance.

We looked at how incidents had been responded to and managed. We saw a number of examples whereby staff had sought advice and assistance and dealt with difficult situations through the agency’s on call provision and community crisis teams; and this had resulted in good outcomes for the people concerned.

People who used the service were supported by small staff teams. In discussion with staff they were knowledgeable about the needs of the people they supported. They were able to describe what people needed and how they preferred to be supported. This assured us that the people’s choices and decisions about their lifestyles were being respected by staff.

Where required the agency worked alongside relevant health and social care professionals, such as community nurses/teams to ensure people’s needs were reviewed and met. The registered mental health nurses were able to provide us with examples of how the service had worked with other agencies to make sure people received the care and support they needed.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. People who used the service told us if they had any concerns they would feel confident to raise them. Most people told us they felt their concerns would be addressed but a small number of people told us they felt their concerns had not been addressed to their satisfaction. We discussed this with the manager who gave us assurances that people’s complaints had been investigated appropriately. The manager held a record of all incidents and complaints and of the actions that had been taken in response.

Is the service well-led?

Our findings

Each of the people we spoke with told us they had had a questionnaire recently to ask for their feedback. When we asked one person what they thought about the way the service was managed they replied “It helps people and does well, they gave me an opportunity to live in the community – otherwise I’d still be in hospital and for that I am very grateful.” Another person told us the registered provider; “Came to my house to see if everything was OK.”

A system of quality assurance had been implemented since our last inspection of the service. This involved designated managers having accountability for checking on/auditing aspects of the service. The audits included: weekly visits to people who used the service, regular medication audits, health and safety audits, staffing and staff training audits. We saw evidence that support plans and care records had been audited. Where the audits identified issues/shortfalls we saw timescales had been set to correct the issue.

The manager had introduced new ways of working across many aspects of the service. Some of these include: a complete review and overhaul of staff training and how this is provided, the provision of bespoke staff induction and training, the introduction of clinical governance standards (checking on how well people are supported with their mental health), a monthly clinical governance forum, the introduction of staff supervision and team meetings, the introduction of monthly checks for people who used the service and accountability with registered mental health nurses for the leadership of care packages.

The manager told us they have been developing good links and better communication with Mental Health Services and Crisis teams and we saw evidence of good communication with commissioners in people’s care records.

Staff told us they had seen a number of improvements to the service since the time of our last inspection. We found there were clearer lines of accountability and ways of working and the roles and responsibilities of staff had been redefined. Staff we spoke with were clear about their roles (although some staff roles are developing), staff felt they were well supported by the manager who was the ‘Clinical Lead’ for the service. Staff told us the manager was ‘very approachable’ and contactable 24 hours a day.

People’s views had been sought through the use of surveys. The feedback from these had been analysed with a view to making improvements to people’s experiences of the service. The manager told us that surveys were being extended to staff, relatives and other relevant stake holders.

The management team attended a weekly management meeting. Incidents, accidents, complaints and safeguarding concerns were reviewed at these meetings until they had been concluded.

The agency had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would raise concerns they had and would not hesitate to do so. Most staff we spoke with felt that if they did raise any concerns then action would be taken to respond appropriately.

The agency had policies and procedures in place for responding to emergencies. Staff had access to these and to an ‘on call’ manager for advice and support. The clinical on call system was well used, and from our review of the records it was effective in getting people the right care and support they needed when they needed it.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider was not operating effective staff recruitment procedures.