Mr Peter James Roberts

# 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? | Good |

## Overall summary

We carried out an announced inspection of Grace Community Care on the 13th of August 2015.

Grace Community Care is a small domiciliary care agency based in Anderton in Cheshire. It currently supports nine older people and employs two members of staff. The registered provider, is also involved in directly supporting people. The agency supports older people in the Knutsford, Northwich and surrounding areas. The service was registered in June 2013 to provide personal care.

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. They are 'registered persons'. Registered persons have legal

# Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People we spoke to told us that they received a good and supportive service. They felt safe and comfortable with the staff team and told us that their needs were fully met by the service. They considered that the staff team cared about them felt that the service was well led and that they were fully consulted in all aspects of the support they received.

The registered provider demonstrated a commitment to the safety of people in respect of the risks they faced during the support they received. Staff were aware of how to protect vulnerable people from abuse and how this could be reported to protect the person further. This had been reinforced by training. As a result people who used the service felt safe. The registered provider could demonstrate that staff had been appropriately recruited to their posts.

Staff had been trained in health and safety topics as well as the values associated with supporting older people. Staff were effectively supervised and had their performance reviewed and appraised regularly. The registered provider sought to maintain good practice within the service and as a result, people who used the service felt supported by a well trained staff team.

Staff provided a caring approach to the individuals they supported by involving them in their support, promoting their wellbeing and ensuring they were supported in a dignified manner which took their privacy into account. People who used the service told us that they felt cared about and that they were always treated in a dignified manner.

Care planning demonstrated a person centred approach with reviews occurring on a regular basis. Where care needs changed, care plans reflected these changes. Clear information on how to make a complaint was available to people although no-one had had to raise any concerns. As a result, people who used the service told us that they felt that the service was responsive to their needs.

The service was well managed and provided an open and transparent approach to care. The support is inclusive of the preferences and needs of people who used. The registered provider regularly audited systems within the service such as daily records and medication administration and sought the view of people about the support they received on a regular basis. As a result, people considered that the service was well led.

# 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 safe.

People we spoke with told us that they felt safe and comfortable with the staff team. The risks faced by people in their daily lives were taken into account by the service. Arrangements were in place to ensure that people are protected from harm

The management of medication promoted the wellbeing of people who used the service.

Good

**Is the service effective?**
The service was effective.

People told us that they considered staff to be knowledgeable, experienced and well trained.

Staff received training that was appropriate to their role and are supervised effectively.

Good

**Is the service caring?**
The service was caring.

People told us that they had found the staff team caring and that their privacy was always taken into account.

People told us that they were always treated in a dignified manner.

The service sought to maintain the independence of people who used the service.

Good

**Is the service responsive?**
The service was responsive.

People told us that they felt in control of their support. They knew how to make a complaint yet none had needed to raise concerns. They felt confident that the registered provider would address any complaints they had.

Care planning was done in a person centred way with the involvement of people who used the service.

Good

**Is the service well-led?**
The service was well-led.

People told us that they thought that the service was well led and managed effectively.

The registered provider demonstrated an open and transparent approach to managing the service.

The registered provider sought the views of people who used the service and carried out regular audits.

Good

# 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 13th of August 2015 and was announced. 48 hours' notice was given because the nature of the service's provision is such that the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. We visited the registered provider's office, looked through records and spoke to the registered manager and one member of staff

The inspection was carried out by an Adult Social Care inspector. There was also an expert-by-experience involved in this inspection. 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 expert by experience who took part in this inspection had experience of care provision for older people. Prior to our visit, the expert by experience spoke with eight people who used the service and their relatives.

Before our visit, we reviewed all the information we had in relation to the agency. This included notifications, comments, concerns and safeguarding information. Our visit to the office involved looking at eight care plans and other records such as staff recruitment files, training records, policies and procedures and complaints files. There has been no visit to date from the Cheshire West Healthwatch team. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. We checked with the local authority safeguarding team but no concerns were raised. The service is not currently contracted with any local authority to provide support. The registered provider had returned a provider information return when we asked them to. This provided information on how the registered provider responding to our five questions.

Good

# Is the service safe?

## Our findings

We talked to eight people who used the service and their relatives. They told us:

“I have no worries with the carers”

“Yes I trust them”

“Yes my relation is safe”

“Yes I feel safe and have had no problems and yes they are trustworthy”

“I am extremely sure she is safe with them”

“Absolutely my possessions are safe and they are definitely trustworthy”

“Yes we are safe and have had no problems and have never considered the possibility of a problem – that is how safe we feel”

“I trust them implicitly.”

We spoke to one member of staff and the registered provider who was also included on rotas

about how they protected people who used the service from abuse. They were able to demonstrate a good understanding of what they would do if they witnessed or made aware of any allegations. They told us that they had access to a procedure for reporting any concerns. They had received training in protecting vulnerable adults from abuse within the past twelve months and this was confirmed through training records. They were able to outline the types of abuse that could occur. The registered provider had devised a policy for safeguarding and had obtained the Local Authority procedure.

The registered provider had a whistleblowing procedure which was included as part of the safeguarding procedure and staff were aware of how this could be accessed.

Our records showed there had been no safeguarding referrals raised since the service was registered in June 2013. The registered provider was aware of the reporting of “low level” concerns to the local authority. No low level concerns had had to be reported.

Risk assessments were available for all people who used the service. These covered the environment that they lived in, identifying risks that staff and people faced. More specific risk assessments were in place relating to the support people required. We saw that where people needed to be transferred using a hoist, that information was in place on how this was to be done safely. All risk assessments we looked at had been reviewed regularly and with the involvement of people who used the service. Other risk assessments included the risk of people falling and their falls history was included within initial assessments of need and care plans.

The registered provider had ensured that the agency’s main office was a safe place to work. Risk assessments were in place relating to the office environment.

We looked at accident and incident records. No accidents or incidents had occurred. Systems were in place to record such events.

The service supported eight people and had three staff working on a rota basis. People who used the service told us that no calls were ever missed and that they were reliable.

We looked at how the registered provider recruited staff to work for the service. We looked at two recruitment files. The registered provider had already been assessed as a suitable person to run the service through their registration with the Care Quality Commission. All appropriate checks had been made by the registered provider before staff had started work. These checks included a DBS check (Disclosure and Barring Service), a declaration of health and interview notes. A DBS check aims to identify those people who have been barred from caring in a registered care service. A disciplinary process was in place and we saw evidence of how the registered provider dealt with any issues through supervision.

We looked at how medication was managed by the registered provider. People who used the service told us that they managed their own medications although at times, staff did apply prescribed skin creams after personal care. Medication records were archived by the registered provider and we were able to see that these had been signed appropriately. One member of staff told us that they had all received medication training and evidence of medication training was on the other member of staff’s file.

Good

# Is the service effective?

## Our findings

People who use the service and their relatives told us:

"Yes I think the staff have suitable training"

"They do gain my consent- Yes I hear them saying is it alright if I wash your feet "

"Yes they know what they are doing – very much so"

"They have the right skills for the job, they all worked in social services for years."

People who used the service told us that they were able to prepare their own meals independently at present or with the assistance of family members. The registered provider had ensured that all staff had received training in food hygiene if people's needs changed. Assessment information relating to people included a summary of their nutritional needs.

Training records showed that staff had received annual refresher training. This included training in health and safety topics as well as safeguarding. One member of staff was able to tell us about the training they had received and how this would be applied to their role. The registered provider was in the process of seeking new training materials and had identified a possible source. Evidence of induction for staff was in place. This consisted of training in health and safety topics, safeguarding, medication and values based training. The opportunity was there for staff to shadow another staff member until such time as they were familiar with the agency's practices.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for them and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We looked at eight care plans. One of them indicated that the person did not have the capacity to make their own decisions. The care plan outlined the role of a family member as Lasting Power of Attorney.. We asked staff about their understanding of the Mental Capacity Act 2005. They were able to give an account of the implications of the legislation and told us that they had received awareness training in this. This was confirmed by training certificates. Assessment information made reference to people's capacity in providing consent to care and any possible role that staff would have in assisting with medication.

We looked at how the staff team were supervised in their role. The relatively small size of the agency and the staff team meant that daily contact between the registered provider and the staff team was a regular feature. This contact was used on occasions as staff meetings. We saw that written supervision sessions were held and these contained evidence of care practice being discussed. Any issues identified by the registered provider through their audits of medication, for example, were discussed in supervision sessions. Annual appraisals also took place and we were able to see records relating to these.

We looked at how the registered provider took the health needs of people into account. We found that assessment information completed before people used the service contained information about their health needs and whether there were any specific health issues faced by people. Significant health needs were then recorded in care plans.

People who used the service told us that the registered provider took their health needs into account. They told us:

"Yes they do look after my health – the other day I was not well and they insisted that I phoned the out of hours doctor as I was not well but they have phoned the doctor for me on other occasions"

"They once called the doctor for me and I had a fall last week and the carer saw a little cut on his toe and he got the district nurse to come and look at the toe."

"I had a leg ulcer and they got the district nurse in and I have got a catheter and there was a problem and they got the district nurse in for that. I did not need a doctor"

Good

# Is the service caring?

## Our findings

People who used the service told us that they considered the staff team to very caring and attentive to their needs. They said:

“The carers are very kind”

“Yes they always take my privacy into account by closing the blinds and the doors, they show me respect”

“The care is very good”

“The carers are very kind”

“In respect of privacy, yes, they are very correct and everything is done properly and by the book and they definitely treat my relation with kindness”

“Of course they respect my dignity and if I did not get it I would correct them – we are paying for a service and we get a good service”

“I am rather an independent person and they came to see me and they talked to me – I need support in the bathroom and with them I have regained my confidence.”

A service user guide and statement of purpose were available. 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.

Some people had disabilities which limited their ability to verbally communicate with others. We saw that care plans included details of people’s preferred method of communication and how staff could effectively assist with this.

Good

# Is the service responsive?

## Our findings

People who used the service told us:

“My relative is in a routine but can do their own teeth and shave – it helps him keep independent”

“They have only ever been late once, but they told us that they had an emergency elsewhere”

“They help with washing and dressing but although my relation has dementia they do chat with him and they have a good relationship with him”

“They say the phone is there if you need me – just give us a ring – we are on the end of the phone”

“We have got a routine but I tell them what I want and yes I am in control”

“Complains, no not made any”

“I am sure that they have put something into the notes about how to complain but I have had nothing to complain about.”

We looked at eight care plans. Assessments were in place for all individuals and these contained comprehensive information on the needs of people. We saw that emphasis was placed on ensuring that people maintain their independence in other daily routines. As well as the needs being outlined in care plans, there was evidence that people had been asked about their expectations and concerns that they had in respect of being supported. The responses provided staff with the opportunity to work to allay any concerns and to promote expectations. We saw in the assessment information as well as care plans reference to choice and control. This outlined specific choices that people could make with their support in order for them to feel in control of the support they received.

We spoke to the registered provider and a member of staff. They told us that the agency had not expanded as they wished to ensure that all people received a person centred approach to their support and then use this approach when expansion of the service was considered.

Care plans were person-centred and had been signed by people to confirm their agreement with the care package. Where changes in needs had arisen, for some people, there was evidence that care plans had been amended with the agreement of individuals. Care plans were regularly reviewed with the involvement of people.

Our own records suggested that no complaints had been raised in respect of the quality of support provided. A complaints procedure was in place and was included within the service user’s guide.. This procedure included details of how complaints would be investigated and the outcome made known to the person. No complaints had been received by the service and people told us they were confident that any concerns they had would be addressed. The registered provider’s complaints records indicated the nature of the complaint, the response and the action that would be taken.

Good

# Is the service well-led?

## Our findings

We spoke to eight people who used the service and their relatives. They told us:

“Yes it is well-led”

“Yes I would recommend them”

“Yes it is well managed””

“Yes I have been asked what I think of the support and I have told the owner I would recommend them to other people and I would wholeheartedly recommend them”

“Yes I completed a survey”

“Yes it is well managed – they turn up at the right time and do the right thing”

“They send a questionnaire annually”

“I would definitely recommend them”

“I think they are well led. They have never let us down, are always keen that everything is alright and they help me too although the care is for my spouse only”

“It is not a big organisation and they do very well as far as I am concerned and it is managed very well.”

The service employed a small team of three people; one of which was the registered provider who was included on rotas. The size of the staff team meant that communication within the organisation was effective with everyone meeting almost on a daily basis. The registered provider told us that the service had deliberately started to support a small number of people with a view to expanding and maintaining high standards of support.

Our records showed that the registered provider had returned the Provider Information Return form when we had requested it. There had been no need for the registered provider to inform us of any adverse incident as none had occurred although the provider was aware of the need for notifications to be sent to us as and when needed.

There were a range of quality assurance tools used by the registered provider. These included one to one supervisions, appraisals and direct contact with people who used the service. Questionnaires had also recently been sent to people asking about the standard of support they received. Comments were positive. Meetings with people and telephone consultations provided the service with the opportunity to gather views on the contents of care plans and any changes needed.

Audits were in place. These included care plans and staff recruitment files. Accidents and incidents were recorded. Further audits were in place for medication. Medication administration records were archived in the office and when these had returned from people’s homes, management audited these to check that records were appropriately signed. Where issues had been identified, staff supervision was used to reinforce good practice. Daily records were also returned to the office and these enabled the registered provider to check on the standard of record keeping.

The service had equipment such as computers, telephones and storage space for files were available to ensure the smooth running of the service. Arrangements were in place to ensure that confidential records were secure.