

Grace Live In Carers Ltd

# Grace 24/7 Care

## Inspection report

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21 September 2016

22 September 2016

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place over three days on 19, 21 and 22 September 2016.

Grace 24/7 is registered to provide homecare services to people in their own homes in the community. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Complaints were handled and investigated effectively. Complaints were responded to, and the investigation processes addressed matters effectively.

Governance systems were being developed that helped identify service risks to people's welfare and actions to address identified risks were taking place.

Care assessment and planning incorporated the views of people using the service and their representatives where appropriate. Care plans were good for guiding staff on addressing people's needs and preferences.

People were involved in care planning and reviews and were generally happy with the support they received.

The service responded appropriately to safeguarding concerns raised to help ensure people were protected against unsafe care and treatment. Investigations were carried out in a timely manner and safeguarding's were raised by the service where they felt further protection was needed to keep people safe.

People who used the service said that they felt some staff needed more training around specific care needs they had. We found improvement was needed in relation to staff training and supervision and we will check progress of this at the next inspection.

We found improvement was needed to ensure proper records were kept in relation to medicine management. We found breaches in relation to this regulation.

People were not protected from the risk of unsafe care and treatment because proper checks were not done when new staff were recruited. We found breaches in relation to this regulation.

You can check to see the action we have asked the provider to make on the back page of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were not safely supported with taking medicines, and records of this support were not properly kept.

Recruitment procedures were not robust and did not sufficiently check the prospective new staff members' character and suitability.

The service had procedures for safeguarding people from abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received an induction prior to commencing work but improvement was needed in relation to staff training and supervision.

The service was following basic responsibilities about the Mental Capacity Act 2005 and people's consent to care however some people had not signed their care plan.

### Is the service caring?

**Good** ●

The service was caring.

People told us they were satisfied with their care and that their opinions, preferences and choices were sought and acted upon, and their privacy and dignity were respected and promoted by staff.

People received a consistent set of staff, which helped positive and caring relationships to develop.

### Is the service responsive?

**Good** ●

The service was responsive.

The service responded well to changes in the provision of care and to people's care needs.

There was on-going work to review the service provided to people, to ensure that they received care that addressed their needs and reflected their preferences.

The service ensured that people's concerns and complaints were properly investigated so as to minimise the risk of re-occurrence where appropriate.

**Is the service well-led?**

The service was not always well-led.

Governance systems were being developed that helped identify service risks to people's welfare, but actions to address identified risks were not yet effective.

There were mixed reactions from staff regarding the support available to them.

People who used the service were satisfied with the quality of service they received and spoke highly of the provider and the registered manager.

**Requires Improvement** 

# Grace 24/7 Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19, 21 and 22 September and was unannounced.

The inspection team included two adult care inspectors, who spent time at the office and visited 4 people in their own homes, and an expert by experience, who contacted people by telephone to obtain their feedback about the quality of the service they received. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service and asked for feedback from Manchester City Council and Rochdale and Oldham Borough Councils. The feedback we received was positive.

We spoke with seven members of staff including the provider. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, both in the office and their own homes, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the provider's quality assurance systems to check if they identified and addressed any areas for improvement.

Before our inspection, we reviewed all the information we held about the service including notifications the provider has sent us regarding significant incidents. This included some information of concern received about the quality of staff recruitment and training. The provider had sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. Prior to the inspection the provider had made us aware that some information had gone missing which they had reported to the Care Quality Commission and the Police.

We contacted 14 people by telephone to ascertain their views of the service, this included families of and

people who used the service and reviewed information held in the office. We spoke with three people in the office including the registered manager, the provider and an administrator.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person said, "The staff support me well when I need to move about. I feel safe and trust they know what they are doing."

We checked the medicine administration records (MAR) for the people we visited and found the arrangements in place were not safe. We saw there were inconsistencies and recording omissions on all of the medicines records amongst the four people we checked. None of the MAR were complete. People's prescribed medicines were not listed on their MAR, instructions for administration were not stated, and there were significant gaps in recording. We could not therefore tell what medicines had been given and if all prescribed medicines had been given. We could not be certain that people had received their prescribed medicines correctly.

For example, it was not clear from looking at the MAR whether one person had received their evening medication on 4, 5, 6, 12, 15, 16 and 17 September 2016, as it had not been signed for. We found one MAR sheet confusing as the person had a lot of PRN (as needed) medicine in amongst their regular medicine. We saw on some days regular medicine had been signed for but on others not. We saw two blister packs in use. One pack had two tea time tablets left and the other pack contained one day's morning and lunch time tablets and another day's lunch and tea time tablets. The person who they belonged to told us they got their medicine as required but we could not evidence this through the MAR.

For another person we saw that they had not received their warfarin medicine for 4 days. Warfarin is an anti-coagulant medicine which prevents heart attacks, blood clots and strokes. People who have been prescribed warfarin are at high risk of experiencing one or more of these conditions. Failure to administer this medication placed this person at serious risk of harm. We spoke to the provider about this person and they told us they were aware of the discrepancy however records we looked at did not reflect what they had found. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not ensure the proper and safe management of medicines.

We looked at how the service recruited staff and found it was not safe. We looked at five staff files and found them to be incomplete. For example application forms had not been completed and it was not clear what previous employment experience people had. We checked references and found they were not robust. The registered manager told us people would not begin work without the correct checks having been done. Records demonstrated that these checks had not occurred and so the service could not be sure they were employing people of good character. We saw disclosure and barring (DBS) security checks were undertaken but no further follow up for references had taken place. We therefore found the service was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.

The registered manager told us there were enough staff employed to meet people's needs, and we found few instances of people failing to receive a planned care visit. Where these had occurred we found the

provider had taken appropriate action to ensure it didn't happen again. To ascertain what impact this had on the people using the service we spoke to a number of people about the reliability of the staff and the agency. The people we spoke with told us staff arrived each day and stayed for the amount of time they were supposed to. They told us they were satisfied with the reliability of the agency.

We saw care records highlighted where there were individual risks to people such as mental health, nutrition, medication, moving and handling, falls and the environment, although when we looked at the accident/incident records we saw individual risk assessments had not always been updated following an event. For example, we saw one person had experienced a fall, yet their risk assessments had not been updated following this incident. We spoke with the registered manager who told us they were in the process of reviewing the risk assessments for each person. We saw evidence of this during the inspection and will check progress at the next inspection.

Staff told us they training on how to recognise abuse and possible harm to people using the service. They understood what abuse was and the action required if they should encounter it. Staff were also aware of how to raise a safeguarding alert and when this should happen. There was a copy of the Local Authorities safeguarding procedure at the front of each person's care plan so staff could speak in confidence with the safeguarding team if they needed to.



## Is the service effective?

### Our findings

We received mixed responses from people who used the service about whether they thought staff were properly trained. One person said: "I get fabulous support. I get regular staff, however when it is a new staff member they just arrive and I show them where the tablets are." They said "The staff will do whatever tasks I ask them to do, such as make a sandwich or mop the floor. Some staff see what needs doing and get on with it." Another person said, "I never feel unsafe. I have epilepsy and I have to make sure the carers know what to do if I have a seizure. I put my trust in them. My life is in their hands. They all answered competently when I asked them what they would do if I have a seizure."

Another person said they felt well supported when using the hoist and slide board however other people told us they felt staff needed more training specifically in relation to supporting people with more complex care needs such as head injuries and nursing care. For example one person told us, "My partner has an acquired brain injury. I get the impression the carers see it more like looking after the elderly. She has not got dementia she has got a brain injury. She is capable of learning. I don't know if they have the training. If I feel she is not making progress I will look at this at the next Review." Another person said they felt that some carers had the right skills and experience but that others didn't. They told us, "I'm sure that the carers could be better trained. Training is important."

We spoke to the registered manager who said they did provide training to all staff and would offer any additional training needed based on the care needs of the people they were supporting. The training matrix we looked at suggested staff had attended mandatory training including first aid, moving and handling and medication, but it did not indicate when any refresher training was needed or when this had been completed. Most staff we spoke with confirmed they had received an induction when they started with the agency and all said they had attended all the mandatory training needed. One member of staff also told us they had been given time to get to know people before supporting them.

We saw from records staff were working towards the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Skills for Care induction is designed to provide a structured start for new employees to help ensure they are safely able to provide support to people. This helped to ensure staff had up to date skills to enable them to provide effective care and support to people.

However some staff we spoke with told us they had not received training in epilepsy, brain injury or mental capacity and one person told us, "I have not had much training. I have shadowed and trained on the job. I have learnt how to use a hoist. I have not had my Induction training yet as the Manager was off. I had my medication training whilst shadowing"

We looked at induction records and found most staff, with the exception of one or two had attended the induction but we were not able to see what the induction covered in detail. We were unable to check the detail as this was some of the information which could not be located as reported to us previously as being stolen. We were not able to locate training certificates for all staff either so were unable to ascertain what

training they had had.

We saw some staff had received supervision over the previous three months which looked at training and development needs. However these records were not consistent and not available for all staff. We were told this was also part of the information which had been reported stolen which made it difficult to ascertain how much supervision and support staff had received.

Staff told us that supervisions were on an observation basis where they were observed when at the client's home. They said, "I was observed at first because I had to PEG feed the client. Then it was once a month then once in two months." Other staff told us they did feel supported and that the support from the office was "quite good".

We therefore found improvement was needed to ensure the agency provided the correct level of support and training to the staff team and ensured the training matrix accurately reflected the dates staff had received training and when refresher training was needed to ensure they had the skills and knowledge to support people safely. We will check this at the next inspection.

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.

The registered manager told us not all of the people who used the service had capacity to make their own decisions and consent to the care and support provided, and they understood their responsibilities under the Mental Capacity Act, should anyone lack capacity. When we asked staff, they also demonstrated an understanding of the principles of the MCA.

Our discussions with staff and people using the service showed consent was sought and was appropriately used to deliver care. However improvements were needed to ensure that people who were able to consent to care had signed their care plan. We saw some of the care plans had been signed and some had not so we asked people if their consent was sought.

People we spoke with who used the service said they were able to express their views and make decisions about their care and support. Staff we spoke with said they encouraged people to make their own choices and they provided care and support with consent from the person. Staff also said they encouraged people to be as independent as possible and most people we spoke with confirmed they were happy with the amount of involvement they had.

Comments included, "I have got a care plan. The manager is really nice. She asked me about everything that I wanted. She also asked me what I wanted from the care company and what was important to me," and when asked about whether staff ask for consent before offering support they said, "They ask how I am feeling and if I have had any seizures. If I have not had a good day and need to lie on the couch they will watch me." This meant people were generally happy with the level of involvement they had in relation to the care and support they received.

# Is the service caring?

## Our findings

Care records were written in the first person and showed people's cultural, spiritual and religious needs were considered. There was a clear support overview for each aspect of people's care to show which aspects of support were discussed and agreed. Care records highlighted signs to be aware of, or triggers that may make a person feel anxious, with information for staff about how to help people manage stress. Staff we spoke with said they had read people's care records and knew the level of support and reassurance to give.

We observed the care and support given on the day we inspected the service and saw that staff were warm and friendly with the people they supported. We observed that staff asked permission from the person before speaking to us or accessing personal information. This demonstrated that the staff understood the importance of confidentiality and ensuring people were involved in all aspects of their care and support. People's homes were personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which also demonstrated that staff respected people's belongings

People told us they were involved in planning their care. They said staff asked them about what they needed support with and how they wanted this support to be delivered. Care plans contained information about people's likes and dislikes, hobbies and interests. This helped the service to provide holistic care based upon what the person wanted rather than simply performing care tasks for people.

For example one person receiving support had a number of complex care needs which meant they often went without food whilst still taking prescribed medicine. This placed them at risk of harm and they required a significant amount of support to help them manage their personal care needs. The agency had responded by working closely with the safeguarding team and by involving the person to take more control over decisions they were making that placed them at risk. The agency told us this person was now much better, engaged well with the carers supporting him and could now be supported safely. This was a good example of how the agency had considered the health and wellbeing of the people they supported.

One family member we spoke with told us they felt that most of the carers were kind and sympathetic. They told us that after they had given his wife the support she needed the staff would usually sit and talk and, "They generally get on well."

Another person told us that the carers were "absolutely" kind and they had never been unkind.

Observations carried out in people's homes enabled us to see how well staff interacted with the people they supported on a day to day basis. We saw positive interactions taking place between the staff and each other and the people they supported. One staff member told us that if they arrive and the person isn't well they will call the GP and stay with them longer if required.

Another person told us that the carers spent time talking to her. "We have a good chat about everything. They engage with me. There is a couple that don't say much but I have one who comes more than any and we get on great."

We asked people who used the service about whether they felt they were respected by the staff. They told us that they sometimes felt embarrassed that they were "being escorted" when out in the community and staff were wearing uniforms. They told us staff responded appropriately when they were asked not to wear their uniforms. This was a good example of how staff respected the wishes of the people they were supporting to ensure their dignity was maintained at all times.

## Is the service responsive?

### Our findings

People we spoke with said the care provided was responsive to their needs. Most people told us they were aware they had a care plan and knew staff made notes to update this. We checked the care plans kept in the homes of four people and saw entries were made by staff in the daily logs.

From the records we checked in the office we saw reviews were taking place for each person who used the service. However when we checked the care plans kept in people's homes we noted some of this information was not logged in their care plan. We spoke to the provider about this and they showed us an audit they had carried out in July 2016 which had identified that this was an area further improvement was needed. This meant the provider understood the importance of ensuring this information was recorded appropriately and had already begun to make the required improvements needed.

All staff we spoke with had a good understanding of the individual needs of people. Staff were able to describe people's personalities, their likes and dislikes and their individual care needs. Staff understood what mattered to the people they supported and told us how they ensured their wellbeing.

We looked at three care plans and saw each care plan was individually tailored to reflect people's needs. The care plans gave a good level of personalised information of how people needed to be supported. Daily notes were maintained illustrating the care each person had received. There was evidence of people's choices being promoted, such as if they wished to go to the hairdresser, cafe or appointments. Details of people's personal care requirements were noted on their records for staff to be able to give the right level of support. Daily notes were brought to the office on a monthly basis, to be reviewed and monitored to identify whether any trends, patterns or safeguarding matters had occurred and to make sure care was responsive to people's needs.

People and relatives we spoke with all said they knew how to make a complaint if they were unhappy about the service. One relative we spoke with said they would know how to complain, but said they could not think of why they would need to. One relative told us if their family member was not happy in the service they would make their views known. Relatives said they felt well informed about their family members' care and support.

One person told us that the staff had contacted the GP for them if they were not feeling well and that [name of provider] "pops out to check if everything is ok every month." They then went on to tell us that they had complained about a member of staff they were not happy with and that the staff member had not been back since.

We saw there was clear and detailed complaints procedure information available in the service to assist people. Staff we spoke with said they would ensure people's views were heard and should people have cause to complain, staff said they would support them to follow the procedure.

Records indicated that the registered manager had responded to complaints appropriately, in line with the

provider's policy and procedure for managing complaints. We saw this had involved disciplinary action being taken against one member of staff. This meant the provider took complaints seriously and were used to continually drive forward improvements in the service.

The registered manager explained that packages of care would be provided in a person centred way. They achieved this by carrying out a comprehensive assessment for each person who used the service and identifying the level of dependency they had. The registered manager explained that they would not deliver care in packages of fifteen or thirty minutes duration as they did not feel good, person centred care could be delivered in this time. This was a good example of how the service understood the importance of being able to respond to people in a person centred way.

We received feedback from the local authority about the responsiveness of the service. They said "This agency were easy to contact. They give clear information about their services, including the cost. They did an introductory home visit and requested my latest assessments before they provided services. This agency delivered the service as was requested. They were reliable. Most importantly, the service user and carer were happy with the outcome."

Feedback from the service user survey 2015-16 outlined people's satisfaction with the agency. Feedback included, "I find the service very good in all things." And "I have found all your staff courteous and caring."

## Is the service well-led?

### Our findings

Staff meetings addressed operational and professional matters, such as health and safety, good record keeping and documentation. Staff we spoke with said they felt able to contribute to staff meeting discussions. We saw staff meetings had been held in June, July and August 2016 and gave consistent messages to different groups of staff.

We saw there were measures in place for assessing and monitoring the quality of the service provision. For example, the registered manager carried out regular audits and produced an action plan for matters requiring attention. Staff, people and relatives we spoke with said their views were regularly considered and they felt valued. However some of the issues we found, including poor medicine management and an inadequate recruitment process, meant some areas of leadership and management needed to be improved.

The registered manager explained that there had been a recent crisis in the staffing situation within the office which had resulted in files and information going missing. They had recognised the potential seriousness of the impact this could have had in relation to confidentiality and data protection, and had put safeguards in place to protect people receiving a service from the risk of being supported by staff who no longer worked for the agency. This had included notifying the Care Quality Commission and the police.

We spoke with people who used the service about the leadership at the service and received positive comments about the registered manager and the provider. They told us, "I can always ring [registered manager]. [Provider] is always there if I need to talk to them," and, "Yes I know who the manager is. I can ring [name] if I need to. They will sort things out."

Before the inspection we had received information of concern that the staff were unable to access the registered manager or provider when they needed to so we asked staff if they had also experienced this. We received mixed responses from the staff we spoke with. They told us that both the provider and registered manager was available when they had needed to speak with them and went onto say they were both very supportive and approachable. However they went onto say that sometimes the office was "disorganised" and they often didn't receive rotas in a timely manner. We were unable to corroborate this during the inspection as the people we spoke with were generally positive about the level of support they received and confirmed that in the main staff arrived when they should and stayed for the allotted time.

During the inspection we noted both the registered manager and the provider were available to answer calls and respond to queries when needed. They told us that due to the recent staffing crisis within the office they were keen to ensure they kept oversight of what was happening in relation to service delivery which meant they had made themselves more available. They also told us they were looking to recruit new co-ordinators so they could focus more on improving the quality of the service in the areas they needed to improve. We will check progress of this at the next inspection.

There were systems and procedures in place to monitor and assess the quality of the service provided and

regular spot checks were done to ensure staff were delivering the care people wanted.

We saw a range of audits took place on a monthly basis to monitor the safety of the service. These included audits of accidents/incidents, equipment, medication, infection control and care plans. We saw actions identified included "All new care plans are in the process of being more person centred." And "MCA and DoLS Policy needs to be read and signed to say read and understood by all staff". The action was, "ongoing and being talked about in staff meetings/training sessions."

However we did not see any evidence that this was taking place. We therefore found improvement was needed to ensure the improvements which had been identified and the actions needed were followed through and a clear record kept of the improvements made to the service. We will check this at the next inspection.

Throughout the inspection the registered manager spoke about their desire to constantly improve the service. They had a firm vision about improvements they wanted to make and things they were planning to introduce to ensure people felt more involved in the development of the service. This included actively seeking more feedback from people who used the service, staff and families along with other stakeholders and professionals involved in Grace 24/7.



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
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure the proper and safe management of medicines.
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider did not ensure persons employed for the purposes of carrying on a regulated activity were of good character or have the qualifications, competence, skills and experience which are necessary for the work to be performed by them