

Grade A Care Limited

Grade A Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
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 08 June 2017 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

At our inspection in December 2015, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in regards to the following regulations; safe care and treatment, good governance (two-parts) and staffing.

The service was rated as good in caring and requires improvement in all the other key lines of enquiry (KLOE's) which meant the service was rated as requires improvement overall.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to regulation 17; good governance. You can see what we told the provider to do about it at the end of this report.

We also made three recommendations in relation to risk assessment documentation, training and reviewing people's care needs within specified time frames.

Grade A is a small family run domiciliary care agency in Hindley, Wigan. The agency provides care and support to people who live in their own home who have a variety of care needs. At the time of our inspection there were 14 people using the service.

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.

All the people and relatives of people receiving support told us they had no concerns regarding people's safety as a result of the care provided.

We saw the service had suitable safeguarding policies and procedures in place. Staff had received training in safeguarding vulnerable adults and demonstrated a good understanding of how to report both safeguarding and whistleblowing concerns

Recruitment checks were carried out to ensure staff were of suitable character to work with vulnerable people. We saw there were sufficient numbers of staff employed by the service to meet people's needs and the registered manager told us staffing levels were sufficient to meet the current care packages.

We recommended the service sought advice and guidance from a reputable source regarding individual risk assessment documentation. This was because the risk assessments in place did not identify sufficient

control measures to mitigate all the risks.

People and their relatives confirmed there were not frequent missed visits and when staff were running late due to unforeseen circumstances, people were contacted by phone and given an explanation.

Medicines continued to be managed safely and administration procedures were followed correctly by staff.

A robust induction programme such as the 'care certificate' had not been implemented at the service but all current staff had enrolled on NVQ's and had previous care experience and relevant qualifications.

People's rights under the Mental Capacity Act 2005 (MCA) were protected. Care staff supported people to have maximum choice and control of their lives in the least restrictive way possible; company policies and procedures supported this practice. Care records showed people were involved in their care and support.

People were supported by a small staff team which promoted continuity of care and people and their relatives spoke positively of the care provided and the relationships that had developed.

Care plans were in place to guide staff about how best to support people, but were not personalised to take in to account people's equality and diversity needs. However, we found staff demonstrated that they knew people's likes, dislikes, preferences, routines and arrangements were in place for people's social and emotional support needs to be met.

Reviews of people's needs required further development and we have made a recommendation about this.

We found quality assurance systems had not been devised or fully operated to monitor all aspects of service delivery. In addition, feedback was not consistently sought by the provider to obtain people's views and seek staff opinions to drive continued improvements.

The last inspection report rating was displayed at the agency office so people could make an informed decision about using the service.

All staff were positive about working for the agency, which they described as a small, 'family run' service that put the needs of people first. Staff told us they felt valued and enjoyed their roles.

The registered manager had enrolled on the NVQ 5 in management and leadership to support them in their role. The provider and registered manager were receptive to feedback and demonstrated a commitment to further service 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?

Good ●

The service was safe

We recommended the service sought advice and guidance from a reputable source regarding individual risk assessment documentation.

The recruitment of staff was robust and there were sufficient numbers of staff employed to meet people's needs.

People's medicines continued to be managed safely.

Is the service effective?

Good ●

The service was effective

Staff felt they received sufficient training to carry out their roles successfully and were provided with regular support and supervision.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People's hydration and nutritional needs were met when this was an identified need.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us people received support from a consistent staff team who were regarded as kind and caring.

Care was provided by staff who understood people's preferences and wishes.

Staff told us they maintained people's privacy and dignity which people and their relatives confirmed.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were not personalised to demonstrate people's needs were fully assessed and reviewed.

People and their relatives told us staff provided good care that was responsive to people's needs.

The service had a detailed complaints policy and although no complaints had been received, there was a system in place to manage complaints.

Is the service well-led?

The service was not always well-led.

Although audits and quality assurance systems were in place, they were not wide enough in scope to be fully effective in identifying concerns.

The provider had sought people's feedback regarding the service but had not analysed this information to drive service improvements.

People and their relatives told us they were happy with the care provided and staff felt appropriately supported by the management team.

Requires Improvement 

Grade A 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 checked 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 08 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

At the time of our inspection there were 14 people receiving support from the service.

The inspection team consisted of one adult social care inspector from the Care Quality Commission.

Before the inspection we liaised with the local authority to ascertain if they held any information to inform our inspection. We reviewed any information we held about the service in the form of notifications received from the service. We also reviewed the 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.

During our inspection we went to the provider's head office and spoke with the provider, registered manager, administration officer and one member of care staff. We also spoke to a senior carer by telephone and sought feedback regarding the quality of the service from one person receiving support and three relatives of people receiving support.

During the inspection, we looked at various documentation including three care files for the people receiving support and three staff personnel files. We looked at staff recruitment information, supervision notes, training, staff rota's, visit schedules, policies and procedures and three medication administration records (MAR). This documentation helped inform our inspection judgements.

Is the service safe?

Our findings

Without exception, the people and their relatives we spoke with told us they felt safe with the care that was provided. A person said; "I've no concerns. I get on well with all of (the staff)."

We looked to see how the service managed people's risks. People had basic risk assessments in place to support staff to care for people safely. The risk assessments detailed people's general needs and environmental factors such as; mobilising, environment, appliances, nutrition, fire and safety to others. We found the risk assessments in place identified some possible hazards but did not include strategies for staff to prevent incidents or detail actions for them to take in the event of an incident. When we spoke to staff they demonstrated that they were knowledgeable and aware of the individual risks people faced so the lack of documentation had not impacted on people receiving safe care.

We made a recommendation that the registered manager sought advice and guidance from a reputable source regarding individual risk assessment documentation.

People, their relatives and staff told us they felt there was enough staff employed by the service to meet the current care packages and people's needs. We asked people and their relatives if there had been missed visits and were informed of a couple of isolated missed visits. People and their relatives assured us that this was not a frequent occurrence. One person told us; "I can only think of one occasion when the staff member went off sick and nobody turned up. The staff are always more or less on time so it was out of the ordinary when that happened." Relative comments included; "The agency are really good. They have never been very late or missed a visit. When staff have been running slightly late, it has been communicated so we know what has happened and when to expect staff." "We've had no missed visits and whenever they've been running a bit late, the staff ring and let me know." "In the main, the agency is not too bad. There has been a rare occasion when the staff have not turned up. When we've rung to enquire, we've been told there's sickness so nobody to cover the visit."

The service didn't have a call monitoring system at the time of the inspection which meant they were reliant on people or their relatives ringing the office to report if staff members hadn't turned up. The registered manager explained that they had been looking in to call monitoring systems and 'nurse buddy' was to be introduced within the month. Nurse buddy is a software app which would enable staff to check in and out for visits and the provider to manage staff, work shifts and absences.

We saw appropriate recruitment procedures were followed and the three staff files we looked at included completed application forms, two references, interview records, evidence of their residence in the UK and the Disclosure and Barring System (DBS) police check. Staff said they had been interviewed by the registered manager and the checks had been completed before they provided support for people.

The provider had an appropriate safeguarding policy and whistle blowing procedure in place so that staff could report poor practice or concerns. The staff members we spoke with were knowledgeable about safeguarding issues and confident in identifying types of abuse people could experience. Both staff

members told us if the provider failed to act on a safeguarding matter they would escalate their concerns to external organisations.

We checked how well the service managed people's medicines and found suitable arrangements in place to ensure people who used the service were safe. There was an appropriate and up to date medicines administration policy in place. The medicines were ordered by people's families but staff checked the medicines against the medicine administration record (MAR) to ensure discrepancies were identified or if there was low stock that this was reported to the family to address with pharmacy.

The MAR were returned to the office at the end of the month for auditing so the registered manager could identify and address any discrepancies on the records. We looked at three people's records and found there were no omissions of signature. This showed us people had received their medication as prescribed.

There was an up to date 'contingency' plan in place which contained information to support the staff and ensure the service could still operate in the event of a crisis, For example, loss of use of the main office and computer or staffing emergencies to ensure care continued throughout any unforeseen event.

Is the service effective?

Our findings

People who used the service and their relatives told us they felt the staff had the right skills and training to do their job. A person who used the service told us; "I think the staff training must be good. Very good in fact. The staff definitely know what they are doing."

We spoke to two staff members whilst undertaking the inspection who confirmed they had worked in a care setting for a considerable number of years. One of the staff members had worked with the agency for less than a year and confirmed they received an induction when they first started with Grade A which covered; policies, procedures and operational activity of the service and included shadowing existing staff until the staff member felt competent to provide care independently. The provider had a care worker shadowing assessment which was completed with new staff. This included; whether the new staff member was appropriately dressed, followed the care plan, manual handling, maintained privacy and dignity during personal care and uses satisfactory technique in washing and drying, addressed oral care, medication support, communication and attitudes, nutritional support and record keeping.

We discussed with the registered manager the requirement to access a common induction package such as the 'Care Certificate' if they appointed staff that did not have previous care experience. The Care Certificate is a benchmark for the induction of staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

The staff we spoke with told us they felt they received sufficient training to undertake their role competently. We reviewed the staff training matrix, which showed staff had completed training in safeguarding, manual handling and medicines. All the staff at the agency had completed NVQ level two, three or four in health and social care or were in the process of completing this qualification at the time of the inspection. We reviewed the training modules undertaken which were applicable to the service.

However, we recommended the provider strengthened documentation in relation to staff training to determine the date NVQ's were completed. This would enable the provider to determine when training updates were required so staff were supported to attend training within required timeframes.

At the time of the inspection, the registered manager was working towards an NVQ five in general management and leadership and the provider a level three in general management. The provider and registered manager indicated that they felt this qualification would equip them with the managerial skills required to progress the agency.

We saw spot checks were now being carried out to assess the continual competence of staff with tasks such as medicine administration and moving and handling. The staff records we looked at contained spot visit forms named; 'Evaluation of Care Worker' this assessed; staff communication skills, friendliness to the service user, whether all tasks were completed, principles of care practiced, individuality, choice, privacy, dignity, respect and promoting independence. Staff received supervision bi-annually but told us the agency was small and they had opportunity to speak with the registered manager frequently if they had anything to

raise between one to one sessions.

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 application needs to be made to the Court of Protection for people living in their own home. At the time of our visit there was nobody receiving care and support that was subject to a court order.

Staff confirmed they had completed mental capacity training as part of their NVQ. One staff member said; "Mental capacity relates to people's ability to make different decisions. People can make choices and decisions for themselves. If there is a concern, this is assessed and if the person needs it then an appropriate person is appointed to support decisions."

We looked to see what systems were in place to obtain people's consent for care and support provided. Before any care and support was provided, the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service, checking people's files and speaking to staff. We also asked a member of staff how they would ensure a person had provided consent to care and they told us; "It's well documented in people's care files but we also ask people before doing things."

We looked at how the provider supported people to maintain their nutrition and hydration needs. A nutrition and fluid risk assessment was completed if this was indicated as a required need. Staff also told us people were supported to have a drink of their choice and a snack if they wanted one. Staff said they made sure people had a drink when they visited and made a flask for people so they had access to a hot drink between staffs scheduled visits.

Staff monitored people's health during their visits; they recorded their observations and contacted the person's family to advise them of any changes. One member of staff said, "We have regular contact with relatives and if we have any concerns, we ring them to report our observations and ask do they want us to make an appointment with the GP."

Is the service caring?

Our findings

Without exception, people and their relatives told us the staff were kind and caring and that positive relationships had developed between people receiving support and the staff supporting them. A person told us; "The staff are very nice people." Relatives comments included; "[Person] has only three staff that provide their care. [Person] is used to them. It's brilliant. The staff are friendly, they make it a good atmosphere. I'm very much dependent on the support they give [person]. I am lost for words about the company." "The staff are very caring. The agency goes above and beyond. I'm very impressed, they'll pop to the shop if something has run low so [person] isn't left without."

Staff were deployed consistently to support people which ensured familiarity with the person receiving support and contributed to the formulation of good relationships and working practices. The provider and registered manager also undertook regular care visits because the service was very small and they told us that it enabled them to have contact with people who used the service and ensure the care was being delivered to a good standard.

The provider took into account people's diverse needs and supported people to maintain their independence in their home as far as practically possible. A member of staff told us; "We are there to keep people's independence and not take it away." We were told of one occasion in which the provider had adapted the remit of the agency to meet a person's needs. The agency was providing support to one person but their spouse was their main carer. As a result of the person's main carer needing to go in to hospital for a surgical procedure, the provider stayed with the person at their home throughout this period so they were not required to be admitted to residential care. When we asked the provider what made them do this, they told us; "The person would have been confused going in to a residential placement and wouldn't have understood. The person's spouse was also worrying which was detrimental to their health, the person knew us so it would be less disruption than having to leave their home so we adapted the service to meet their needs."

We saw evidence that advocacy services had been accessed to support decisions when a person did not have a relative or identified person to act on their behalf. Best interest meetings had been held as the person had begun to go out during the night and presented as increasingly confused. The outcome of the best interest meetings had been for the person to go in to residential care. It was the support the provider and registered manager showed following this move that demonstrates the generosity and kindness of the service. As a result of the person not having any family, the provider took the person's dog in to their home and continued to visit the person in the home taking photographs of the dog with them so that they knew the dog was okay. This continued until the dog died and the person no longer recognised the provider or registered manager. This demonstrated the kind and caring approach of staff within the service.

Without exception, the people and their relatives felt their family members were treated with dignity, respect and were given privacy by staff at the times they needed it. We asked staff how they maintained people's privacy and they told us; "I make sure the doors are always shut behind me. If I've supported person to the toilet, I ask the person if they would like me to wait outside. When supporting personal care, make sure

towel covering person so not exposed. I always talk to people throughout care tasks to help put people at ease."

We reviewed an up to date 'Statement of Purpose' which the service had produced and shared with people who used the service. These documents contained information about the company's values and the limitations of service. They explained what could be expected from the company and how the service would be delivered. They provided information on quality assurance, complaints and useful contacts. Some of the company's policies were also included for people's information such as safeguarding (adult and children, health and safety and confidentiality).

Is the service responsive?

Our findings

The people and relatives of people receiving support told us their family member's needs were met and they felt the agency provided good care. We found staff had a good understanding of people's individual needs which had developed from working with a small number of people and the formulation of strong relationships with the people supported. Despite this, we found care plans did not include personalised information about people's care and had not been reviewed or updated with people to ascertain the information was reflective of people's current needs.

People and relatives of people receiving support confirmed they had been involved in developing the care plans and that copies of the care plans were at their home in a care file for staff to refer to when providing support. We found the three care plans we looked at did not contain sufficient personalised information or details regarding people's preferences, routines, life history, family, hobbies and interests, likes and dislikes in order for staff to familiarise themselves with the person before they commenced visiting and providing support.

Due to the length of time staff had supported the same people they understood their preferences and interests, and how best to communicate with them to meet their needs which meant the current people being supported were receiving support that was responsive to their needs. However, we discussed our findings with the registered manager as this could impact on new people to the service. The registered manager showed us the initial care needs assessment document which had been produced in order to meet this deficit and was being rolled out and completed with new people referred to the service.

The full initial care needs assessment being rolled out would capture the following information; medical history, medication, mobility, communication, spiritual needs, nutrition and hydration, elimination, personal hygiene, house management, security, financial, background and social interests. This would enable staff to have the required information prior to providing support.

People and relatives said a copy of their care plan was kept in their home and staff completed the log to record the support they provided, including the start and finish times. This would be strengthened by the introduction of 'nurse buddy' and enable this to be remotely monitored by the provider. Care plans and assessments could also be updated electronically which would enable staff to access the most up to date information as it changed and was updated. The registered manager acknowledged that from commencement of a care package they had not implemented or identified a review period or undertaken any reviews with people since commencement of the care package. The registered manager showed us that they were taking steps to address this and showed us a care plan review document which they were about to roll out in a planned way to those that had been receiving support from the agency for the longest period of time.

We recommended the registered manager took a more person centred approach to care planning and risk assessing and that care staff contributed to reviewing people's care needs in order to provide thorough, personalised details about people which was reflective of their needs and up to date.

Staff told us how they ensured people were given choice and control over all aspects of their care and support. They told us they asked people what they wanted. For example they might ask about food, drinks, clothing and toiletries. They told us people usually had a set routine but they always checked this with them first before providing support. People told us they could choose every aspect of their care delivery and were provided this opportunity throughout the visit.

The provider had a system in place to ensure that where people were dissatisfied with the service; their concerns would be investigated and acted on within a specific timescale. The people and relatives we spoke with told us that they had no concerns and were satisfied with the service received. We saw the provider had a complaints file but there were no complaints documented. We asked the registered manager and they told us that no complaints had been received but told us they would follow their policy if they had.

Is the service well-led?

Our findings

At our last inspection we found the provider and registered manager had failed to implement and operate quality assurance procedures to monitor the quality of care being delivered. The registered manager had not completed internal audits to manage the regulated activity or monitor the quality of the service being delivered.

During this inspection we found the registered manager had implemented a system of 'spot checks', which provided the opportunity to monitor the quality of service provision and seek the views and concerns raised by people who used the service.

We looked at copies of recent spot checks and surveys that had been carried out to obtain people's feedback. We found spot check had been randomly completed and had not been systematically introduced to drive improvements. We found the registered manager had sent surveys but they were unable to ascertain when the surveys had been sent or demonstrate what the results had determined for them as a service. The registered manager had not analysed any of the information or formulated an action plan from the findings with identified timeframes to address the agency deficits and drive improvement. The registered manager acknowledged that they were doing things in isolation and that they hadn't been coordinated to improve the quality of the service.

We found there had been one team meeting that had taken place since our last inspection to seek staff opinions and ideas but meetings were not being convened within set timeframes. Staff told us they saw the provider and registered manager frequently but these informal meetings were not structured which meant staff had not had a regular opportunity to meet formally with their managers and discuss aspects of the service, share best practice or be involved in the development of the service. The meeting minutes had been drafted but not circulated to the staff team and there was no action plans drafted to address issues raised in the meeting reviewed. This meant that systems were not effectively operated to monitor and improve the quality and safety of the services provided to people.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014.

Although, supervisions had been undertaken an annual appraisal had not been conducted which meant staff had not had an opportunity to meet with their manager on an individual basis to discuss their role, objectives, training needs and development. We spoke with staff about this and they told us they felt supported because the registered manager and provider were visible and approachable. Staff confirmed they felt confident to approach the registered manager to discuss anything that concerned them but also felt that they would benefit from more regular formal meetings to progress the service.

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. A staff member told us; "The management are open and listen to staff. The agency provide good care, they give

people time which is what I like about them. They are not dominated by the clock." A second member of staff said; "I've known the management a long time. They are very caring people, I'd have my family member supported by this agency if they needed it. We're a good team."

The people and relatives we spoke with told us they had no concerns with the service and were positive about the care provided. Comments included; "I would recommend them to others. They've been good to me. Other people's experience may not be the same as mine. I don't know but I've no concerns. I'm happy with them." I can't praise them enough. I feel very lucky to have got this agency. They've supported me too. They've helped me a lot." "I have every confidence in the service and there isn't anything I'd change. I'd definitely recommend them."

The registered manager and the administration support indicated that they felt that the agency had progressed since our last inspection but acknowledged that they had further areas to develop. Both the registered manager and administrator had embarked on national vocation qualifications in management and leadership to support them to progress the agency.

We found that policies and procedures had been strengthened and were current, up to date and applicable to the service. We saw that the provider had displayed our last inspection ratings at the agencies office so that people were able to make an informed choice regarding the service.

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 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided.