

## St Gregory's Homecare Limited

# St Gregory's Homecare Ltd

### Inspection report

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Date of inspection visit: 5 May, 29 June and 13 July 2015  
Date of publication: 23/10/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out this announced inspection between 5 May and 13 July 2015. We last inspected this service in November 2014 during which we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These Regulations have now been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

St. Gregory's Homecare Ltd is a domiciliary care agency based in the town of Carnforth. It offers a range of services in people's homes, including care and support for people living with dementia, learning and physical

disabilities and people with palliative care needs. Services also provided includes, domestic support, waking and sleep in night services, 24 hour care and respite care. The service covers an extensive rural area of the South Lakes and parts of North Lancashire.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

At the last inspection in November 2014 we asked the provider to take action to make improvements to the following (Regulated Activities) Regulations 2010, care and welfare of people who use services, safeguarding people who use services from abuse and the assessing and monitoring the quality of service provision. These actions have now been completed, with the exception of the safe management of medicines.

During this inspection, July 2015, we found one continuing breach of Regulation 12 Safe care and treatment of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to the safe management of medications.

We also found two new breaches that related to assessing the risks to the health and safety of people using the service Regulation 12 and to how people's care needs were assessed and recorded Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Although people told us that they felt safe receiving care and support from this service we found that they could not be confident that they would always get their medicines as their doctor had prescribed. We found some care plans and records relating to the administration of medications were not always accurate.

The provider was not identifying the risks associated with providing safe care and where these were identified these were not always recorded.

The quality of care plans and risk assessments recorded were not consistent and information about some people's care needs was not always recorded. Newly implemented quality monitoring systems were not seen to be fully effective.

Most people received support from a regular team of staff who they knew and who understood the care and support people required. We saw that people were treated with kindness and respect and they made positive comments about the staff who visited their homes.

There were enough staff to provide the care people required. The staff had completed training to ensure they had the skills to provide the care and support individuals needed.

Staff knew how to identify and report concerns about a person's safety. The recruitment process for new staff included all the required checks to ensure that they were suitable to work in people's homes. This helped to protect people from the risk of abuse.

People had been included in agreeing to the support they received and were asked for their views about the service. The registered manager was knowledgeable about the Mental Capacity Act 2005 and about their responsibility to protect the rights of people who could not make important decisions about their own lives.

**We recommended that the service considered the consistency of the quality auditing of their care planning to ensure that accurate information is recorded about the needs of people who used the service.**

# 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.

The records relating to the safe management of medications were not consistent and for some people inaccurate.

Risks associated with providing safe care were not always identified or recorded.

New staff were checked to ensure they were suitable to work in people's homes.

Inadequate



### Is the service effective?

The service was not always effective.

Records relating to people's nutritional requirements were not always accurate.

All the staff employed by the service had completed training to give them the skills and knowledge to support people.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and understood their responsibility to protect the rights of people who were not able to make important decisions about their lives.

Requires improvement



### Is the service caring?

The service is caring.

The staff were caring and respectful and maintained people's dignity.

People said they liked the staff who supported them.

People were asked for their views about the quality of the service.

Good



### Is the service responsive?

The service was not always responsive.

The consistency of the quality of care planning did not ensure that accurate information was recorded about the needs of people who used the service.

Not all reviews of people's changing needs were accurately recorded.

Good systems and processes were in place to manage concerns, incidents and complaints.

Requires improvement



### Is the service well-led?

The service was not always well-led.

There are areas of the service that need to improve to ensure the quality of care planning was consistent and that medicines were managed safely.

Requires improvement



# Summary of findings

People experiences of the quality of the service were mixed.

People who used the service knew the managers of the service and how they could contact them if needed.

There were good working relationships with a variety of external agencies.

# St Gregory's Homecare Ltd

## 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.'

We carried out this inspection between 5 May and 13 July 2015. The initial inspection visit was unannounced to the agency's head office. Subsequent visits were announced as we visited people who used the service, with their permissions, in their own homes. The inspection was carried out by two adult social care inspectors, one pharmacy inspector and an expert by experience who made contact with some people who used the service and relatives to ask for their views about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service. The expert by experience who took part in this inspection had experience of domiciliary care services.

Before the inspection we reviewed the information we held about the service this included an action plan sent to us by the provider following our last inspection in 2014. The inspectors visited the agency office on 5 May, 10 June and 13 July 2015 and looked at care records for a total of 25 people and 17 of those we also looked at the medications received. The inspectors also visited people, with their permission, in their own homes.

We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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. They provided this information in good time

We looked at training records and recruitment records for staff. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided. We also spoke with the registered manager of the service, a senior company manager, administration staff and six care staff.

# Is the service safe?

## Our findings

People we spoke with gave a mixture of positive and negative comments in relation to feeling safe with the service provided. One person said, "Oh yes, I feel very safe with them all, but the service is very erratic. Often, I don't know who is coming to help me and I don't get a schedule each week". Another person told us, "I have a carer 24 hours a day as I need to take my medicine at regular times and the carers help me with that, and make sure I am safe in the home. I feel very safe with them".

All the staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to the registered manager, senior staff including the directors. Staff told us, and records we looked at confirmed, they had received training in the safeguarding of adults. There was a whistle blowing policy that was available to all staff and details of how to report concerns.

At the last inspection we found concerns relating to the safe administration and management of medications and asked the provider to take action. We were provided with an action plan from the provider telling us how they would comply with the regulation. During this inspection we saw that not all of those actions had been completed. We looked at 17 people's care records for the management of their medications and found that where assessments had been made of people's required medications these were not always accurate in identifying all the medications required. This meant there was no care plan devised on how to manage the medications or records to identify any risks that might be associated with the medications.

This was a breach of Regulation 12 (g) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to the proper and safe management of medicines. You can see what action we told the provider to take at the back of the full version of this report.

All the staff we spoke with and training records confirmed that they had completed training in the safe handling of medicines. This helped to ensure that staff were knowledgeable about the management of medications for people using the service.

We looked at a total of 25 care records for people. We saw that some hazards to individuals' safety had been not always assessed and measures were not put in place to reduce or manage the risks identified. For example where the use of bedrails were required to keep people safe the care records did not identify the use of these.

This was a breach of Regulation 12(1)(2)(a) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to assessing the risks to the health and safety of people using the service. You can see what action we told the provider to take at the back of the full version of this report.

All the staff we spoke with told us that they had been trained to use equipment in people's homes. This helped to ensure they had the knowledge to use equipment safely.

The staff we spoke with told us about senior staff and managers of the service carrying out unannounced spot checks as they worked in people's homes. They told us that checks were made to ensure that people were receiving support safely and that equipment was used as directed. The managers also worked with care staff delivering care and providing support and guidance.

People who used the service and the relatives we spoke with said there were sufficient staff to provide the support people needed. Two people told us that staff always contacted them if they knew they were running late.

We looked at the records of incidents that had occurred. These included where visits to people using the service had been missed or where staff had been late to arrive. We saw where necessary notifications to the appropriate authorities had been made. All the records we looked at showed actions that had been taken in response to these incidents to promote the safety and wellbeing of people who used the service.

We looked at nine staff files for recruitment and saw that the appropriate checks of suitability had been made. The exception to this was where people had previously been employed with vulnerable adults or children the provider had failed to establish, where possible, the reason for them leaving that employment. We discussed this with the registered manager and senior manager and they took action to amend their application form for this information to be included. References had been sought and we noted that they were usually from the most recent previous

## Is the service safe?

employer in accordance with the agency's recruitment policy. Checks with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had also been conducted.

# Is the service effective?

## Our findings

People who used the service and relatives we spoke with gave a mixture of positive and negative comments in relation to the service being effective. One person told us, “The staff are trained, they know what they’re doing” and another person said, “Some of the staff don’t even know how to put my hearing aids in”. People gave mixed comments about the reliability and time keeping of carers. One person told us, “The carers all seem to run on a tight schedule, and I have previously been missed altogether and I know that my daughter has been on to them as she’s been disappointed with my care”.

One person we spoke with told us, “Most of the girls are good, but there are a couple who aren’t so efficient. I’ve got used to the carers now and I think the standard of care overall is very good. I would say that the company is very disorganised and they have their carers travelling all over the place, and often they’re rushing in to see me”. Another person told us, “I do have regular carers and they don’t seem to be rushed at all and I think they spend the right amount of time with me”.

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One member of care staff told us, “We’re always having training, we get updates all the time”. The care staff we spoke with told us that new employees completed thorough training before working in people’s homes. This was confirmed by the induction records we looked at.

We found where people had risks identified with nutritional requirements these were not always assessed or recorded appropriately in their care records. We found that where

people required their fluids or food intake monitoring to ensure they maintained good health records were not available. This meant that where people had medical conditions that put them at risk we could not be sure that their nutritional needs had been met.

We also found that some people who had specific care needs that these had not been planned for or recorded appropriately within their care records. For example where a person suffered pain or had difficulties in swallowing these were not included in their care plans. This meant that we could not be sure that staff provided the appropriate care for all of their needs.

This was a breach of Regulation 9(1)(a)(b) Person centred care of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to providing care that is appropriate and meets people’s needs. You can see what action we told the provider to take at the back of the full version of this report.

The care staff told us that they had regular meetings with one of the senior care staff or managers to discuss their practice. All the staff said that they knew how they could contact the managers of the agency if they needed advice about a person they were supporting. They told us, “We know we can call the office or on call person if we have any concerns”.

We saw that consent to care and treatment in care records had been signed by relevant others and where required the registered provider had evidence to confirm that those people were the legal decision makers where people lacked capacity. The registered manager and senior staff demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over.



# Is the service caring?

## Our findings

People who used the service and relatives we spoke with gave mainly positive comments in relation to the service being caring. People told us that they liked the staff that visited their homes and said they provided a high quality of care. One person said, “The carers are fantastic”. Another person said, “We couldn’t manage without them now”. We were also told, “The manager, and I think his wife, came to visit me around a month ago and asked me how things were going which was nice”.

People told us and we saw that when care plans were reviewed people had been asked for their opinion on the services they received. The registered manager and senior carers had held meetings with people where they had been asked if they were happy with their care and if there were any changes they wanted made to the support they received. There were 19 feedbacks recorded and all were positive in respect of the care they received, especially about the individual carers attending them. Comments included, “Happy with the service and the carers are fabulous”; “Carers are excellent and provide excellent care” and another commented that they were “Happy with the service and looked forward to the carers visits”.

Since our last inspection the agency had sent out questionnaires to some service users and their responses were also very positive about the carers working in the service. One person commented that carers were punctual, sociable and respectful. Another commented that carers were proactive and that the service had greatly improved.

Everyone we spoke with told us that the agency staff took appropriate action to maintain people’s privacy and dignity. We observed during our visits to peoples’ homes that staff were respectful of their homes, relatives and their needs. We also observed that dignity was maintained. People told us that they valued the support they, or their relatives, received from the carers that visited.

We saw that people’s care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. People told us that they had been included in planning and agreeing to the support they received. They said the staff knew them well and knew how they wanted their care to be provided.

Where it was relevant we saw that people's treatment wishes had been made clear in their records about what their end of life preferences were.

# Is the service responsive?

## Our findings

People who used the service and relatives we spoke with gave mainly positive comments in relation to the service being responsive. One person told us, "I did have a problem with one of the carers and I phoned the office to tell them to stop her coming. She doesn't come anymore, which I'm pleased about". Another person said, "If I did have a problem I would phone and let them know about it straightaway. A manager did call once but not recently". We were also told about when someone needed to change their visit times, "If I have to change an appointment time I phone and let them know they are very accommodating. The manager came round about five or six months ago to make sure things were working okay for me, and another girl from the office comes round pretty regularly". Another person commented that complaints were slow to be answered in the past but were now much better

The registered provider had a formal process for receiving and responding to concerns, incidents and complaints about the service it provided. People we spoke with could tell us how they could raise a concern or complaint by directly calling head office. After our last inspection a role within the company was created and a member of staff was appointed to be responsible to manage these systems and processes. During this inspection we were made aware that the role was no longer being managed directly by one person. The service receives a high number of concerns related to visit planning as it provides a service to a very large number of people. We discussed with the registered manager and senior management the importance of the role in providing reassurances that concerns were dealt with in a quick and effective manner.

Out of all the people we spoke with only one person told us that they had not received the support they needed at the time they needed it. We saw from the records held at head office this incident had appropriately been recorded and acted upon.

We looked at the care records for 25 people. We saw that information for staff about how to support individuals that was not always accurate or consistent. Some of the care plans we looked at had been reviewed to make sure they held up to date information for staff to refer to. We also saw that for some people whose needs had changed their care had not been updated. This meant that they did not accurately reflect the support people required. Care staff told us that, if the support a person needed changed, this was usually passed to them verbally by the senior staff.

We saw that people's care records showed how many care visits they had planned each day but one person we saw that this was not an accurate record of the actual visits received.

We saw that where people had reviews of their care they were asked for their views about the support they received. People had been asked what support they wanted the service to provide and records showed that they had been included in planning their own care. Some people told us that one of the managers of the service carried out regular reviews of their care to check the service was continuing to meet their needs. They said they were asked for their views about the support they received at the review meetings. However we found that two of the care records we looked at had not been reviewed in the time frame set by the agency.

# Is the service well-led?

## Our findings

People who used the service and relatives we spoke with gave a mixture of positive and negative comments in relation to the service being well led. One person told us, 'I have to phone the office when nobody comes as they don't contact me to let me know the situation. I get a weekly schedule but it often changes and I don't know who is coming to help me'. Another person told us, 'I have only just started having the care in the past couple of weeks, and they come in four times a day. I would say that I am highly satisfied with everything. They are not rushed and the schedule they give me works well'. We were also told, 'I don't think there's much communication between the staff and the agency, they don't seem to work together. I would say that things have improved lately, but previously they seemed to be very short staffed rushing things'.

People we spoke with told us that they knew and liked the senior carers and knew who the managers of the agency were. People told us that the managers were "approachable" and "easy to talk to". Two people told us that they preferred to speak to the registered manager, as when they had spoken to other people nothing got done. However, this concern was not shared by any of the other people we spoke with. Most people who used the service told us that if they had raised a concern with any of the staff including managers, things had been resolved promptly.

When we carried out our inspection there were over 100 staff employed including different levels of staff in senior, administrative and management roles. There was a clear structure of responsibility within the management levels. We also noted that the registered manager and other seniors were involved at times in delivering care and making unannounced visits to observe the staff in people's homes. In doing this the managers had very good oversight of the service because they provided care and worked with

staff delivering people's support. This meant that they were regularly in contact with the care staff and with people who used the service and were able to gather their views about the quality of the service on a less formal basis.

The provider and registered manager used a range of systems to monitor the quality of the service. People who used the agency and their relatives had recently been asked to complete quality surveys to share their views of the service. We saw some of those given to people had been completed and returned. Comments in the surveys included, "Very happy but would like the carers to ring if they are running late" and "Very happy, fantastic service".

There were a number of audits in place that checked on the safety and quality of the service. However we found that despite these being very informative the samples of auditing had not always identified the issues that we had found in the quality and consistency of care planning and safe management of medications.

The provider and managers had established good working relationships with its stakeholders and were proactive in sharing any information and seeking guidance from other professionals.

The managers of the agency told us and we saw that they and their staff had worked very hard to raise the quality of the service since our last inspection. They said that they were focused on providing personalised, high quality care to people. The managers also told us that they knew they still had some work to do in continuing the progressing of the consistency of the quality of the service.

**We recommend that the service considered the consistency of the quality auditing of their care planning to ensure that accurate information is recorded about the needs of people who used the service**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Some people's care needs were not recognised this meant the care provided was not always appropriate in meeting their needs.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Assessing the risks to the health and safety of people using the service was not always completed or recorded.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care records for the safe management of medications were not always accurate in identifying all the medications required. This meant there was no care plan devised on how to manage the medications or records to identify any risks that might be associated with the medications.</p>

**The enforcement action we took:**

Warning Notice issued to be compliant by 30 October 2015