

# Grayson Home Care Limited







# Grayson Home Care

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

The inspection took place on 4 November 2015 and was announced.

Grayson Homecare provides domiciliary care services to adults and older people with varying needs living locally to the service. The office is staffed daily to cover business hours and an out of hours phone service is also available. At the time of our inspection the service was providing personal care to 50 people.

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.

Staff understood how to safeguard people from abuse. They understood how to identify potential abuse and their responsibilities in reporting it.

# Summary of findings

The provider had a thorough recruitment process in place, although we found that some background checks had not been properly recorded.

Call planning was effective and there were systems in place to make sure calls were not missed.

Care plans contained a range of risk assessments which evidenced regular review. Staff were knowledgeable about individual people's care and support needs.

The provider ensured people received their medication safely as prescribed.

Staff undertook a thorough induction and were supported to update their skills with a rolling programme of training. The provider demonstrated a commitment to ensuring staff were well trained.

People we spoke with were very complimentary about the service and told us the staff were skilled and caring. People said their privacy and dignity were well respected.

The provider had good links with other organisations and was proactive in supporting people to access the community.

We found that people and their relatives were involved in care planning and review. Care plans reflected people's needs and contained relevant information.

The provider had robust complaints management procedures in place and people told us they knew how to raise concerns.

Staff expressed confidence in the registered manager. They told us they could speak openly and said the registered manager acted on what they were told.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff understood their responsibilities in safeguarding people from abuse.

Individual risks were well assessed and documented. Risk assessments were reviewed and updated regularly.

The provider had systems in place to ensure staff supported people with their medication safely.

Good



### Is the service effective?

The service was effective.

People's capacity to make decisions was well assessed and staff understood the importance of respecting people's choices.

Staff received effective training, supervision and support which helped them to deliver person-centred care.

The provider worked well with other health professionals to ensure people's care and support reflected their needs.

Good



### Is the service caring?

The service was caring.

People told us staff were caring and respected their privacy and dignity.

Staff were knowledgeable about people's individual needs and how to support people to maintain their independence.

People told us they were involved in the writing and review of care plans.

Good



### Is the service responsive?

The service was responsive.

Care plans were kept up to date and staff were alerted to any changes.

Procedures were in place to ensure any complaints or concerns were thoroughly investigated and resolved to people's satisfaction.

The provider supported people to be active in the local community.

Good



### Is the service well-led?

The service was well-led.

There was an open culture in the service. Staff and people who used the service said the manager was approachable and acted on what they were told.

The registered manager ensured staff were kept up to date by having regular meetings with them.

Good



## Summary of findings

The provider had informal systems in place to monitor and improve service delivery.	
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# Grayson Home 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 4 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office for us to speak with.

The inspection team consisted of one adult social care inspector and an expert by experience who spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case supporting someone who used a domiciliary care service.

Before the inspection we reviewed the information we held about the service and contacted the local authority and Healthwatch. Neither had any information of concern. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not ask the service to complete a Provider Information Return before this 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.

At the time of the inspection there were 50 people using the service. We spoke on the telephone with three people who used the service and five relatives. Some people did not give permission for us to speak to them. In addition we spoke with five members of staff including the office manager and the registered manager. We looked at four people's care plans in detail and spent time reviewing documentation relating to people's care and general service delivery.

# Is the service safe?

## Our findings

People we spoke with expressed a high level of confidence in the staff and told us they had no concerns about safety. One person's relative said, "They provide a good quality of care."

We spoke with staff about their understanding of protecting vulnerable adults. Staff demonstrated an understanding of safeguarding, could identify a range ways in which abuse can take place and were clear about their responsibilities to report this. Staff told us the registered manager had provided them with details of bodies such as local authority safeguarding teams and the Care Quality Commission (CQC) if they wished to raise concerns outside the service. We saw evidence that staff had received training in safeguarding and this training was up to date.

We looked at the recruitment records of four staff. These contained records of applications and interviews, meaning we could see how the registered manager checked candidates' experience prior to making an offer of employment. The registered manager told us, "We are honest in interview about the demands and challenges of the job to ensure that people understand what they have applied to do. We always start by asking what they understand as personal care."

Detailed written references had been obtained that evidenced work experience and previous good conduct and we saw records confirming proof of identity had been provided. All staff files contained evidence checks were made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by providing information on people's suitability to work with vulnerable people. Two staff had DBS checks which were dated after they had started to work with the service. The registered manager told us they had been recruited directly from another service and had DBS checks in place, however no record had been kept of these. We discussed this with the registered manager during the inspection and they told us they would ensure their recruitment file checklist captured these details in future so that this information was not lost.

People and their relatives spoke highly of the service and the staff. One person said, "The staff are skilled to a high level which is projected in the service they provide." People

we spoke with told us they experienced consistency in call times and the staff who attended. Staff confirmed the call rotas were planned in a way which enabled them to provide care and support at people's chosen times.

The registered manager told us they had an on-call system in place and made sure there were always senior members of staff available for care workers to consult during their calls. Staff confirmed that this was the case. In addition the service had a hosted phone service to ensure that people who used the service always spoke to a person if they contacted the office when it was not staffed.

The registered manager told us how they managed their service to ensure calls were not missed. They told us the rotas were checked by two people and staff worked in geographically small areas to ensure calls were made in line with people's preferences. Staff we spoke with confirmed they were able to review their rotas each day and discuss any issues with the senior team at any time. One member of staff said "If there's a problem the office listen and make changes. They make sure they understand how long journeys take at different times of the day and learn from our experience."

We looked at the care plans of four people who used the service and saw risk was assessed across a number of areas such as skin integrity, falls and environment. These were detailed and provided staff with sufficient information to help them to minimise any risks. We saw evidence that risk assessments were regularly reviewed and updated if necessary. Staff we spoke with demonstrated a good understanding of people's individual needs. One person's relative told us "The staff are aware of the potential risks to [name of person] and know how to avoid them."

People were protected from the risks associated with medicines because the provider had systems in place to ensure they were managed safely. The registered manager told us "Staff attend to people's medication first to make sure there is time in the call to consult the office if there are any problems." The service worked to ensure that calls were at times to ensure medication was taken as prescribed. We looked at three people's Medication Administration Record (MAR) and saw these were completed correctly. MAR sheets contained detailed information about the medication people needed including the colour and appearance of any tablets, the appropriate dose and what the medication was for. We saw that medication was given at regular times.

# Is the service effective?

## Our findings

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us how they worked with other professionals to assess and understand people's mental capacity, including social services, GPs and memory clinics, and we saw evidence of this. Staff received training in mental capacity as part of induction training carried out by a local college.

People and their relatives praised the way staff worked to respect their choices and gain consent prior to undertaking any personal care tasks. Staff we spoke with showed a good understanding of protecting people's rights to refuse any care or support. One member of staff told us how they would respond if a person refused their medication. They said, "I would gently reiterate the importance of the medication for their health. If they still did not want to take it I would talk to the manager or contact the person's GP. I would not leave until the situation was resolved – but it's their choice and their right to refuse."

We saw care plans contained a service consent record which included consent to care, consent for the service to liaise with other health professionals and consent to records being kept. A relative of a person who used the service told us "[Name of person] is aware of their own needs and their care is always delivered appropriately." We saw evidence that the service liaised with other health professionals where this was a benefit to people's care. For example the service had worked with district nurses to introduce a skin care diary into one person's care plan so there was clear communication between care staff and other professionals supporting the person's health.

New staff received a thorough induction which included a course at a registered care school, which provided the service with a full assessment of the person's capability. Staff then spent a minimum of two weeks shadowing

senior staff and getting to know people who used the service. Progress was documented and staff signed to confirm that they were confident in providing care and support. Staff we spoke with said they felt their induction had been effective. The registered manager told us all staff were supported to undertake the Care Certificate for which protected time and access to computers were made available. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager told us, "We want to have everyone trained to the same standard."

We saw evidence of a rolling programme of training and refresher training available to staff. Records showed that training was up to date and the service had a plan in place to ensure that training needs were met in a timely way. Staff told us they had regular training and could ask for this if needed. One member of staff told us they had asked for additional training to help them understand the needs of people living with dementias. They told us the registered manager had arranged this for them and discussed in detail how it had improved their confidence and abilities.

People who used the service and their relatives told us they felt the staff were well trained. One person's relative told us, "The staff are knowledgeable in their field of work." Another said "They arrive on time and provide a high level of care." A third told us "Due to the care provided by the agency [name of person] is able to maintain a good quality of life."

Staff we spoke with told us they were well supported and had regular supervision and appraisal. We saw records that confirmed this was the case. One member of staff told us, "I have supervision every couple of months. We talk about how things are working and any training I might need."

People we spoke with said they were given choices of meals. One person's relative told us "[Name of person] is well nourished at all times and given their choice of food." Another said, "Staff make sure they provide meal choices for [name of person]." Staff had a good knowledge of how to support people to have a balanced diet and told us letting the person choose was important.

A member of staff told us how they encouraged people to have sufficient to eat and drink. They said "I try and tempt people with things and talk about the choices enthusiastically, but it is always the person's choice what they have."

# Is the service caring?

## Our findings

People and their relatives told us staff were caring. One person's relative said, "The staff are observed to be caring at all times." Another told us, "The staff respect the privacy and dignity of [name of person] at all times."

Staff we spoke with demonstrated good knowledge of people they supported and spoke warmly about them. They told us they took pride in their work and gave examples of how they ensured people's privacy and dignity were protected at all times. These included being respectful of people's homes, being careful to keep people sufficiently covered when carrying out personal care tasks and using appropriate tone of voice and clarity of communication. One member of staff told us, "We treat people the way we would want to be treated ourselves." Another said, "It's all about asking before you do. We need to help people stay independent, carers shouldn't just take over." A third said "We do whatever we can to make the person feel comfortable, it's all about talking to people, not just doing a job."

On the day of the inspection we saw staff did not wear a uniform. One member of staff told us, "Most people are

proud and don't want everyone knowing that a carer is visiting them or going out with them. They just want us to look like ordinary visitors. I think I would feel the same." The registered manager told us they had sought the opinions of people who used the service and felt it was a reflection of people's preferences that staff did not wear a uniform. They told us they asked about this when people started using the service to ensure they continued to accurately follow people's preference. They said "It makes me more comfortable knowing the clients are comfortable with the service."

Some people and their relatives could tell us how they were involved in the development of their care plans. One person's relative said "[Name of person] is completely involved in their own care package." Another told us they were regularly asked for input into their relative's care plan. They told us, "The owners [of the service] visit personally every quarter. It exceeds our expectations, it's beneficial and very supportive." Staff told us about ways in which information could be added to people's care plans. One told us, "We keep trying to get more detail about people and their likes and dislikes. In the end a care plan should be like a walking tour of what a perfect visit should be like."

# Is the service responsive?

## Our findings

People's care needs were well assessed and we saw this information reflected in their care plans. These contained clear information on the type of care needed and how they wanted this to be delivered. Care plans contained information relating to the person's life to date, medical history and specific care needs.

Care plans were kept at the office, with copies placed in people's homes so that staff and people using the service had easy access to them. The registered manager told us, "It is important that people have access to their own care plans too." Staff told us care plans contained information which enabled them to provide person centred care. Staff received a text alert when changes were made to anyone's care plan. One member of staff told us, "I find that very useful. I can store the message whilst it is current, that means I'm always up to date with any changes in people's needs."

Staff told us they got to know people well and recognised when people may need more support. One member of staff said, "You get to know the subtle changes in people and their needs, you build up that knowledge of how to help." A relative of a person who used the service told us, "The carers are well aware if [name of person]'s care needs change."

We saw evidence that the service provided additional help and support which made it possible for people to access the wider community. The service had links with local community organisations who provided a range of social activities. The registered manager told us "People can become isolated and low in mood as a result. We try to help keep people engaged with the community and will plan visits for less busy times so we can do this. Even if it is just getting out to go for a walk."

One person told us "They go the extra mile at all times." One person's relative said "Due to the care provided by the service [name of person] is able to maintain a good quality of life by means of extra activities. We all find that incredibly beneficial."

We saw care plans were regularly reviewed and people and their relatives were involved in the process. Discussions with people were well documented, signed by them and we saw evidence of changes being made to care plans as a result of people's feedback.

People and their relatives told us they knew how to comment on or complain about the service and felt comfortable discussing any issues with care staff and the registered manager. During our inspection several people rang the registered manager to discuss their or their relative's care. One person told us, "Communication between me, the staff and the care provider is always clear and concise, with any necessary updates being provided accordingly." There was a comprehensive complaints policy in place and we saw evidence of thorough investigation of any issues which included recording actions taken, updating people and assessing whether concerns had been fully resolved. There was a clear process in place to involve other agencies such as the local authority and CQC if the service was unable to resolve any complaint to the person's satisfaction.

We looked at the record of compliments sent to the service and saw evidence of a high level of satisfaction. One person's relative had said, "Many thanks for all the help you have given [name of person], enabling them to stay in their own flat as long as possible." People we spoke with were also very complimentary about the care and support provided. Comments included "Very good," "Very high standard," and "Very impressed."

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager. The registered manager was supported by an office manager, director of care and several senior operational staff. People who used the service and their relatives spoke very highly of the management and how the service was run. One person's relative told us, "I cannot praise the agency highly enough." Another said, "The management communicate exceptionally well with [name of person] and the family."

During our inspection we found Grayson Homecare had a positive and open culture. We observed staff were comfortable both being in the office and speaking with the registered manager. Staff told us they shared a common set of values and felt very committed to the service and the people they supported. They spoke highly of the registered manager. One member of staff told us, "The manager is very approachable. [Name of manager] sees us all as people." Another said, "The manager tries very hard to understand the staff's experience. They really listen when we tell them things, and something is usually done when it's needed."

The registered manager demonstrated a strong commitment to building a service that provided a high standard of care which accurately reflected people's individual needs. Effective management systems were in place to ensure staff received a high level of training and support to enable them to deliver person-centred care.

The registered manager was clear about their vision and values throughout the inspection and had policies and procedures which set out their expectations for staff when carrying out personal care. These were given to staff during their induction and had been provided in condensed form

in the Employee Handbook. This also included statements relating to the vision and values of the service and included clear statement about confidentiality, commitment to equality and diversity, supporting people's personal choice, helping people fulfil their aspirations and promotion of people's rights to access information the service held about them.

We asked to look at documentation which showed how service delivery and quality were monitored. Although the registered manager and office manager were able to discuss with us ways in which they worked together to ensure they delivered a quality service this was not always documented. For example care plans were regularly and robustly reviewed, but there was no system in place to enable easy audit of this. Satisfaction with the service was measured during the care review process but the results of this were not collated to give an overview of people's responses. We talked with the registered manager about this during the inspection and they told us they would put systems in place to capture this information.

The registered manager told us they had tried to organise regular staff meetings, but had encountered difficulty in getting everyone together. They had solved this by running a regular series of meetings with small numbers of staff to enable more to attend. The registered manager told us, "The challenge is to be mindful of the consistency of my message. I find the meetings useful too, they help me feel involved with what the staff are doing." Staff told us they attended meetings and found it easy to suggest ideas because the registered manager was prepared to listen and act on what they were told. One staff member said, "If we make a suggestion we know it will be followed up." Staff we spoke with told us they felt comfortable raising concerns with the registered manager and were very confident they would take appropriate action.