Grace Live In Carers Ltd

Grace 24/7 Care

Inspection report

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31 October 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced focused inspection of Grace 24/7 on 30 and 31 October 2018. This inspection was carried out because we received information that care staff were undertaking a high number of calls whilst on their shifts. We inspected the service against two of the five questions we ask about services: is the service safe, and is the service well led.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity, so we did not inspect them. The ratings from the previous comprehensive inspection in January 2018 for these Key Questions were included in calculating the overall rating in this inspection.

Grace 24/7 is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, and children across Manchester, and is managed from a base in Failsworth, Oldham. Not everyone using Grace 24/7 receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that staff were allocated work schedules which meant that the times of visits overlapped and would be impossible to complete. The service management had no oversight of this, nor were they always aware of the times people were receiving their calls, or which staff were providing care. This was in breach of regulation 17 (good governance) of the above act. We also found a breach of regulation 12 (safe care and treatment) of the above act, as medicines were not always safely and properly managed. You can see what action we told the provider to take at the back of the full version of the report.

During our inspection we found that the service carried out appropriate recruitment checks to ensure staff were suited to work with vulnerable people and the staff employed by Grace 24/7 had a good understanding of how to protect people from harm. They also showed a good understanding of risk. We saw that where risks had been identified measures were in place to minimise harm.

People told us that the staff were personable and cheery. One person told us, "They are always pleasant, not grumpy at all." People told us that they were consulted about their care and maintained contact with the managers and care coordinators and we saw that they were regularly involved in surveys and questionnaires aimed at improving the service.

There were some systems in place to monitor service delivery and work performance, including spot checks, staff supervision and appraisal.

The service had a range of policies which were up to date and in line with current legislation and guidance.

They attended local authority forums, where they were kept up to date with any developments or changes in the care sector.

The service had sent us notifications telling us about any important events that had happened in the home and we saw that the last CQC rating was displayed in the main office as is required of all services registered with CQC.

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

Medicines were not always properly managed.

Staff were provided with schedules with overlapping appointments. This meant that visits could not be done in the time allotted and people told us that staff were often late arriving at their homes.

Care plans provided staff with good instruction to minimise the risk of harm.

Is the service well-led?

Requires Improvement

The service was not well led.

There were no reliable systems to monitor the times of calls, number of visits being completed, or which staff were conducting visits.

People spoke positively about the care they received.

People who used the service had a say on how their care was provided.

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 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 was prompted in part because we received information that care staff were undertaking a high number of calls whilst on their shifts. The information shared with CQC indicated potential concerns about the management of staff and the health and welfare of people who were supported by Grace 24/7.

This inspection took place on 30 and 31 October 2018 and was announced. We gave the service 48-hours' notice of the inspection because the service is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 30 October 2018. We visited the office location on this date to see the manager and office staff; and to review care records and policies and procedures. The following day we conducted home visits before returning to the main office to speak with staff and to complete our site visit. We also made a number of phone calls to people who use the service and their relatives on 31 October 2018.

The inspection was carried out by one inspector. Before the inspection we reviewed information we held about the service. This included the inspection report form our last inspection in January 2018 and any notifications or enquiries we had received about the service. As this was a focused inspection we had not asked the provider to complete a provider information return (PIR). A PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We asked Manchester City Council for any feedback they had about Grace 24/7, as they were the main commissioners of the service. They informed us that all their findings were positive, but that they had recently received some concerns to say care staff were arriving late and not staying for the full duration of their visits.

During our inspection we spoke with the registered manager, service provider (the nominated individual) and two staff individually. We also spoke with a group of 15 staff. We made five home visits, speaking with four people who used the service and three relatives. In addition, we contacted three people by telephone. On our home visits we looked at people's care plans and other documents kept at people's homes, including medicine administration records and daily notes. We looked at a further three care files at the main office, and staff files for four care workers. We looked at computerised work schedules and rotas for all staff. We also looked at other documents relating to the service, including policies, safeguarding records and quality audits.

Requires Improvement

Is the service safe?

Our findings

We brought our inspection forward because we received information that care staff were undertaking a high number of calls whilst on their shifts and were provided with schedules which would be impossible to complete. We also received information from a service commissioner stating that they had received some reports recently about care staff turning up late for appointments and not staying for the full length of time. At the time of our inspection the service was supporting 105 people living in their own homes. They employed around 50 staff who worked in geographical teams across the city of Manchester. There were six teams altogether. The size of each team varied, depending on the number of visits and the nature of the tasks required, but was generally made up of around eight care workers. This allowed for some consistency for people who used the service, so they were supported by the same familiar people. One person's relative told us, "We have regulars, and they know [my relative] really well. I can hear them encouraging [my relative] and talking with her. It's really important. She will laugh, and it's good to hear it happening. They are all really good."

Care staff were not contracted to work specific hours but were allocated visits and would be paid for the number of hours they worked. This could vary from week to week, due to the changing needs of people who used the service, and to the shifting nature of domiciliary care (for example, if a person went into hospital, or if a new service was commissioned). When we asked them, care staff told us that they were generally given sufficient hours but would sometimes like more. When we looked at the rotas we saw that some care staff had been allocated short hours spread across the day whilst others had been allocated shifts which would be impossible to fulfil within the times agreed in the care plans. On the first day of our inspection the rota showed that one person was conducting eight morning visits between 07:15 and 10:45. Visit times overlapped which meant that visits could not be done in the time allotted.

When we pointed this out to the provider and registered manager they agreed to review the rotas and team schedules and redistribute workloads to ensure that staff have enough time to provide appropriate care and support.

When we checked one person's care file we saw their care plan indicated that they had four half hour calls each day conducted by two care staff. However, the daily records showed that only two of the eight visits over a 48-hour period lasted the full allotted time; two were for fifteen minutes and one was only for 12 minutes. Neither member of staff had logged in the time of these calls so the times entered could not be verified. When we spoke with the person receiving this care and support they told us that "They [care staff] always come. I've got them booked for a half hour each visit but they don't always stay; so long as they do what they have to do I'm happy."

Staff told us that they used the rotas as a guide to inform them of the required visits and tasks rather than the times they needed to arrive and depart. They told us that for some people the rota indicated specific times as 'time critical' where visits had to be made at the correct time, for example, if people required medicines to be taken at a specific time, and they respected this, always working to ensure they arrived at the right time.

Some staff had been allocated impossible hours but felt they could make sufficient time to complete the tasks required. For example, on the last weekend of September, one care worker had been allocated over 42 hours in a 48-hour period. This did not take into account the time spent travelling between visits. The electronic time sheet submitted showed that they had conducted 72 visits over the two days. However, when we spoke to this member of staff they told us that they had worked very long hours that weekend and were able to complete all the scheduled visits by starting before seven o'clock and finishing late in the evening. This meant that some of the people supported would have had visits earlier than normal, while some visits would be delayed. They admitted that for some service users they did not stay for the full allotted time. They informed us that when they arrived some of the people supported did not require a great deal of assistance and so, "I just made them a drink and left". The provider and registered manager were unaware that this care worker had worked such long hours but told us that they had not had any reports of missed calls either during that weekend or at any other time.

When we asked them, the people who were supported by Grace 24/7 told us that they had not had any missed visits. One person told us, "They've never not turned up", and the relative of another person said, "You can't set your clock by them, but we're not on a clock. We haven't missed any calls". Everyone we spoke with told us that the times of visits and the length of stay would vary, but that this was not an issue for them. One said, "I don't know when they are supposed to arrive; the times can vary a lot, but they always come unless I cancel, which I do when I have friends visiting. They don't stay long but they do what they have to do. They always ask before they leave if there is anything else they can do for me. I would call the office if I didn't get anyone, but I've never had to." The relative of a person supported by Grace 24/7 told us was service was, "Exceptional. I'm really happy with the carers. I don't expect them dead on, it depends on their last visits, but they stay and do what they have to do."

All staff had been trained to manage medicines and people were asked if they required assistance with their medicines. Where this was the case, it was recorded in their care plan and a separate medicine administration record (MAR) was kept in the person's home to record that all medicines had been given. People told us that the service was, "Generally quite good with medicines", but one person informed us, "Last night I was one [tablet] short, and had to tell them, otherwise I'd have missed it." When we looked at the medication record for another person we found that there were seven gaps over an eight-day period with no explanation of why the record sheet had not been signed. The person was unable to tell us if they had taken their medicine on the visits in question. The National Institue of Clinical Excellence (NICE) guidelines on managing medicines for adults receiving social care in the community state that medicine records must be accurate and up to date, and that any omissions must have an explanation.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us that they felt Grace 24/7 provided safe care. One person told us, "It's nice to know I am cared for by people who care for me. They are good, and definitely make me feel safe, they help with everything; I've no complaints." The relative of another person remarked, "The girls are brilliant, they really know how to look after my [relative] and keep [them] safe". Staff told us that they were mindful of people's security, and when they left each visit they ensured the person was comfortable, especially if they lived on their own, leaving warm and cold drinks where necessary, and other important items such as 'phone handsets and television remote controls close by to minimise risk of overstretching or falling. They ensured that where people had a key safe, the codes were memorised or kept securely to prevent any unauthorised access. Staff were aware of how to protect vulnerable people from abuse, and we saw reporting procedures and local safeguarding policies were kept on file in people's homes. In the main office we saw evidence that safeguarding concerns were reported and investigated appropriately.

Support plans provided a good indication of people's needs and security. We looked at four care records and saw that risks were assessed and addressed, including any environmental risks and concerns around people's mental health. Where staff were required to handle money, this was identified in the care plan and risk assessed, with appropriate actions in place to safeguard people's finances. Care plans provided good instruction, for example for moving and handling and using mechanical lifting aids such as hoists. One person told us that, "The staff are well trained and careful when they use the hoist, and they make sure I'm safe. They check for skin damage and will tell the district nurse if they find anything." Where risk of pressure sores was a concern, appropriate action plans were agreed. One relative told us, "The carers are very good on skin, and always check creases. They use all over moisturiser, and make sure skin is good."

Staff were aware of how to minimise the potential spread of infections and wore personal protective clothing (PPE) when supporting people. When we visited people in their own homes they told us staff used hygiene rubs and wore tabards and vinyl gloves which they disposed of after use. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care. We saw the service kept a supply of disposable protective items in the main office where staff could access them as required.

The service had a policy for recruiting new staff, and when we looked at staff records we saw that full checks were made to ensure that they had the right character and experience to work with vulnerable people and were eligible to work in the UK. References were kept in staff files and there was evidence that checks had been made with the disclosure and Barring service (DBS). The DBS identifies any people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Requires Improvement

Is the service well-led?

Our findings

The service used a computerised software system to schedule work for each member of staff, and this provided them with a rota in advance of their work schedule. However, there was no manual check to ensure that allocated work was manageable. When we examined the schedule, we found that allocated visits would be impossible to complete as described in the care plans. Visit times were double, treble and quadruple booked. For example, on the first day of our inspection one care worker had a rota which asked them to be at four different homes between 09:00 and 10:30 and at a further two between 10:00 and 10:45. For this person to complete the morning schedule providing the hours allocated in the care plans would have meant that they would not finish their morning round until 14:00 if they began at 09:00, yet two more visits had been scheduled: a half hour call at 13:00 and a half hour call at 13:30. Nor does this calculation take travel time into consideration. This was not an isolated incident as other schedules showed a similar pattern.

The registered manager and care provider showed no oversight or understanding of the visits they were asking care staff to undertake. They were taken aback when we showed them two rotas which reflected that the care staff had submitted timesheets for 42 and 30 hours respectively over a forty-eight-hour period. Staff recorded on daily records the times of their visits, but these could not be verified.

We wanted to see if care staff had completed the hours they had claimed on time sheets, but found that some had not logged the times they had claimed on their timesheets The registered manager told us that care staff were required to log the time of their arrival and departure at each visit using a mobile phone app which would accurately record the length of time of each visit. Whilst some staff were doing this, others were not. We were told by the service provider that staff had objected to using this app, as they had not been provided with mobile phones and would have to use their personal phones for this purpose. This meant that there was no verifiable evidence that staff had undertaken visits at the appropriate time or stayed for the allocated times required.

The registered manager told us that after work had been allocated some staff would decide that they did not want to work and would ask their colleagues to undertake the visits instead. They would not inform the office until after the visits had been completed. This meant that the office staff were unaware of which staff were undertaking visits. The registered manager told us that had asked the care staff to inform them in advance of any changes to the work schedules but there was no evidence that this had been enforced.

The registered manager and service provider agreed that some staff were completing too many calls and to do this in the time available would be impossible. However, there were no checks to ensure that people were being visited at the times noted in the care plans, or checks to ensure people received the hours they had been assessed for. Staff were not using the system to log the times of their calls, and this system had not been monitored. Staff were dictating their own schedules and management systems in place at the time of our inspection allowed this to happen. The service's reliance on computer software to allocate hours was not monitored or checked.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

The staff we spoke with told us spoke positively about Grace 24/7. They said that they believed it was a 'family company' and felt a sense of pride and belonging. They told us that they were kept informed, encouraged to visit the main office and attended regular team meetings. The people who used the service told us that the service promoted a person-centred approach. One relative said, "[My relative] is treated as a person, the staff understand this and will encourage her to talk. She will laugh with them, it's good to know it happens." A person who was supported by the service told us, "They are always pleasant, not grumpy at all. I've no complaints, I couldn't do without them."

They told us that they were consulted about their care and maintained contact with the managers and care coordinators. A relative told us, "We see the managers now and again, they call for site visits and check I am alright too" They showed us a booklet with details of the service and all relevant contact numbers and told us that the office staff had been, "Really supportive. They have assisted with hospital visits and doctors' appointments, and rearranged visits to support [my relative]."

We saw that people who used the service were given the opportunity to influence how their care was provided. All the people who used the service and their relatives were asked to complete a survey twice yearly and comment on the quality of care provision. We looked at the most recent survey which looked at safety, the competence and familiarity of staff, quality of support received and confidence to report concerns complaints. All replies were mainly positive. One comment was, "I am very grateful for the care and help given to my [relative]," and went on to name two care workers who they regarded as "outstanding."

There were some systems in place to monitor service delivery and work performance, including spot checks, staff supervision and appraisal. Spot checks were conducted by managers or care coordinators. The registered manager told us that each person who used the service and member of staff received a spot check at least once each year, with further checks if there is any concern about the member of staff. When we looked at the records for spot checks we found that they identified issues such as vigilance to hazards, communication with people, and checks with people who used the service regarding their satisfaction with the care worker. We looked at six spot checks. All reported general satisfaction with the care worker, but two noted that the carers were sometimes late, and one noted that the care worker arrived at the visit being checked five minutes after the scheduled time. No reason for this was recorded.

There were some quality assurance systems to help the service review and monitor service delivery. For example, care plans were reviewed to identify any changes in need, and where issues were identified action was taken. In one care plan we saw a new risk had been identified regarding the person's mobility, changes to the plan identified measures to reduce the risk. Care documents such as daily care logs and medicine records were returned to the main office at the end of each month and checked for any errors or identified changes. Medicine audits checked if people still had the capacity to take their own medicines, and one care record we looked at showed recent changes in this area.

The registered manager and provider told us that they regularly attended local authority forums for domiciliary care providers, where they were kept up to date with any developments or changes in the field of home care.

The service had a range of policies covering all aspects of service delivery, including safeguarding vulnerable adults, whistleblowing, medicine administration and health and safety. All were up to date and in line with current legislation and guidance. There was a business continuity plan which contained details of what

needed to be done in the event of an emergency or incident occurring such as a fire or utility failures. We saw the registered manager reported any incidents that affected the running of the service or involved people who used the service in line with our regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled.

It is a legal requirement that each service registered with the CQC displays their current rating. We saw the rating awarded at the last inspection and a summary of the report was on display in the main office.

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 medicines were not properly and safely managed.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service management had no proper oversight of staff schedules, nor were they always aware of the times people were receiving their calls, or which staff were providing care.