

Graceful Care Ltd

# Graceful Care - Wandsworth

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Graceful Care - Wandsworth is a domiciliary care agency that provides personal care and support to people living in their own homes and flats.

At the time of our inspection, 75 people were receiving personal care and support. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service

We received mixed feedback about staff timings and attendance to calls. People and their relatives complained about staff punctuality on calls which left them unhappy. The electronic system used to monitor staff attendance on their calls did not always work as intended and office staff had to manually log visits. Despite this, there had not been any missed calls. The registered manager and the provider knew about the problem and told us they were working to resolve the issue.

People were happy with the care and support provided by the service. Comments included, "I feel completely safe and well looked after by them". "The care is very good and I'm more than happy with it." And "[Person] is happy with the carers and as safe as can be."

People's needs were met. A relative told us, "[Staff] support [person] well." Staff knew how to identify and report abuse and had received training in safeguarding of vulnerable people. Risk assessments were carried out on people's health and plans put in place for staff to provide care safely. The provider undertook safe recruitment checks to ensure suitable staff were employed at the service. People received the support they required to take their medicines safely. Staff knew how to minimise the risk of infection when providing care.

People received support to eat and drink healthily. Staff were supported to undertake their roles through induction, training and supervision. Staff involved people in making decisions about their care and support needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and respect and their dignity and privacy maintained. Comments included, "They are patient, kind and most of all they actually care about his well-being" and "We get on like a house on fire." The majority of people told us they received support from a consistent team of staff who knew them well.

People received care in the manner they preferred, and staff respected their choices. People were supported to be as independent as practicable. People and their relatives felt confident to make a complaint if they were unhappy with the care provided.

People using the service and their relatives were complimentary about the management of the service. People were asked to provide feedback about the service. Systems were in place to monitor the quality of care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 19 March 2019 and this is the first inspection.

Why we inspected

This was the first inspection for the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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.

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Graceful Care - Wandsworth

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Graceful Care – Wandsworth service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 January 2022 and ended on 11 February 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 19 November 2021 to help plan the inspection and inform our judgements. We also reviewed the intelligence we held about the service such as statutory notifications and information received from people. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 27 people who used the service, seven relatives and six staff members including the registered manager and director of operations.

We reviewed a range of records. This included ten people's care records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People and their relatives told us staff were in the majority punctual for their calls and kept them informed if there were any delays. The majority of people received their care as planned.
- We received mixed feedback about staff's punctuality to calls. Comments from people included, "They're not punctual"; "There seems to be no set time, it's seems to be all random times"; "I'm not happy with the timekeeping"; "I call them the hit and misses"; "They are usually on time" and "Yes, they do give me a call when they're going to be late." We did not find any evidence of missed calls. However, the delayed calls caused some people distress.
- We found a number of calls were not always allocated travel time which led to some delays as highlighted above. The Director of Operations told us they were working closely with staff to ensure they had sufficient time to travel between their shifts.
- People were supported by staff who went through a safe recruitment process. This included checks on staff's suitability to work with vulnerable adults and their eligibility to work in the UK.
- The provider used an Electronic Call Monitoring system (ECM) to monitor the staff attendance at shifts. The ECM was not consistently and accurately used to highlight any missed visits, unlogged entries, incomplete visits or double up calls provided by a single carer.
- There were two months when almost all calls were entered manually. We sought the provider's and registered manager's comments about this. The director of operations provided an explanation on the challenges they had faced with the ECM. They told us the problems arose from the incompatibility of the mobile phones used by staff which had become outdated and the ECM.
- Staff had received replacement mobile phones in the last week of January and the expectation was that the problems would be resolved. Office admin staff logged the calls manually to indicate staff had attended their shifts and provided care and undertook telephone monitoring checks to ensure there were no missed calls.
- Although the registered manager and provider were working to resolve the issue to ensure people were not put at risk of avoidable harm due to lateness or missed calls, we were concerned about the effectiveness of the monitoring of staff attendance via the use of ECM at the time. No one had had missed calls, nor had we received any safeguarding concerns as a result of the late calls.
- People told us they were assigned a team of staff to provide their care which ensured consistency in the care delivered. A small number of people had experienced unplanned changes to the care staff team that provided their care. The registered manager told us this was due to annual leave, staff absences and training events. Staff told us they received their rotas in advance and knew people they were caring for ahead of their

shifts.

We recommend the provider review their staffing allocations or their deployment of staff and update their practices.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I do feel safe." Staff knew the types of abuse and understood their responsibility to identify and report any concerns. Staff were aware of whistleblowing information concerning wrongdoing to internal and external agencies to help keep people safe from abuse.
- People were supported by staff who had received training on safeguarding to ensure they provided their care safely.
- Systems were in place to safeguard people from abuse. The registered manager told us they understood when to involve the local authority about any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks were assessed and managed which ensured staff supported people in a safe manner. Comments included, "I have no concerns at all." And, "I'm happy with the level of care and the carers."
- Care plans detailed what tasks people could safely do for themselves and when they required support. For example, managing their medicines and or finances, washing and preparing meals. Staff told us they followed guidance as recorded in people's care plans to support them in a safe manner.

Using medicines safely

- People were supported to take and manage their medicines safely. A relative told us "Yes, the carer prompts [person] to take her medicines and makes sure that she does."
- Staff completed medicine administration records and records we reviewed were filled out correctly and with no gaps. Audits were carried out to ensure people received their medicines as prescribed and that any concerns were picked up and resolved without delay.
- Staff were trained to manage people's medicines and had their competency assessed to do so safely.
- The provider ensured staff had access to an up to date medicines policy and procedures for guidance.

Preventing and controlling infection

- People were protected from the risk of infection. One person told us, "[Carers] wear masks and gloves when they support me." Staff told us they had access to Personal Protective Equipment such as masks, gloves and aprons which they used effectively to keep themselves and people using the service safe.
- Staff understood the provider's policies on infection prevention and control and COVID-19. The policies were up to date and in line with national guidance. Staff attended training about infection prevention and control including COVID-19 and understood how to minimise the risk of cross contamination and spread of disease.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt and improvements made to prevent mistakes happening again. Staff followed the provider's policy to report and respond to accidents or incidents.
- Accidents and incidents were recorded, and analysed to identify patterns or trends. For example, one person had a history of falls. Staff ensured the person had easy access to their mobility aids and their environment was free of clutter.

# Is the service effective?

## Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed regularly and had their needs met. People and their relatives, where appropriate took part in the assessments, identifying their needs and the support they required.
- Care and support plans detailed the support each person required and the times they preferred for their visits. Staff were flexible to meet the needs of people who needed to attend hospital appointments or required escorts to the G.P. Care plans were reviewed and updated when needed.
- The provider ensured staff provided care to people in line with best practice.

Staff support: induction, training, skills and experience

- People received care effective to their needs because staff had the knowledge and skill to undertake their roles. People and their relatives commented, "I think that their training is pretty thorough as they always know what to do to help in any situation." And, "I'd say that they know exactly what to do to help and more."
- Staff were supported through an induction, training and supervisions which enabled them to meet people's needs.
- Staff and records confirmed they had received training in safeguarding people from abuse, Mental Capacity Act, first aid, infection control and manual handling.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough for their health and wellbeing. Staff supported people to prepare their meals where appropriate.
- People told us staff discussed with them their food choices and preferences and encouraged them to adopt healthy lifestyle choices such as including fresh food, vegetables and fruit in their diets.
- Staff maintained records of people's preferences for food and drink and the support they required with eating and drinking. For example, by ensuring a person with swallowing difficulties received food and liquids at the right consistency to support their eating and drinking.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services when needed. Relatives' comments included, "They always let me know if a doctor or nurse or a bit of help is required for him." And, "They call a doctor when they notice if anything is amiss."
- Where appropriate, staff supported people and their relatives to book and attend health care appointments such as visits to the G.P and hospital.
- Care plans detailed guidance as recommended by healthcare professionals to meet people's needs. For

example, records showed staff followed the guidance to support a person living with diabetes to manage their health.

### Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for their consent before staff provided care. They told us, "I get to make my own choices and my own mind up." And, "I make all my own decisions on getting up, going to bed and my daily routine." Staff understood the principles of MCA which ensured they supported people to make decisions about their care.
- Staff received training in MCA which enabled them to provide care and support in a manner that promoted people's rights.
- Care records showed each person's decision about their care needs and highlighted where they may require support, for example to make decisions about managing their health, finances, medicines and personal care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments from people and their relatives included, "[Carer] is more than polite, she is just wonderful"; "Very good and very kind" and, "They are very kind and caring and will have a laugh and a chat." Staff told us they treated people with respect.
- Staff had developed caring relationships with the people they supported because they were regularly assigned to support them. Care plans contained information about people's life history, their cultural and diverse needs which staff knew well.
- People's care delivery was done in a way that promoted their equality and diversity and did not discriminate against them. Staff respected people's cultural and spiritual needs and wishes and ensured their provided care appropriate to each person's individual identity including religious beliefs and cultural heritage. Staff had received training that enabled them to value equality and diversity in line with the provider's policy.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to discuss choices about the support they wished to receive and decisions about their care. People and their relatives were involved in planning and developing their care and support plans.
- People told us staff respected their choices and preferences about how they wanted their care delivered and records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy respected. Comments included, "[Carer] knows precisely what I like and dislike and how I like things to be done" and "They give [person] his space and are really very good with him.
- Staff knew how to provide care in a manner that maintained people's privacy and dignity and gave examples such as knocking on doors and waiting to be invited in and shut bedroom and bathroom doors when providing care.
- Staff understood their responsibility to maintain people's records and information confidential and to share information on a need to know basis.
- People were support people to remain as independent as possible to undertake tasks they could for themselves. A relative told us, "[Carers] makes sure [person] has everything he needs and it is enabling him to stay at home and be as independent as possible."
- Care plans contained details about what people were able to do independently to promote, develop or to maintain existing skills such managing their medicines and preparing drinks and meals.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their individual needs and preferences. People and their relatives made positive comments about the care provided by staff. One person told us, "[Carer] is very flexible and responds well to any changes that need to be made with my illness."
- Staff had nurtured positive relationship with people and knew how to support them. One person told us, "I sometimes think [carer] knows me better than I know myself."
- Care plans included information about people's needs, health conditions, preferences and how they wished their support to be provided.
- Reviews of care plans were carried out regularly and updated to reflect changes in people's needs and how they wanted their care delivered.
- Staff received regular communication about changes to people's needs which enabled them to deliver appropriate care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and met. People were happy with how staff communicated with them. Staff knew the communication needs of people they supported and how they wished their care to be provided.
- People were provided with information about their care in a manner they understood.
- The provider understood their responsibility to provide people with information in a format they understood such as large print, pictorial aids, when needed in line with AIS.

Improving care quality in response to complaints or concerns

- People and their relatives were happy with the way their concerns were addressed. They knew how to make a complaint if they were unhappy with any aspect of the service. Comments included, "Yes, they have been genuinely keen to quickly resolve any problems"; "I can't fault them" and "I do know how to complain but why would I need to when they are so very good."
- People and their relatives had access to the provider's complaints policy and procedure which included guidance on how to make a complaint and what they could expect in response.
- People and their relatives were provided with the complaints policy and procedure to ensure they

understood their rights and process about how to raise concerns about the care provided.

- The registered manager understood their responsibility to investigate and address people's concerns in a timely manner and to their satisfaction.
- The provider maintained a record of complaints received at the service and a monitoring system to check on progress of investigations.

#### End of life care and support

- People received end of life care in line with their wishes. A relative told us, "[Person] died recently, but I want to say that we had outstanding care from Graceful Care - Wandsworth. We are so grateful. The carers showed great love and kindness to the end." People and their relatives where appropriate were involved in discussing their end of life wishes.
- The registered manager showed a commitment and understood their responsibility to ensuring people received appropriate care at the end of their lives. For example, staff worked closely with other health and social care professionals such as GPs, district nurses and the palliative care team when needed. People were supported to have dignified and comfortable passing at their place of choosing and had received religious rites before and after their death as they wished.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Systems were in place to assess and monitor the quality of the service. Staff attendance at calls was monitored to ensure staff arrived at the agreed time and stayed the duration of the call. However, the ECM used to monitor punctuality of care visits was not effective and there were periods of call loggings which were done manually.
- The provider had acted to resolve the issue. However, we were not able to assess the impact of the changes to the ECM system as the changes were made recently. The provider and registered manager gave us an assurance they were working on resolving the issue and would continue to monitor the effectiveness of the system.
- Regular audits were undertaken in various aspects on the quality of care provided such as care planning, medicines management, infection prevention and control, staff supervision and training and made improvements when needed.
- The registered manager and provider knew their responsibility to meet regulations and other statutory requirements. Notifications were submitted to CQC and the local authority safeguarding teams when needed in line with their legal responsibilities.
- The provider had policies and procedures which were reviewed and updated when required. For example, in response to the COVID-19 pandemic to ensure staff had up to date information and guidance to meet regulatory functions.
- Staff attended meetings where the registered manager encouraged discussion about their roles in relation to supporting people, managing risks, best practice in care delivery and policies and procedures.
- Spot checks were carried out on staff and support provided as appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider promoted person centred care through a shared set of values that ensured people's needs and preferences were met.
- People and their relatives were complimentary about the care and support provided. Comments included, "If I wasn't happy about anything I would call the office and I know they would listen" and "I think it is well managed yes and they are always most helpful if I have to call."
- Staff told us they enjoyed working at the service and some of their feedback included, "The managers are good. They listen and check we are happy at work" and, "Communication with the office staff is good." They felt supported in their roles and could approach the registered manager to discuss any concerns affecting

them or the people they supported.

- Staff told us the registered manager promoted good communication between them and the people who used the service, maintaining privacy and dignity and respecting choice and independence. People and relatives feedback indicated staff upheld these values when supporting them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- People said the registered manager was approachable and responded to them when things went wrong. One person told us, "The management listen and are always willing and able to help." People, their relatives and staff felt the registered manager was happy to discuss any issues that may affect care delivery.
- The provider and registered manager were clear of their responsibilities under the duty of candour, to be open and honest about shortcomings in the care delivered and to take action to correct any mistakes made.
- Staff told us the registered manager encouraged them to be transparent when the care they provided fell short of expected standards and to share and learn from their experiences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and their relatives told us the registered manager sought their views regularly to ensure they were happy with the care and support provided. Comments included, "They do listen and are very pro-active" and "They check in with me and I get very good feedback." They told us staff listened and felt comfortable speaking to them about their care delivery. The provider, registered manager and management team carried out home visits, telephone reviews, and sent out questionnaires as part of their regular checks on the quality of care provided.
- The provider, management team and care staff knew their responsibilities to promote an inclusive culture for the diverse staff and people they supported and to each other and act without discrimination. Staff received training on equality and diversity.
- The registered manager communicated with staff regularly on issues affecting the service and the care and support they provided to people.

Working in partnership with others

- The registered manager and staff worked in partnership with local stakeholders such as the local authority and clinical commissioning groups.
- People were supported to access various services provided by health and social care professionals. These included G.Ps, pharmacists, occupational therapists and social workers to plan and deliver an effective care.