Grays Quality Home Care Limited

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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

Grays Quality Home Care is a domiciliary care agency registered to provide personal care for people living in their own homes. There were 19 people using the service at the time of our inspection. The service covers Cambourne, the surrounding villages and a small area of Cambridge.

This announced inspection was carried out on 10 and 24 June 2015.

Our last inspection took place on 06 June 2014. As a result of our findings we asked the provider to make improvements to care planning, supporting people to make decisions, the delivery of care, medicines management, staff checks, training and supervision and the quality assurance systems. We received an action plan detailing how and when the required improvements would be made. During our inspection in June 2015 we found that the necessary improvements had been made.

Summary of findings

This service requires a registered manager. 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. The provider had appointed a manager who told us she was in the process of submitting an application to the Commission to be registered.

People and their relatives were very complimentary about all aspects of the service provided by Grays Quality Home Care Limited. Staff commented on the improvements that had taken place in recent months.

The service was safe because there was a sufficient number of staff to meet people's needs. Satisfactory checks on new staff had been done before they were employed and staff had been trained to recognise and report abuse. Any potential risks to people were assessed and managed so that the risks were reduced. People were given their medicines safely.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. This meant that the rights of people not able to make their own decisions about aspects of their care were protected.

People were supported to eat and drink a sufficient amount and to make choices about the care they received. Staff supported people, when required, to access healthcare professionals so that their health was maintained.

People liked the staff and staff showed they cared about the people they were looking after. Staff respected people's privacy and dignity and encouraged people to maintain their independence. People were involved in the planning of their care.

Care plans gave staff detailed information about each person, their history, their likes and dislikes and the care they wanted. People were supported in the way they preferred, including support with activities if they wanted it.

The service was managed well. People, their relatives and the staff were encouraged to give their views about the service and put forward their ideas for improvements. People knew how to complain and felt comfortable with raising any issues with the manager. An effective system was in place to monitor and audit the quality of the service being provided.

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 were trained to safeguard people and keep them safe from abuse.

Satisfactory pre-employment checks were carried out on new staff and there were enough staff deployed to ensure that people received the service they required.

Any potential risks to people were assessed and the risks minimised. People received their medicines safely.

Is the service effective?
The service was effective.

People were supported to have their needs met by staff who were trained to do so.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make decisions for themselves.

People were supported to eat and drink sufficient amounts and to maintain their health.

Is the service caring?
The service was caring

People were supported in a way that maintained their privacy and dignity and encouraged them to remain as independent as possible.

Staff were kind, efficient and caring and showed they cared for the people they were supporting.

People were involved in planning their care and support and were given information about advocacy services.

Is the service responsive?
The service was responsive.

Care plans gave staff detailed information on how to support people and keep them safe and the plans were reviewed and updated regularly.

People were supported to undertake activities and to access the community if they requested that service.

People and their relatives knew how to complain if they needed to.

Is the service well-led?
The service was well-led.

The manager was praised by people who used the service, by relatives and by staff. Staff were supported well.

There was an effective system in place to monitor the quality of the service that was provided to people.

People, their relatives and staff were encouraged to put forward ideas and suggestions for the improvement of the service.

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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.

This inspection was carried out by an inspector and an inspection manager and was announced. We gave the service 48 hours' notice of our inspection because the location provides a service to a small number of people and we needed to be sure there would be someone in the office. Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that the provider is required by law to notify us about.

We spent time in the agency's office, with the manager and the provider. We visited three people who used the service at their homes where we also met two of their relatives. We spoke with one person on the telephone and we spoke with two members of staff. We looked at records held by the service, including two people's care plans, medication records, staff recruitment files, the service user guide and some of the audits carried out by the manager.

Is the service safe?

Our findings

During our inspection of Grays Quality Home Care Limited on 06 June 2014 we found that medicines were not managed safely and pre-employment checks on new staff had not always been carried out. During this inspection on 10 and 24 June 2015 we found that the necessary improvements had been made.

People told us they felt safe with the staff from the agency. One person said, "I feel very safe with the care staff. They are always on time and I know all of them very well." A relative told us that they felt their [family member] "was in very safe hands."

The service had a safeguarding policy and procedure and information about safeguarding was also in the Service User Guide. The manager advised that safeguarding training was undertaken by all staff as part of their induction and that she had undertaken safeguarding management training. The manager stated that one person was on a medicine that meant that they would bruise easily. She said that staff were aware of the requirement to report any bruising that they noted on anyone regardless of the medicine that they were prescribed. The manager stated that she informed staff during their induction that if they suspected abuse they must report it. Staff demonstrated that they were aware of safeguarding procedures.

The manager told us that risk assessments were undertaken prior to a service being provided to a person and that the risk assessments were reviewed on a regular basis. The person who used the service, or their relative, was encouraged to be involved with the risk assessment. Risk assessments included an assessment of any potential risks related to the person's environment. This included any pets that the person had, whether the person had grab rails in their home, moving and handling risks and moving and positioning risks. Copies of risk assessments were in people's homes. These had been regularly updated and provided clear information to staff about the risk and how to reduce it. Risk assessments had recently been undertaken in relation to the risk to people of dehydration during the warmer weather. The manager told us that risk assessments and emergency plans were also in place for any untoward events that might affect the business. These included the computer system crashing or fire in the office.

People said that their carers always arrived on time and one person said, "If they are ever going to be late, they always let me know." The manager confirmed that there were sufficient staff employed by the service to ensure that people received their care at the correct time and that, "staff weren't overworked". She said that if a member of staff was ever going to be late, she would contact the person who used the service to let them know. We looked at audit records, which showed that people had responded positively when asked if the staff arrived on time and if they spent the agreed length of time with the person. The manager advised that there were currently 19 people receiving care and that eight care staff were currently employed. She said that additional staff were being recruited and that a service would only be offered to a person if there were enough staff to provide the care. This meant that enough staff were employed to make sure that people received the care they needed and at the agreed times.

The service had a robust recruitment procedure, which ensured that only staff who were suitable to work with people receiving a service were employed. Staff were not offered a position until all recruitment checks had been completed. Recruitment records of the two most recently employed members of staff confirmed that the recruitment procedure was being followed.

We looked at the way the service managed medicines for people. The manager confirmed that all staff received medication training during their induction. The manager assessed staffs' competence to assist people with their medication before the staff member was allowed to do so. The manager advised that she attended local authority medication workshops on a regular basis to ensure that her knowledge remained up to date.

Care plans provided staff with details of medicines that people were prescribed, why they were required and any possible side effects. The care plans also provided information about who was responsible for collecting medicines from the pharmacy and where medicines were kept in the person's home. The manager told us that staff did not administer non-prescribed medicines. Care staff completed medication administration record (MAR) charts and wrote in people's care notes when they had given

Is the service safe?

people their medicines. Care staff were responsible for advising the manager immediately if they noted any gaps in the MAR charts and the charts were audited by the manager.

We looked at MAR charts relating to the medicines given to two people who used the service. The charts contained full details of the prescribed medication and when it was to be administered. The charts had been completed correctly. The manager told us that for people who received a service from more than one agency, only one MAR chart was in use. Staff recorded in three places each time they gave the person their medicines. This was so that there was no risk of people being given their medicines incorrectly. Risk assessments in respect of medication were in place for people who required staff to assist them with their medicines. This meant that medicines were managed well and people received their prescribed medicines safely.

Is the service effective?

Our findings

People and their relatives told us that people received the care that they required. One person told us, "The carers are very good, they always ask if I want a shower or a strip wash, they do what I ask them to do." Another person said, "I know all of the carers, they are very good." A relative told us, "The carers do what needs to be done. They are excellent, very professional."

Newly appointed staff were required to undertake a five day induction course. The induction provided them with an introduction to the company and training in a variety of topics including safeguarding, food hygiene, infection control, risk assessments, moving and handling, whistleblowing and the Mental Capacity Act. Staff then shadowed an experienced member of staff before undertaking care on their own. The manager told us that the amount of time a new member of staff shadowed other staff depended on their experience. She said that it was usually two or three days. During their induction, staff were provided with a staff handbook. The staff handbook included a variety of information including the provider's lone working policy and dress code. The manager stated that it was important that staff adhered to the dress code and that during her spot checks on staff she checked that they were following the code. Staff were employed on a six month probationary period. This meant that the provider ensured that staff were suitably trained and supported to carry out their role properly.

The manager confirmed that there was a formal system of supervision in place and that she supervised staff at least once a month. The manager also undertook spot checks on staff when they were providing care. Staff meetings were held on a regular basis and the manager advised that she saw most staff on a daily basis when they came into the office. The manager told us that she checked staff's competence to give people their medicines. Their competence was then checked annually, following refresher training.

The manager told us that all staff had received training in the Mental Capacity Act 2005. The manager had undertaken a more advanced course with the local authority and was properly qualified to assess people's mental capacity to make decisions about their care. At the time of the inspection the manager had assessed that no applications for a DoLS authorisation were required for anyone who received a service. This meant that the rights of people who could not make decisions for themselves were protected.

Where people required assistance with eating or drinking, their care plan provided guidance to staff about their likes and dislikes. If anyone was on a special diet, information was clearly recorded. Several people required special diets due to their health conditions, including diabetic and gluten free diets. The manager advised that staff were aware of what happened if a person living with diabetes became unwell and that all staff had been trained to undertake blood sugar tests.

Information about food preparation was very clear. One care plan informed staff to prepare a breakfast of the person's choice along with a hot drink and encourage the person to have plenty of fluids during the day. Another person's care plan stated, 'Prepare a sandwich and place on a plate, cover with cling-film and put in the fridge along with a pudding or fruit. [Name of resident] will eat this for their supper.' A person using the service told us, "The carers always prepare my breakfast and make me a cup of tea or coffee. They always remind me to drink during the day and know how I like my cup of tea."

The manager told us that the service had good relationships with a variety of health care professionals and that staff had very regular contact with district nursing staff. The contact details of health care professionals were contained in people's care notes. One person told us, "The staff always ask how I'm feeling. If I'm not too well, they will ask if I want them to contact the doctor". This meant that people were supported to maintain good health.

Is the service caring?

Our findings

People and their relatives were very complimentary about the staff. One person told us, “I think they [the staff] are marvellous.” Another said, “The staff are very caring. I don’t know what I would do without them. My family are very happy that I have good carers”. One person described the staff as “caring, efficient and thorough.” A relative told us, “The care staff are excellent. I don’t know what I would do without them. They are very nice and kind.” We saw that the people and relatives that we met had good relationships with the manager and they told us they got on well with the staff.

People told us that they received the care they wanted from all the staff. Staff told us that because the service is small, each person knew all the staff and staff knew each person’s preferences. One person said, “The staff know what I need.” People said that they had been involved in the planning of their care and that they were involved in reviews of their care. Each care plan included a ‘pen portrait’, which gave staff information about the person’s history as well as their likes and dislikes.

One staff member reported that staff now had more time to spend with people. They said it was “so much nicer” for people because staff had time for a chat. This care worker told us that they assisted one person to cook their lunch. The care worker took their own lunch and sat and ate with the person. They described how they encouraged the person to be as independent as possible. The person chose what they wanted to eat and did as much of the preparation for the meal as they were able to. Care plans detailed what each person could do for themselves. This meant that people’s independence was promoted.

Staff acted appropriately if anyone was not well. They did what the person wanted them to do, such as call their relatives or their doctor. They recorded what had been done and reported back to the office. This meant that action was taken to ensure people were not in distress.

The manager told us that during their induction staff were made aware of the need to respect people’s privacy and dignity. She said this included making sure that people were covered as much as possible when personal care was being provided and that curtains should be closed. Staff were instructed that people's wishes should be respected at all times. One person told us, “The carers always ask me if I would like a shower or a wash and what I would like to eat. They are never in a rush – sometimes I am quite slow and they never rush me.” People confirmed that staff always knocked on their door and waited for a response before entering their home. Staff demonstrated that they knew how to make sure that each individual’s privacy and dignity were respected in the way the person wanted. They quoted one example of leaving the person on their own when the person wanted to use their computer.

Each person’s folder contained useful information for the person and this included information about how to access advocacy services should the person want to. We noted that information about people and about staff was kept securely in the office so that confidentiality was respected. Staff respected people’s rights to privacy and confidentiality. One person told us, “They [the staff] never ever talk about other clients. They are absolutely discreet.”

Is the service responsive?

Our findings

During our inspection of Grays Quality Home Care Limited on 06 June 2014 we found that care planning was not done well enough to ensure people received the personalised care they needed, in the way they preferred. During this inspection on 10 and 24 June 2015 we found that the necessary improvements had been made.

People told us that they contributed fully to the planning of their care. One person and their relative told us the manager had visited them at home. The relative said, "We discussed the care plan and what we wanted. ….They are doing just what we want them to do." The person told us, "They've been brilliant, really flexible." The manager explained that when someone requested a service from the agency she visited the person in their own home. During this initial visit, she discussed the care the person wanted and how and when they wanted it delivered by staff. The manager visited a second time to write a care plan with the person, based on what the person (and their relatives when appropriate) wanted. The manager then introduced the care staff to the person and made sure the staff knew what care was required and how it was to be delivered by the staff.

We found that care plans contained clear guidance for staff about how to meet the care needs of people using the service. There was evidence that the person using the service and their relatives had been involved in the initial assessment. The manager advised that the staff spent time getting to know the person first and then finding out about their care needs. A copy of the care plan was kept in a folder in the person's home. Staff told us that when a person's needs changed, the care plan was altered to accurately reflect the changes. Staff wrote detailed notes of the care they had delivered at each visit, so that this information was available to other staff, the person and their relatives. This meant that people's care needs were met and they were getting the care they wanted in the way they preferred.

People were aware of the provider's complaints procedure. People had a guide to the service in their home, which included contact details of who to contact within the organisation if they had any concerns. One relative told us they had been made fully aware of the complaints procedure and would have "no problem" raising issues with the manager if required. However, their family member "had no complaints."

Staff knew how to support people to raise a complaint if the person wanted their support. Staff had been taught that all concerns, however minor, had to be reported to the manager and they did this. The manager told us that she investigated all complaints. We saw a record of complaints and their outcome. We noted that three complaints had been received since September 2014 and that all three had been responded to in the timescale stated in the complaints procedure. This meant that people could be confident that if they raised any concerns the matter would be dealt with.

The manager advised that people were encouraged to pursue their own hobbies and interests and that staff supported them when appropriate. We were advised that the times that people received their care was flexible. The manager told us that one person wanted to attend the local church on a Sunday. She arranged for staff to accompany the person to the service. Another person attended a film show once a week so they had asked if the care staff could arrive an hour later in the evening. Arrangements had been made for this to occur.

Is the service well-led?

Our findings

During our inspection of Grays Quality Home Care Limited on 06 June 2014 we found that improvements were needed to staff training and supervision, management of complaints and quality assurance. During this inspection on 10 and 24 June 2015 we found that the necessary improvements had been made.

We received positive comments from people using the service and their relatives. They were all satisfied with the care that they received and with the staff providing the care. One person said, "I'm very, very satisfied. They're all excellent." One person told us they had had experience of quite a few other care services and that "Grays is easily the best that I've ever come across." A relative stated, "I'm quite satisfied actually. I hope they keep up the good work."

The service did not have a registered manager. The last registered manager had left in late 2014. The person managing the service had been appointed as manager and had taken up their post in December 2014. The manager told us that she would be applying to the Care Quality Commission (CQC) to be registered as the manager of the service.

People told us that the manager was available when they rang her and that she was always asking them for their comments about the service. One relative said they had regular contact with the manager, who always asked if anything could be improved. Staff told us they felt very well supported by the management arrangements. They knew there was always someone on the end of the telephone if they had a problem. One member of staff, who told us they had worked for the agency previously, left and then returned when this manager took up their post. They told us, "The difference is unbelievable. [The manager] doesn't get enough credit."

The manager told us, "We have such a good staff team." She added that communication from staff had improved and said, "The staff are really great." Staff agreed that communication had improved. They told us they worked well as a team. One member of staff told us, "It's a nice atmosphere and there's nice people to work with." Another member of staff said how grateful they were that the management team were so supportive, both with work and personal issues. They said the manager and provider were "very good listeners". A third member of staff told us, "It's absolutely brilliant. It's a pleasure now to come to work."

Staff felt their suggestions and ideas for working in a different way were well received by the management team. One member of staff gave an example of a suggestion that had been implemented, relating to a person's social life. Staff meetings were held regularly and staff knew they could call in to the office at any time for a chat and a cup of coffee. Minutes of the meetings were written and made available for all staff. The manager said that "relevant topics" were included on the agenda. For example, at a staff meeting held in June, staff had been reminded of the importance of ensuring people had enough to drink in the warm weather and making sure people's windows were closed at night.

Staff were aware of the provider's whistleblowing policy, which was explained to them during their induction. The policy was also discussed in the staff handbook. Staff said they would not be afraid to blow the whistle if any of their colleagues were not demonstrating best practice.

The provider had an effective quality assurance process in place. The manager had a number of ways of seeking the views of people who used the service and their relatives. She visited people at least monthly to review and replace some of the documentation in the folders in people's homes. At these times she always checked that the person was satisfied with the service and whether any changes to the care were required. We saw that the manager carried out regular telephone reviews to check the quality of the care that people were receiving. People confirmed this. One person told us, "[Name - the manager] has asked us if we're happy with the service."

The manager regularly undertook audits of a number of aspects of the service and copies of these were available for us to see. The manager described a situation where an audit of staff recruitment files had highlighted an error. The manager had taken immediate action to ensure that the service being delivered to people was safe and she had rectified the error. This showed us that the quality assurance system was effective in ensuring a safe service was being provided.

The manager was keen to develop the service so that more people could receive care and had recently appointed

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additional care staff. A care coordinator had also been appointed and was due to commence employment shortly. The manager had regular contact with staff (on a daily basis) and staff received formal supervision in the office. The manager undertook spot checks on staff to assess how they provided care to people, if they arrived on time, if they were appropriately dressed and if they treated people with dignity and respect.

On the day of our inspection we saw that quality questionnaires had been devised and were waiting to be sent out to people and their relatives. The manager explained that she had wanted to be in post for six months before sending out a quality questionnaire. This was so that she would get a good idea from the responses whether people felt the improvements that had recently been put in place had actually improved the service people were receiving.

Records were maintained as required and kept securely when necessary. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations. A notification is information about important events that the provider is required by law to notify us about.