

Grace at Home Ltd

# Grace at Home Limited

## Inspection report

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Date of inspection visit:  
29 April 2016

Date of publication:  
13 June 2016

## 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 ●

# Summary of findings

## Overall summary

The inspection took place on 29 April 2016 and was announced. We gave the provider 48 hours notice of our visit because we wanted to ensure they were available to support the inspection.

Grace At Home Limited provides care and support to people in their own homes. The service provided personal care to seven people at the time of our inspection.

Sandra Findlater is registered with the CQC as the Responsible Individual for the provision of personal care. A Responsible Individual is a person who has the legal responsibility for meeting the requirements of the law. Sandra Findlater manages the service on a day-to-day basis and is referred to in this report as 'the provider'.

People felt safe when staff provided their care because their care workers understood their needs and any risks involved in their care. Relatives were confident their family members were safe when receiving their care. People told us that they could rely on their care workers. They said their care workers had never missed a visit and the agency contacted them to let them know if a care worker was running late. The provider had identified those people most at risk if their care was interrupted and had developed plans to prioritise the delivery of their care in the event of an emergency.

Staff received training in safeguarding and recognising the signs of abuse. The provider carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. Where an incident or accident had occurred, there was a record of how the event had occurred and what action could be taken to prevent a recurrence. People were protected by the provider's recruitment procedures. The provider carried out pre-employment checks to ensure they employed suitable people to work at the service.

People received their care from regular care workers who knew their needs well. New care workers were always introduced to people by the provider before they began to provide their care. The provider understood the importance people placed on having regular care workers and ensured people received a consistent service from familiar staff.

Staff had access to the training and support they needed to fulfil their roles. All staff attended an induction when they joined the agency and shadowed experienced colleagues until the provider was confident in their ability to provide people's care safely and effectively.

The agency worked co-operatively with people's families to ensure they received the care they needed. Relatives told us staff were observant of any changes in their family member's needs and said the provider contacted them if they had any concerns about people's health or welfare.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in

their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required.

People were supported by kind and caring staff. People told us their care workers were polite, courteous and treated them and their property with respect. They said they had developed good relationships with their care workers and looked forward to their visits. Relatives told us that care workers were compassionate and sensitive to their family members' needs. They said staff knew how their family members preferred their care to be provided and genuinely cared about their welfare.

People received a service that was responsive to their individual needs. The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. People were encouraged to be involved in the development of their care plans and the provider reviewed plans regularly to ensure they continued to reflect people's needs. Relatives told us their family member's care plans had been developed in a way which gave them as much choice and control over their care as possible.

People had opportunities to give their views about the service and these were listened to. They told us the provider contacted them regularly to ask for their feedback and took action to address any issues they raised. People said the provider had made them aware of the complaints procedure but they had never needed to complain as they had regular opportunities to give their opinions about the care they received.

People told us the agency was efficiently managed. They said they had always been able to contact the provider when they needed to and that the provider communicated well with them. Care workers told us the provider encouraged them to give their views about how the service could improve. They said they felt valued as employees and that the provider was always available for advice and support. Care workers told us the provider led by example in the way they provided care to people.

The provider's quality monitoring system included spot checks on staff providing people's care. The provider visited people's homes to check their care workers arrived on time, provided care safely and in line with their care plan, promoted their independence and treated them with dignity and respect.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person, which provided information about the care they received, their food and fluid intake and the medicines they were given. Care records were regularly monitored by the provider to ensure that the quality of recording was appropriate.

Our last inspection of the service took place in June 2014, when no concerns were identified.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Staff were reliable and almost always arrived on time.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

Staff attended training in safeguarding and had been told about their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

Where people were supported to take medicines, this was managed safely.

### Is the service effective?

Good 

The service was effective.

People received their care from regular staff who understood their needs.

Care workers had access to the induction, training and support they needed.

The agency worked co-operatively with people's families to ensure they received the care they needed.

### Is the service caring?

Good 

The service was caring.

Care workers were kind and caring and had developed positive relationships with the people they supported.

Care workers understood people's needs and how they liked things to be done.

Care workers respected people's choices and provided their care in a way that maintained their dignity.

### **Is the service responsive?**

The service was responsive to people's needs.

The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed.

Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done.

The provider responded positively to requests for changes wherever possible.

The provider had a complaints procedure, which people were made aware of when they started to use the service.

**Good** ●

### **Is the service well-led?**

The service was well-led.

People who used the service, their relatives and staff were able to express their views and these were listened to.

Staff felt valued and well supported by the provider.

The agency had established systems of quality monitoring which included seeking feedback about the service from people and their relatives.

Records relating to people's care were accurate, up to date and stored appropriately.

**Good** ●

# Grace at Home Limited

## 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 was 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 took place on 29 April 2016. The provider was given 48 hours notice of our visit because we wanted to ensure they were available to support the inspection process. Due to the small size of this service, one inspector undertook the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR 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.

We visited the agency's premises and spoke with the provider. We checked care records for three people, including their assessments, care plans and risk assessments. We checked four staff recruitment files and other records relating to the management of the service, including accident/incident records and quality monitoring checks.

We spoke with three people that used the service and three of their relatives by telephone to hear their views about the care and support provided. We spoke with three care staff by telephone to hear their views about the induction, training and support they received.

## Is the service safe?

### Our findings

People told us they felt safe when staff provided their care. They said staff understood their needs and any risks involved in their care. One person told us, "I feel very safe with them." Relatives were confident their family members were safe when receiving their care. They said staff ensured their family members were comfortable and put them at their ease when receiving care. One relative told us, "I have every confidence in them. They are very careful and considerate of her needs."

People told us that they could rely on their care workers when they needed them. They said their care workers were rarely late and never missed a visit. One person said, "They are always on time" and another person said, "They are very punctual." Relatives said they or their family members were informed if their care workers had been delayed. One relative told us, "Timekeeping has never been a problem. And if they do get stuck in traffic, we get a phone call to let us know."

People told us that the provider took appropriate steps to keep their property secure. The provider ensured that information about how to access people's homes was kept safe and only available to those who needed to know. Staff always carried identity badges when they visited people. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency. Staff always had access to management support, including out-of-hours.

Staff received training in safeguarding and recognising the signs of abuse. They were able to tell us about the types of abuse people may experience and how they would respond. They told us the provider had reminded them of their responsibilities to report any concerns they had about abuse or people's safety. The provider had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary.

The provider carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. Any risks identified had been addressed. For example the provider had arranged a visit from the fire officer to one person to install smoke alarms in their property. Risk assessments also considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Where incidents or accidents had happened, there was a clear record of how the event had occurred and the action that had been taken to be taken to prevent a recurrence.

The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff responsible for administering medicines had been trained in this area and their competency had been assessed. People whose care involved the administration of medicines had a medicines administration record and the provider checked these records to ensure that people were receiving their medicines safely.

## Is the service effective?

### Our findings

People received their care from regular staff, which they said was important to them. They told us their care workers understood their needs well. One person said, "I see the same faces. That really helps; I wouldn't feel comfortable seeing strangers." Another person told us, "I'm very happy. I always have the same carers. It is always one or the other and [provider] comes if my regular carers can't." Relatives said their family members were reassured by having regular care workers. One relative told us, "It's important to her that it's always someone she knows. She knows all her carers very well."

People and their relatives told us care workers were competent and well trained. They said care workers followed the guidelines in people's care plans about how they preferred their support to be provided. One person told us, "They really know what they are doing, they are absolutely spot on. I am very pleased with them." A relative said, "They are very efficient and well trained, extremely competent. They follow the agreed care plan and record the care each time. I have nothing but praise for them."

Care workers told us they had an induction when they started work. They said the induction included shadowing an experienced colleague to understand people's needs and how they preferred their care to be provided. Care workers told us they were always given enough information about people's needs before they began to provide their care. People confirmed that care workers were introduced to them before they provided their care.

Care workers told us they had access to all the training they needed to do their jobs. They said they attended regular refresher training in areas including safeguarding, moving and handling, fire safety, medicines administration, food hygiene and infection control. One care worker told us, "The training is very good" and another care worker said, "[Provider] is always on top of the training. She makes sure we are always up to date." Care workers told us they could request additional training related to people's needs if they needed it and the provider would support this. This was confirmed by the provider's training records.

Staff had access to regular one-to-one supervision with the provider, which provided opportunities to discuss their performance and any training or development needs they had. The provider had supported staff to achieve the Care Certificate, a recognised set of national standards that care workers should demonstrate in their practice.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had arranged training for staff to enable them to understand their responsibilities in relation to the Act. Care workers understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. People were asked to record their consent to their care and we

saw signed consent forms in people's care records. Relatives told us that they had been consulted about their family member's care plans before consent was recorded.

The agency worked co-operatively with people and their families to ensure they received the care they needed. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. The provider told us that care workers had been told to raise their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited. When care workers alerted the provider to concerns about people's health, the provider shared this information with people's families. The provider gave examples of how they had liaised with families and healthcare professionals, such as GPs and occupational therapists, about people's care. Relatives confirmed that staff always observed any changes in their family member's needs and that the provider contacted them if they had any concerns about people's health or welfare.

## Is the service caring?

### Our findings

People were supported by kind and caring staff. People told us the care workers who visited them were polite, courteous and treated them and their property with respect. People said they had developed good relationships with their care workers and looked forward to their visits. One person told us, "I am very happy with them, couldn't be better. They are kind and caring, more like a friend really" and another person said, "They are super, wonderful. I couldn't wish for someone more caring." A third person told us, "I love the companionship. They are like friends now. They do their very best to keep me happy."

Relatives also provided positive feedback about the quality of care workers supplied by the agency. They said that care workers were kind and caring in their approach and sensitive to their family members' needs. Relatives told us that staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, "The staff are so kind and helpful. We are very pleased with them." Another relative said, "I can't speak highly enough of them. She gets on with them so well and enjoys their company."

The provider told us they aimed to employ only staff who were able to demonstrate high standards of care and compassion. The provider said these qualities were explored at interview and that staff were observed in practice to ensure they treated people with respect, dignity and compassion. The provider told us, "I am very selective with staff because my expectations of them are high. I work with all of them so I can see how they interact with people."

People told us that care workers treated them with respect and provided care in a way that maintained their dignity. They said care worker respected their property. One person told us, "They respect my home. They wear shoe covers when they come in" and another person said, "They are very respectful, 10 out of 10 in that respect." Relatives said that staff provided their family members' care in private and ensured their dignity was upheld when receiving personal care. One relative told us, "They treat her with the utmost respect."

Relatives told us care workers supported their family members to be as independent as possible. One relative said, "They help her to be as independent as she can" and another relative told us, "They encourage her to do what she can for herself." Care workers told us the provider had instilled in them the importance of supporting people to maintain their independence.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information appropriately during their induction.

## Is the service responsive?

### Our findings

People received a service that was responsive to their individual needs. The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care.

Each person had an individual care plan drawn up from their initial assessment. Once the provider had drafted the care plan, it was shown to people to check the contents reflected their wishes and preferences. Relatives told us their family member's care plans had been developed in a way which gave people as much choice and control over their care as possible. One relative said, "[Provider] made sure Mum was involved in her care plan right from the start. That gave us confidence the care would be provided as she wanted it."

Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done. People told us their care workers always followed their care plans and were willing to do other tasks if needed. One person said, "They do follow the care plan but they are very flexible. They are willing to do anything we ask of them." Another person told us, "They've usually done anything else that needs doing before I've even asked." We saw evidence that care plans were reviewed regularly to ensure they continued to reflect people's needs accurately.

Relatives told us that the provider responded positively to requests for changes, for example to extend, shorten or change the time of visits. One relative said, "[Provider] is very flexible. We can ask for a little longer or a little shorter and she will always oblige." Another relative told us, "They have always made changes if we have asked for them." a third relative said, "If we have requested changes, [provider] has always done her best to accommodate them." Care workers told us that the provider also responded to their feedback about visits. They said if they told the provider a person needed additional time to receive all the care they needed, the provider would speak with the person and their family about extending the visit time.

People were regularly asked for their views about all aspects of their care and their views were listened to. They said the provider contacted them regularly to ensure they were happy with the care they received. One person told us, "[Provider] visits about once a week. She always checks I'm happy with everything." Relatives said they and their family members were regularly asked for their views about the care provided. One relative told us, "We are in touch with [provider] regularly. Our feedback is always taken into account and responded to." Another relative said, "We keep in touch. [Provider] contacts us regularly and we know we can ring her anytime if we've got a problem."

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. People who used the service and their relatives told us the provider had made them aware of the agency's complaints procedure. They said they had never needed to complain as the provider contacted them regularly to hear their views and ask for feedback about the service. The provider told us that maintaining regular contact with people ensured any

issues were dealt with before they developed into a concern or a complaint.

## Is the service well-led?

### Our findings

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives were encouraged to contribute their views.

People and their relatives told us that they communicated regularly with the provider about their care. They said they had always been able to contact the provider when they needed to and had been satisfied with the provider's response. Relatives told us the provider managed the service efficiently and effectively. One relative said, "[Provider] runs it very well. She is very on the ball." Another relative told us, "The communication is very good. We can always call [provider] if we need to but that's very rare as we see her every week."

Care workers told us the provider was approachable and supportive. One care worker said, "If you have a problem, you can go to her and she will listen. The support is very good." Another care worker told us, "I have worked with her for years and always found her every supportive." Care workers said the provider encouraged them to give their views about how the service could be improved. One care worker told us, "Our ideas are encouraged. [Provider] is very good. She does listen and take what we say on board."

Care workers told us the provider was willing to provide practical support when needed. One care worker told us, "She is always available if you need her. She is always willing to step in and help." Another care worker said, "She is amazingly supportive. She is always willing to listen and give us any help we need." Care workers told us they felt valued by the provider. One care worker said, "[Provider] is very good to work for. She values her staff. Her kindness and support to us is amazing." Another care worker told us, "I feel valued. [Provider] is always very caring and thoughtful about us as well as the clients."

In addition to managing the service on a day-to-day basis, the provider was also involved in the delivery of care. Care workers told us the provider led by example in the way they provided people's care. One care worker said, "She is very committed to providing a good service. She gives each person the best care she possibly can." Another care worker told us, "I have worked with her providing double-up care and she has a lovely manner with the clients."

The provider had established effective quality monitoring systems to ensure people received the care they needed. This included making spot checks on the care workers providing people's care. The provider checked care workers arrived on time, dressed appropriately, provided people's care safely and in line with their care plan, promoted people's independence and treated them with dignity and respect. Spot checks were also used to seek people's views about their care. People were asked whether their care plan was meeting their needs, whether they were able to make choices about their care and whether care workers treated them with dignity and respect.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person, which provided information about the

care they received, their food and fluid intake and any medicines they were given. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was appropriate.