

Grace Homecare LTD

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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 ●

Summary of findings

Overall summary

This unannounced inspection took place on 04 July 2017. Grace Homecare LTD is a home care business located in Beeston near to the Leeds City centre. Grace Homecare LTD aims to deliver person centred care that enables older people to remain in their own home. At the time of the inspection visit Grace Homecare LTD was providing support to 38 people.

There was a registered manager in place. 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.

This was the first inspection of the service at this location. The registered provider had moved offices since our last inspection visit. At this inspection visit we found all fundamental standards had been met.

People spoke extremely positively about the quality of service provision on offer. Staff were described as caring and kind. People valued the relationships they had developed with their staff team. We saw evidence of staff going the extra mile to help people become independent and autonomous.

People told us they felt safe and secure. Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

People told us that on the whole, staffing levels and staff reliability were good. We spoke the registered manager and registered provider about staffing. They told us they were proactively looking at ways to retain staff to ensure staff continuity. People who had regular carers told they had developed positive relationships with staff.

Staff told us Grace Homecare LTD was a good place to work. They praised the management and the way in which the service was run. They told us communication was good and described the managers as caring and approachable.

Staff were positive about ways in which the service was managed. Staff described the working culture as positive.

Recruitment procedures were in place to ensure checks were made on staff prior to them starting work. This allowed the service to check people's suitability for working with vulnerable people.

Suitable arrangements were in place for managing and administering medicines for people who required support with this.

Care plans were in place for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required. The service had systems in place to monitor and manage risks.

People's healthcare needs were met by the service. We saw evidence of partnership working with other healthcare professionals. When people required support with eating and drinking we saw that appropriate records were maintained.

People told us staff were appropriately trained to carry out their role. Staff praised the training on offer. They told us it enabled them to carry out their tasks proficiently.

Staff who worked for the service had an understanding of the Mental Capacity Act and were able to transfer the knowledge to their practice. When people lacked capacity the service worked with other professionals to ensure capacity was assessed and appropriate systems were implemented.

People told us that whenever they had concerns and complaints they felt they could discuss them with the senior management team and were assured they would be dealt with efficiently and effectively.

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.

People who used the service and relatives told us people were safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The provider had suitable recruitment procedures to assess the suitability of staff.

Suitable systems were in place to support people with their medicines, if they required support with this.

The registered provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate. People who used the service told us their nutritional and health needs were met.

Staff had access to on-going training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

The service was caring.

People who used the service were positive about staff.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Good ●

The service was well led.

The registered manager had a good oversight of everything that occurred within the service.

The management team had good working relationships with the staff. All staff commended the skills of management.

Regular communication took place between management, staff and people who used the service as a means to promote continuity of care. We received consistent positive feedback about the service and the way it was managed.

Grace Homecare LTD

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.

This inspection took place on 04 July 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector with assistance from an expert by experience. The expert by experience is a person who has experience of caring for a vulnerable adult.

Before our inspection visit we reviewed the information we held about the service. This included notifications we had received from the service about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information to enable us to plan our inspection effectively.

We also consulted with the local authority contracts and commissioning team and safeguarding teams to gain a balanced view on the service provided.

As part of the inspection process we spoke with four people who used the service, four relatives and one friend of a person who used the service. In addition we spoke with six staff members, including the registered provider, registered manager and four staff members.

To gather information, we looked at a variety of records. This included care plan files relating to four people who used the service. We also looked at medicine administration records relating to one person who received support from staff to administer their medicines.

We viewed recruitment files belonging to three staff members and other documentation which was relevant to the management of the service. This included health and safety certification, training records, team

meeting minutes, accidents and incidents records and findings from monthly audits.

As part of the inspection visit we gained consent from two people and undertook visits to meet them at their home.

Is the service safe?

Our findings

People who used the service and relatives told us they felt safe when being supported by Grace Homecare LTD. Feedback included, "I have no reason to think that the support isn't safe." And, "The carers give recommendations about safety. They recommended getting a fireguard to go round the fire."

People and relatives told us that on the whole, staff were reliable. One person said, "The best thing is that the regular ones are punctual. I like routine and order and for the carers to be tidy and not rush." Another person said, "The carers usually come at the right time. Their time-keeping is good." Also, "I have visits four times a day. My staff are reliable and always turn up." And, "They have never let me down." People who used the service commended their regular carers and their skills.

One person however, did tell us there had been times when their scheduled staff had not turned up. They said they required support from two staff members but only one member of staff had attended their home. We spoke with another person. They told us on one occasion a member of staff hadn't turned up. They said support was provided from the registered manager as soon as they realised no one had provided the required support. Action was taken against the staff member who had not visited them.

Two people and one relative told us that historically there had been some concerns about unfamiliar staff being sent to work with people and reliability. One person said, "Sometimes the agency sends me someone I've not seen for ages, or I've not seen before. It throws you a bit." And, "There was a lot of different ones at first but they have reduced the numbers and [relative] has half a dozen carers now."

We spoke with the registered provider about staffing. They told us they were continuously recruiting staff in order to meet the needs of the people who used the service. The registered manager told us senior managers provided hands on care when needed. They told us they did not use agency staff. This promoted consistency of care.

Staff we spoke with told us they considered their rotas well planned. They told us they had a small group of people they visited on a regular basis. Staff said they did not have to rush their visits and had sufficient travel time in between visits. They said members of the management team carried out unannounced spot checks to ensure they were working as stated on their rota. This allowed them to ensure staff were attending people as per the rota.

We looked at how the service planned staffing. Care coordinators were responsible for managing people's commissioned hours. Hours were inputted into a computer scheduling programme so hours could be allocated to staff. Any scheduled visits that were not allocated to staff would automatically alert the care coordinator as needing covering. The registered provider had an out of hours on call system. Staff said they were happy with the on call system and were confident the management team would support them if required.

We looked at how safeguarding procedures were managed by the registered provider. Staff told us they had

received safeguarding training and said they were aware of the importance of reporting any concerns. When asked, staff could identify types of abuse and how to report it. One staff member said, "I would report concerns to the office. I would report further if nothing got done."

We spoke with the registered manager about safeguarding procedures within the service. They had a sound knowledge of managing any safeguarding concerns. They told us they had experience of reporting one safeguarding concern to the local authority. This showed us the registered manager used processes in place to report concerns effectively.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three staff files. Full employment checks were carried out prior to staff starting work. The registered provider kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work, one of which was the last employer. Gaps in employment history had been explored with each applicant.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The registered provider checked this documentation prior to confirming a person's employment.

We looked at how the registered provider managed medicines. The registered provider promoted independence wherever possible. When people could self-administer they were supported to do so. We met with one person who managed their own medicines. They told us staff reminded them when their medicines were due to run out.

The registered provider ensured people who required specific medicines at specific times had their visits at the correct time. This meant they received optimal benefit from the medicines.

For some people who could not be involved in ordering their own medicines, staff provided support to do this. When people required support with medicines the registered manager provided a MAR (medicines administration record) for each person. Staff signed the record after administering medicines.

The registered provider had systems to assess risk. Relatives we spoke with said they were consulted with when developing care plans and risk assessments. They were confident the management team were able to assess risk and said the registered manager addressed each person's needs prior to agreeing whether or not they could provide a suitable service. From the records we viewed, we saw there was a variety of risk assessments including manual handling assessments, environmental risk assessments and assessments for preventing falls. Risk assessments were updated following significant incidents to ensure risks were considered and reduced. We visited one person in their home and saw the service had worked proactively to manage risks associated with the person. For example, they had sourced a hospital bed and crash mat for the person following a fall.

The registered provider had a system for reporting accidents and incidents. Incidents were logged upon the computer system and information could be drawn from the system so themes could be looked at and investigated.

Is the service effective?

Our findings

People who used the service and relatives praised the effectiveness of the staff. Feedback included, "My [relative] has got one young girl of about twenty and she is so good with them. She knows how to handle them so she must have had good training." Also, "I do feel that the carers know what they're doing."

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. Staff training was recorded on a database and the care coordinator was sent a reminder when staff training was about to expire. This allowed the care coordinator to plan staff training.

Training for staff was provided through various means including DVD training and practical hands on training. In addition, when people had specific health conditions we saw that training was provided from health professionals with specific skills to meet the person's health needs. This demonstrated that training was provided to all staff in order to meet the needs of the people who used the service.

The registered manager said they were committed to ensuring staff received appropriate training. Staff who worked for the service were expected to complete a care certificate. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

We spoke with three members of staff who had been recently employed to work within the service. They told us they undertook an induction period at the commencement of their employment. New members of staff were expected to complete training at the start of their employment. Induction training covered key topics including safeguarding of vulnerable adults, moving and handling, first aid and administration of medicines. They told us that in addition to training, they were supported on visits and shadowed experienced members of staff. All three staff said the induction gave them confidence and the required skills to work effectively and safely when unsupervised.

The registered manager told us new staff were supported by a senior member of staff before working unsupervised. The period of shadowing was dependant on the skills of the member of staff and their confidence. The registered manager said they would never send a staff member out to work alone without a period of shadowing or induction. This showed us that staff were suitably supported to gain confidence and develop safe ways of working.

We spoke with staff about supervision. They confirmed they received regular supervision. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. One staff member said, "[Registered manager] has an open door policy. We can speak to them whenever we need to." We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

We looked at how the service met the health needs of people who used the service. Individual care records showed health care needs were monitored and action taken to ensure good health was maintained. A

variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed regularly. Staff told us they were consulted with when people's needs had changed.

We saw evidence within care records of inter-working with other health professionals including doctors, district nurses and dietitians. Staff were aware of the importance of consulting with health professionals in a timely manner. They told us they would seek help and assistance from relevant health professionals if they had any concerns about people's health. They said, "As soon as we have any concerns we get the district nursing team out."

Staff said because they were not rushed on their visits they had time to sit with people to see how they were. This allowed them to assess each person and be alert to people's needs. One staff member said, "The other day I noticed [person who used the service] didn't look well. I phoned the doctor straight away and they got rushed into hospital." This demonstrated staff made prompt referrals to other health professionals if people's needs changed.

We looked at care records for people who required support with their nutritional needs. Where people required support at mealtimes staff were allocated to assist them in a timely manner. When people required special diets this was detailed within the care plan. Records clearly documented people's likes and dislikes and preferred foods.

We visited two people who required assistance with their meals. Staff took a person centred approach to meeting the person's dietary needs. We spoke with one person who never used to eat meals. They told us that previous to receiving a service from Grace Homecare LTD their relative used to purchase foods on their behalf. They told us they weren't involved in choosing food so never ate what was purchased. They said they now received support to go to the shops to choose their own foods. This motivated them to eat as they were in control. Another person told us they enjoyed fish and chips on a weekly basis. Staff visited the shop and purchased them on their behalf every week.

We viewed care records relating to one person who required enteral feeding. Enteral feeding is a medical process to ensure people receive adequate nutrition and hydration. We saw records were concise and provided clear instruction for staff. Staff told us they had received additional training to undertake this procedure and said they had access to a 24 hour hotline if they had any concerns. Staff were also aware of communicating with the hospital if they had any queries.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. The registered manager said that should they deem a person as lacking capacity they would consult with the local authority for advice and guidance. One staff member told us they were aware that people who had capacity could make unwise decisions. They said in such cases they would work with the person to try to give them a balanced view on what the outcomes may be.

Is the service caring?

Our findings

People who received a service from Grace Homecare LTD were very complimentary about the service. Feedback included, "They are very good." And, "The carers are supportive and encouraging. I am pleased with how they're looking after [my relative]." Also, "The carers are very attentive. My [relative] has a caring team." In addition, "The best thing is that the carers are kind and caring and are considerate to the person who means the most to me." Also, ""Before, my parents were with someone else. They were rubbish. Now they've gone to the other end of the spectrum. These are great."

People and relatives praised the helping nature of staff. We saw evidence of staff working proactively to promote people's independence. One person told us Grace Homecare LTD had supported them to have adaptations made in their home. They told us they had assisted them to get a lift in the home. This enabled the person to have a bath in a number of years. They also supported them to have a ramp fitted externally to their home. This meant the person could now go out weekly to go shopping. They said they enjoyed going out with their member of staff and remarked, "They have made a difference to my life." A relative said, "The carers took Dad out on his mobility scooter as a way of helping him to become independent. Now he can go out on his own."

Two relatives told us staff went the extra mile. One relative explained how staff had supported their family member in improving their home and safety. They said, "[Staff member] has done a lot for them."

People who used the service told us they were treated with dignity and respect. One person said, "If I need to go to the toilet, they will put a towel over me. That makes me feel good. It gives me my dignity and I appreciate that." A relative told us, "They are treating [my relative] with dignity." Staff were able to explain to us how they promoted dignity and the importance of doing so. One staff member said, "We need to understand [person who uses the service] is a fully grown person with experiences of life. We need to ensure they can stay fully human without degrading them in any way."

Staff spoke fondly of the people they supported. One staff member said, "Some people have no family. To them, we are their family." Another staff member said, "I am going to stick around for [service user] they are lovely." The registered manager said the service often went above and beyond what was expected of them. They said that at Christmas time both senior members of the management team cooked additional food on Christmas Day and delivered Christmas dinners to people who had no family.

People spoke fondly of the relationships they had developed with staff and what they had achieved as a result of being supported by staff at Grace Homecare LTD. One person said, "My main lady is very nice. She's a genuine carer. She is a friend. She's got a caring nature and will do anything to make it right for me." Another person said, "I had no one before. Now I have a right giggle with my staff." In addition a further person said, "I can have a joke with my staff and that's important."

The registered manager understood the need for ensuring positive relationships were formed between people who used the service and staff. They said they tried to skills match staff and people who received the

service to allow positive relationships to form. People told us if they did not like particular staff members they could tell the registered manager and action would be taken to find more suitable members of staff. One person said, "They try to make us happy. Other companies don't give us the option of not having a person you don't like."

Staff had a good understanding of people they supported. They were able to tell us in great depth about people's likes, dislikes and life history. Staff said they were encouraged to have a regular caseload of people they visited so relationships could be built and maintained. This promoted continuity of care and created satisfaction. One staff member said, "I have the same three people I visit. It's nice as I know what they want and it's nice to help people."

We spoke to the registered provider about advocacy services. They were aware of the importance of using advocacy services when people could not make their own decisions. They told us that some people who used the service had independent advocates to support them with decision making.

Is the service responsive?

Our findings

People and relatives we spoke with told us the service was responsive. Feedback included, "They are very responsive and quick to reply if we have concerns." And, "Any concerns are dealt with straight away." Also, "If there are any problems they are straight onto them."

People were aware of their rights to complain. One person said, "I have not made any complaints but would make one straight away to the manager if I needed to." Staff told us they were aware of the complaints procedure and would inform the registered provider if people complained. One staff member said, "I would report any complaints straight back to the office."

The service had received one formal complaint. We noted the complaint was reviewed upon receipt and a full investigation took place. Once the investigation was completed the registered manager wrote to the complainant with a full explanation and an apology. This showed us that complaints were taken seriously.

People who used the service and relatives praised the responsiveness of the management team and their ability to provide staff to support people to appointments and in emergencies. One person told us, "They are very accommodating." Another person said, "My rota is flexible to meet my needs. I have just changed my rota." One relative told us, "Sometimes, we've rung them at short notice to ask for support. We've had a great response."

We looked at care records relating to four people who used the service. We saw evidence pre-assessment checks took place prior to a service being provided. Two relatives confirmed they were involved at the pre-assessment stage in developing care plans for the person who required the service. One relative said, "I was there to give guidance when [my relative] was interviewed about what they wanted." Another relative said, "At the very first meeting at [my relatives] the Manager asked me and my husband to go through [my relatives] day and what he needed. They went away to write up the care plan and they wanted me to look at it. I was asked to read it and sign it."

Care records were personalised and contained detailed information surrounding people's likes, preferences and daily routines. We noted each person who received a service had a pen picture at the front of their file. This highlighted key points of people's likes, dislikes and important factors to consider when supporting them. The registered manager said they spent time with people devising this so staff could have an understanding of each person. We saw evidence that people's consent was sought throughout the care planning process.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. Relatives confirmed they were involved where appropriate in developing care plans and said care plans were reviewed and updated when people's needs changed. One relative said, "Since [my relative] came out of hospital the changes to his needs have been well documented in the revised care plan."

We saw evidence of regular reviews taking place. Within the records we viewed we saw reviews took place at least annually. One relative however told us they did not think there had been a review of their family members care for at least eighteen months. We passed this comment back to the registered manager so they could investigate and take action if required.

Daily notes were completed for each person in relation to care provided. These were left at the person's home and collected on a monthly basis. The registered manager said care notes were audited by management and concerns identified within care records were discussed with staff.

Is the service well-led?

Our findings

People who used the service and relatives told us the service was well managed. One relative said, "The best thing is that they're doing everything they said they would do. It is not just talk. We can ring the management team with a problem and it can be dealt with straight away."

As part of the inspection process we reviewed statutory notifications submitted to the Care Quality Commission (CQC.) During the inspection process we noted a safeguarding concern had not been reported to the CQC. We discussed this with the registered manager. The registered manager reviewed and amended their policy to make it clear that any safeguarding concerns had to be reported to the CQC. The registered provider then immediately submitted the required notification as discussed.

The registered manager had a good oversight and knowledge of the service. They provided direct care where necessary and worked alongside team members. They said, "Staff know I am the manager but also part of their team." Staff praised the skills of the senior management team. They described them as 'caring' and 'fantastic'.

During the inspection visit we spoke with senior management about quality assurance within the service. They told us they audited work on a daily basis. They did not however document this to show it took place.

We recommend the registered provider consults with good practice guidelines and implements an auditing system to ensure safe and effective care is consistently carried out.

Staff spoke highly about the company. Each staff member we spoke with said they received high job satisfaction. One member of staff said, "Coming to work for Grace Homecare is one of the best things I have ever done." Another staff member praised the support they received from managers. They told us they had experienced a difficult incident whilst supporting a person. They said the registered manager made time for them to come into the office and talk about the incident. They said, "It allowed me to get it off my chest."

Staff described communication as good. Communication with staff occurred through a variety of channels. Staff told us they had regular communication through text messages and emails. Each member of staff had to visit the office on a weekly basis to collect their rota. The registered manager said they used this time to catch up and communicate with staff if necessary. We also saw evidence of newsletters being sent out to staff with updates.

We saw evidence of the registered manager working proactively to solve problems that had arisen within the service. The registered manager said they were facing problems in retaining staff due to the pressures being placed upon staff to complete training. They said it was a contractual agreement with commissioners that all staff completed specific training. They said this was putting some staff off working for the company and contributed to staff terminating their contracts. The registered manager had therefore reviewed how the training was provided to make it less daunting. They said in addition they were recruiting additional staff.

During the course of inspection we saw that feedback was sought from people who used the service and relatives. The registered manager sent out questionnaires to people for feedback. They said they had recently reviewed how frequently they send them out as they were not getting a great response. They said the next review was due in August.

Feedback gained was mainly positive. We viewed completed questionnaires. Feedback included, "We are very happy with the service." And, "No complaints. Punctuality and all round care is good." Also, "Overall, we are very pleased with the service. You have some very caring, conscientious staff." We noted there was one negative comment received. We saw this was reviewed and investigated and a letter of apology was sent out to the person. We spoke with the registered manager about how they responded to comments. They told us whenever they received a negative comment they met with the person to discuss and explore so improvements could be made. They said in the event of anonymous negative comments being made they would take action regardless of not knowing where the concern came from. They said, "If people express something negative I go out to see them. If it's anonymous I will just make changes as I know it is bothering someone." This demonstrated the registered manager was keen to make improvements.

The registered provider kept a copy of all compliments received. Comments included, "The family are very impressed with staff's approach." And, "[Person who uses the service] says staff are their breath of sunshine and goes above and beyond."