Grangefield Care Limited

Grangefield Homecare

Inspection report

60 Northampton Road
Earls Barton
Northampton
Northamptonshire
NN6 0HE

Tel: 01604810137
Website: www.grangefieldcare.co.uk

Date of inspection visit:
10 August 2017

Date of publication:
21 September 2017

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

Grangefield Homecare provides personal care for people living in their own homes in the village of Earls Barton and the surrounding villages in Northamptonshire. There were 19 people receiving personal care at the time of the inspection.

At the last inspection in July 2015, the service was rated Good; at this inspection we found the service remained Good.

There was a registered manager who registered with CQC in February 2016. Registered managers 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 service continued to provide safe care to people living in their own homes. Staff understood their responsibilities for safeguarding people from harm and followed the provider's policies to provide people's prescribed medicines safely. There were enough suitably skilled staff to meet people's needs. Staff had been recruited using safe recruitment practices.

People received care from staff that had received training to meet people's specific needs and adequate supervision to carry out their roles.

People received care from a regular staff group who knew them well which helped to develop positive relationships.

People received a balanced diet from staff that understood their dietary needs. People were helped to maintain their independence and dignity by the consideration and support from staff.

People were treated with respect and helped to maintain their dignity.

People were supported to access healthcare professionals and staff were prompt in referring people to health services when required.

People's risks were assessed and staff had person-centred care plans they followed to mitigate these risks. Care plans were updated regularly and people and their relatives were involved in their care planning where possible.

Staff sought people's consent before providing care and people's mental capacity was assessed in line with the Mental Capacity Act 2005.

The provider and registered manager continually assessed, monitored and evaluated the quality of the service to identify areas for improvement, and implement change where required.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Grangefield Homecare

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 unannounced comprehensive inspection took place on 10 August 2017 by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. We also checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted and met the health and social care commissioners who monitor the care and support of people living in their own home.

During this inspection we spoke with two people using the service and two of their relatives. We also spoke with three members of staff including the registered manager and two care staff.

We reviewed the care records of two people that used the service and the recruitment records for two members of staff. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People continued to receive safe care. One person told us "I am quite pleased with [the service], I feel safe."

People were supported by staff that demonstrated they understood their responsibilities to safeguard people from the risk of harm. Staff knew what to do to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would always contact my manager if I was worried about someone's welfare." The registered manager had not needed to raise any safeguarding alerts however, they had systems in place to report any concerns to the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example for the risk of falls. Staff were provided with clear instructions in care plans to mitigate the assessed risks, such as instructions on how to use equipment to help people move safely.

There were appropriate arrangements in place for the management of medicines. Staff had received training in administering medicines and they showed they were knowledgeable about how to safely administer these to people. One member of staff told us "We plan our visits so that people get their medicines at the right times. When people need their medicine four hours apart, we make sure that we accommodate this." Records showed that people received their medicines at the prescribed times.

There were enough experienced staff to keep people safe and to meet their needs. The rotas were well organised; one member of staff told us "The rotas are planned well, we have plenty of travel time between visits, we are not rushed." There were appropriate recruitment practices in place which ensured that new staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

The provider had processes in place for emergencies. Staff understood what to do if they arrived at a person's home and they could not gain access. Staff followed the provider's policies in cases of emergencies by calling for urgent medical assistance if people had fallen.

Good

Is the service effective?

Our findings

People continued to receive care from staff that had the skills and knowledge to meet their needs. Staff told us they received training when they first joined the service and continued to receive regular updates. One member of staff told us "The training is really interesting; at the moment I am doing medicines training and infection control. Although I do these every day it's good to have a refresher."

Staff received supervision which helped them to carry out their roles. Staff told us that they felt supported and had opportunities to develop their skills and knowledge through additional vocational training. The registered manager kept detailed records of training and supervision.

People received food and drink that met their individual needs. People had the option to have meals delivered by the provider from their residential home in the village. One relative had arranged for regular meals to be provided as part of the care package when they had been away. One person who had limited eyesight required their meal to be placed on their plate in a specific way; staff told us, "We prepare people's meals as they like them. We make sure that [name's] food is on a bigger plate, we space the food apart and tell them where the food is on their plate so they can eat their dinner independently."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

The registered manager and staff understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

People were supported to access health professionals for assessments, appointments and care. One person had been referred to the GP and falls team when they experienced an episode of falls. One member of staff told us "We know people well, we look for changes in their behaviour. We call the GP and people's relatives if we think someone is unwell."

Good

Is the service caring?

Our findings

People received care from staff who knew them well. They had developed positive relationships with staff as they saw the same staff on a regular basis. People told us they were very happy with the care. One person told us "They [staff] are really good."

People's care plans were written in a way that helped staff provide personalised care. For example they contained information about people's preferred names and their life histories. One member of staff told us "We know what people like to talk about, and what they like to be known as." Relatives told us they had met the care staff. One relative said, "I have met quite a few girls [staff] and they all seem ok, and [relative] is quite happy."

Staff had got to know who was important in people's lives. For example, one person was feeling worried; staff knew who to contact even though their immediate family was on holiday. The member of staff told us "We are like an extended family."

Staff responded to people's emotional needs; care plans guided staff to be mindful of the stress that people experienced when they had not had much sleep due to their medical conditions. One person told us "I sometimes get a bit muddled." Staff told us "I sometimes stay at the end of my shift just to chat."

People told us they were happy with their care. One person told us "I am very happy, they come on time. I am quite pleased with them." Relatives provided feedback to the service about the care that had been provided. One relative said "[The care staff] made the last two months of [their relative's] life as comfortable as they could."

People received care from staff that preserved people's dignity by ensuring that they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms. One relative told us "They [staff] are kind and respectful."

Good

Is the service responsive?

Our findings

People continued to receive care that was planned to meet their individual needs and preferences. Staff followed care plans that provided instructions on how to meet people's needs, such as where people preferred to sleep or spend time in the day. People told us and records confirmed that staff assisted them to mobilise around their home to receive personal care, or to have their meals.

People were assessed before they used the service to ensure that the service could meet their needs; people could have a trial period of care to ensure that the service could meet their needs. People's care plans were updated as their needs changed.

People were involved in devising their care plans. The manager visited people in their homes on a regular basis to discuss their care plans to ensure they continued to meet their needs and that staff were following them. Staff told us "The care plans are clear; we know what care people need and how to provide it."

The manager provided care that was flexible. For example where one person only required care during the time they stayed with family in the village this had been arranged. The manager had received feedback thanking the staff for helping to facilitate their time together. Some people only required care for a short period for example whilst they recovered after surgery. One person had provided feedback about the service; they said "After my knee operation the girls were lovely."

People knew how to make a complaint; they all said they would call the manager. One relative told us, "When there has been a problem, they [manager] always sorts it out straight away." Staff also told us that the manager was very responsive to people's complaints and would be 'straight on it'. The registered manager and manager followed the provider's complaints policy when responding to people's concerns.

Good

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager who had managed the service since 2013 and registered with CQC in February 2016. 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 employed a manager who oversaw the day to day running of the service; they worked closely with the registered manager. Staff told us "We make such a good team, the manager is amazing. We are always communicating with each other." The service had an open culture where staff felt comfortable with sharing information; one member of staff told us "[The manager] is always at the end of the phone, we have really good contact with each other, even just for advice or support."

People told us they had confidence in the service. The manager listened to the feedback they received from people and used this information to improve the service they provided.

Staff team meetings were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to relay feedback from people who used the service and the results of audits, for example findings from the care plan and daily records audit.

The provider had a contingency plan to manage any shortfall in the service by ensuring that there was access to trained staff and facilities in their residential home.

The provider and registered manager regularly assessed, monitored and evaluated the quality of the care provided. This had enabled them to drive improvement by identifying areas for improvement such as further developing staff supervision.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating on their website.