

Graceage Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Graceage Care is a domiciliary care service providing personal care to people in their own flats and houses. At the time of our inspection there were 26 people using the service. Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

At the time of inspection, the service had only been operating for 3 months. The provider did not yet have robust systems in place to have good oversight of the service. Care plans and risk assessments did not always contain enough information, and the service did not have audits in place to monitor the quality of the service being provided.

We have made recommendations about the assessment and monitoring of risk and the assessment and recording of people's care and support needs.

People's medicines were managed by staff, however, audits were not undertaken to ensure people were receiving their medicines as prescribed. Staff were recruited safely and in line with best practice guidance, and all staff had received training to complete their roles appropriately.

The provider's understanding of people's capacity, and capacity assessments was minimal, however, additional training and guidance was being sought to improve this. Care plans contained basic information about people's likes and preferences, and were more task focused. People's end of life wishes had not always been considered or documented in their care plans. People gave us mixed feedback about staff preparing food and drink.

People told us staff were kind and respectful, encouraging their independence. People spoke positively about the care they received, and the staff providing their care. People were asked for input on their care plans when they were reviewed.

The registered manager was open and transparent, and demonstrated great enthusiasm in looking to improve the service, and the care provided to people. The provider worked well with external agencies to drive improvement, and people and families' feedback was actively sought. The provider had commissioned an external consultant to help identify improvements needed within the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach in relation to governance and oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Graceage Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 December 2022 and ended on 11 January 2023. We visited the location's office on 14 December 2022 and 21 December 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service, and 6 relatives about their experience of the care provided. We spoke to 5 members of staff, including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 5 peoples care files, and 4 staff files in relation to recruitment.

We also reviewed a range of documents relating to the management of the service, including policies and procedures. After the inspection we received additional information from the provider, as requested.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all risks to people's safety had been adequately assessed. Care plans did not always contain enough detail on how to keep people safe. The registered manager had identified this concern and was seeking additional support to ensure safety concerns were better assessed and documented. People told us they felt safe, one person told us "I feel very safe. They are all nice people and they are kind and help me."
- Risk assessments had been completed for some equipment people required to move safely, such as wheelchairs or shower chairs. However, these assessments were basic and did not contain all the relevant information staff needed to ensure people's safety while using equipment.

We recommend the provider seek good practice guidance in the assessment and monitoring of risks to people's health and safety.

Using medicines safely

- Systems were not in place to audit medicines administration. This meant the provider could not identify concerns with missed or late medications if they should occur. The provider was in the process of implementing a new electronic system which would address this concern. Despite the lack of auditing processes, we reviewed MAR charts during the inspection, these were completed accurately, no gaps or concerns were identified.
- All staff had completed the provider's mandatory medicines training programme.
- People told us staff managed their medicines well. One person told us "If there are any missing, they always give me a call. They let me know if it's running low." Another person told us "I'm sure they would nip up to the pharmacy to fetch them if we needed them because they are very helpful."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were not always recorded when concerns had been raised. Systems and processes in place for the accurate recording of safeguarding concerns were not robust. This had been identified by the provider and they were working on new systems with the local authority to improve.
- There was a safeguarding policy in place, and all staff had received training in safeguarding, and how to spot and report signs of abuse.
- People told us they felt safe. One person told us "I feel very safe. They are all nice people and they are kind and help me." Another person told us "The [staff] they are absolute gems, we are always laughing, they are brilliant. The [staff] make sure I'm tucked in bed and they don't drop me."

Staffing and recruitment

- There were sufficient numbers of adequately trained staff to meet people's needs. All staff had completed their mandatory training and additional training was available in specialisms, such as Anxiety and Depression Training.
- Staff were recruited safely, in line with best practice guidance and regulations. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. All staff had received DBS checks before commencing their employment with the service.

Preventing and controlling infection

- There was an infection prevention and control policy and it was up to date. Staff had received training in infection prevention and control.
- Staff had access to Personal Protective Equipment (PPE), and were using PPE effectively and safely. One person told us "They are very methodical with washing their hands". Another person told us "They put gloves on, they do their hands with [sanitizer] gel and put aprons and mask on."

Learning lessons when things go wrong

- The provider was implementing new systems to better monitor the service and identify concerns.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained information about how to care for them, and contained some details about their histories and preferences, however, this detail was minimal and care plans were very task orientated.
- Peoples protected characteristics, such as religion and sexual orientation had been included within the care plans, but no details of how to support people individually with these had been included.

We recommend the provider seek good practice guidance in the assessment and recording of people's care and support needs.

- After the inspection, the provider sent us updated care plans to demonstrate the work they were doing to improve, and how this would benefit people.
- People told us the service would regularly contact them to review how they felt things were going with their care. One person told us "They are coming to review and check everything is going how we want it."
- We received mixed feedback from people and their relatives around support with food and drink. One person told us "I can make my own drinks but they do help with food. I am well looked after." However, another person told us "They never look to see what my [relative] has left to cook for me. I don't get hot food in my body. There's food in the fridge but they don't do it for me."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The provider did not have a good understanding of MCA and people's capacity. Care plans contained details of people's capacity based on the local authority information provided at the start of the care package, however the provider had not completed their own capacity assessments. The provider was seeking additional training and support to improve in this area.
- People and their relatives told us staff always sought consent from them before providing care and support. One relative told us "Yes, they always ask first before they do anything but [person] is a bit independent."
- No person using the service was subject to any deprivations of their liberty under the Court of Protection.
- All staff had completed training in Mental Capacity and the MCA, and certificates were stored in their staff files.

Staff support: induction, training, skills and experience

- Staff completed a full course of mandatory training before supporting people with their care and support needs. The provider was seeking additional training for management staff to be able to complete competency assessments on staff practice.
- All staff had completed the Care Certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff supervisions had not yet started. Staff had only worked for the service for 2 or 3 months, as the service was new. The registered manager told us staff supervisions and appraisals would take place on a schedule, and they had template forms for supervisions when they did start.

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

- The service did not currently support anyone to access healthcare services, however, people told us they would be confident that staff would support them if they needed to. One person told us "On two occasions when I haven't felt well, they said can I get you a doctor and I said no, so I know they would help me."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence;

- People and their families told us staff were kind and treated them well. One person told us "They are very polite, courteous and I am happy to have them in my home." A relative told us "You can't complain about the kindness, it's very good."
- People and their families spoke positively about their experiences with the service and the staff. One person told us "They always make sure I'm doing what I want. It's the same carers and they know what I want, they are very helpful." A relative told us "They are doing what we have requested, we can't fault them. I think they are doing well as they are a new team."
- People told us staff promoted their independence, and encouraged them to do things for themselves. One person told us "When I have my shower, I do all my top half and they do my back and do my legs."

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

- Care plans included details of reviews the service had held with people and their families, with details of changes made and suggested to improve people's experiences. One person told us "I didn't think the plan was really clear. It didn't tell the carers what to do. I did have a lady come in and had a chat about my concerns while I gave the care plan back, I wanted to make sure everything is clear."
- People told us they were asked for their input on how their care was going. One person told us "Someone came a couple of days ago and asked me a few questions. For example, how the [staff] were, questions like that."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

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

- Care plans were task focused, containing basic information around which tasks staff needed to complete for people. Desired outcomes of care, and ways to improve or maintain independence had not always been considered.
- People's care plans contained some personalised information, including life histories, likes, and dislikes, but this information was very basic. Not every care plan reviewed contained this information, and care plans were inconsistent.
- The provider was aware of the concerns regarding care plans and had secured additional training for the care manager to better understand Person-Centred care planning. A full review of all people's care plans to ensure they were more detailed and person specific had begun at the time of inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had not always considered people's communication needs when creating care plans. Some care plans listed details of how people liked to communicate, and what staff needed to do to assist with this, while some care plans did not have any details for communication.
- Communication aids such as glasses and hearing aids had not been specified in people's care plans. This meant staff would not know people required these items to be able to communicate effectively. The provider was actively seeking additional training around good care planning, to improve the quality of information in people's plans.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection.
- Care plans did not include information about people's end of life choices, or how they wished to be cared for. However, one plan reviewed did include details of the preferred funeral director.

Improving care quality in response to complaints or concerns

- The provider was implementing a new system to monitor concerns and complaints received. The

registered manager told us about concerns people had raised regarding their care, and how they had responded, but this had not been recorded.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not yet established robust systems to monitor the quality and safety of the service, while they had identified some of the concerns we found on inspection, they had not identified all concerns. For example, the provider had not identified people's care plans and risk assessments did not always contain enough relevant information.

- Audits of people's care plans, Medication Administration Records (MARs) and call times were not in place. This meant the provider could not identify if people had missed medication, had received their call at an appropriate time, or whether their care plans were accurate and complete. The provider was moving to a new electronic system which would provide this information, as this had already been identified as a concern.

The systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and transparent about what concerns the service had identified, and was actively seeking additional help and support to improve quality monitoring systems.
- There was a clear structure within the office, with people taking responsibility for their own areas of work. For example, the care manager was attending training to improve their ability to write care plans
- People told us they knew who to contact within the office to raise concerns or make a complaint, and they were confident their concern would be addressed. One person told us "I know which managers I can speak to. I haven't made a formal complaint, but if I have concerns, I will speak to them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider visited people in person to review and seek feedback about their care and the service being provided. This also included involving people's families in these reviews and sought their feedback.
- The registered manager understood the importance of gaining people's views and was looking for new ways to communicate with people to encourage more feedback

- The provider had created a Service User Handbook, which was sent out to people using the service. This provided important information, including details of how to complain, and who to contact in the office.

Continuous learning and improving care; Working in partnership with others

- The registered manager was working closely with the local authority to identify quality and safety concerns to drive improvements within the service.
- The registered manager had joined local care associations, where care providers come together to gain advice and guidance on how to provide a good service.
- The provider had hired an external consultant to review the service and advise where and how improvements could be made to ensure improvement in the quality of the service provided to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to assess, monitor, and improve the quality and safety of the service.