

Graceful Hands Care Ltd

Graceful Hands Care

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

Graceful Hands is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of this inspection there was one person using the service.

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

The provider failed to ensure appropriate risk assessments to people were completed and risk management plans were not always in place to manage these risks. The risks included, falls and people who had suffered a stroke. Appropriate recruitment checks were not carried out before staff joined the service. Accidents, incidents and complaints were recorded, but not investigated and learning was not disseminated to staff. People and their relatives' views about the service were sought but there were no records to show any action taken by the provider to drive improvements. Regular audits to identify shortfalls were not carried out.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment. Staff were happy working at the service and felt supported by the registered manager.

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

Rating at last inspection and update – This was the first inspection of the service.

Why we inspected - This was a planned comprehensive inspection.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staff recruitment and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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

Requires Improvement ●

Is the service effective?

The service was not always effective

Requires Improvement ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was not always responsive

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

Graceful Hands Care

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 one inspector

Service and service type

Graceful Hands 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

This was a remote inspection we gave the service 48 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 available to support the inspection. The inspection activity started on 12 January 2023 and ended on 3 February 2023.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke to the registered manager, one staff member and one relative. We reviewed a range of records including one person's care and risk management records. We reviewed three staff recruitment records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

This was the first inspection of the service and rated as 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

- People were not always safe and protected from known risks of harm. Risks to people such as falls and strokes, had either not been assessed adequately or did not provide sufficient detail to guide staff.
- Risk management plans were not in place to ensure that there was up to date guidance for staff on what to do if people become ill.
- One person used mobility aids, such as a walking frame and a walking stick. However, their moving and handling risk assessments did not identify the potential risks of using these mobility aids and there was no guidance in place for staff on how to safely mobilise the person and how to minimise potential risks.
- Where people had suffered strokes, their care records did not document sufficient information about the individual risks associated with the condition.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had failed to ensure that they had a safe and robust recruitment process in place. The provider had failed to adhere to their own recruitment policy by carrying out the checks needed to be followed to demonstrate safe recruitment practices. The provider had not always ensured they had gathered enough information about staff prior to employing them. This meant there was a risk of staff working at the service without the appropriate skills and experience.
- Application forms were not completed in full, because the provider had failed to obtain complete and accurate employment and education histories. Reasons for gaps in education and employment histories were not always sought in line with requirements.
- Employment references were not obtained from referees on headed paper or did not have an official stamp of the organisation they worked for to verify them. For one staff member, a current colleague who also worked for Graceful Hands had provided a reference for them.

Recruitment practices were not safe. Although we found no evidence that people had been harmed this was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were effectively deployed to meet people's needs in a timely manner.
- Relatives told us that staff visits were on time and if for any reason they were going to be late, then they were informed.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong

- Overall people were protected against the risk of abuse. However, although accidents and incidents were logged, there were no records to show that they had been investigated, what the outcome was and what follow up actions had been taken to protect people in the future. We saw that the provider had failed to carry out analysis of any trends to identify areas in the service where lessons could be learnt and disseminated to staff, so there could be a positive impact in improving people's experience of the care they received.
- Staff had completed safeguarding training and people and relatives we spoke with told us that their family member felt safe.
- Following the inspection, the registered manager told us that they would ensure that the incidents and accidents log was completed in full going forward and that outcomes and follow up actions were documented. We will check this at our next inspection.

Preventing and controlling infection

- Infection control was appropriately managed staff had enough personal protective clothing (PPE) available to them.
- Relatives told us that staff wore PPE when supporting their family member.
- Staff we spoke with told us that they had access to PPE and wore PPE when supporting people. One staff member said, "I always wear PPE, I wear mask, gloves, and aprons."

Using medicines safely

- At the time of our inspection no one using the service required support with medicines. However, there were systems in place and staff had received adequate medicines training to ensure medicines would be safely managed if it were required in the future.
- Staff competency to administer medicines safely had also been carried out.

Is the service effective?

Our findings

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

This was the first inspection of the service and rated as Requires improvement. This meant that people's outcomes were not consistently good.

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

- People were not always supported to live healthier lives because staff were did not have detailed information about people's specific health and medical needs. This required improvement.

- People's care plans failed to clearly document the support people required to maintain their health and wellbeing.

Following the inspection, the registered manager confirmed that they were in the process of reviewing care plans and including detailed and specific information about people's needs. We will check this at our next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them joining the service.

- Relatives told us that they and their family member had been involved in planning their care needs.

Staff support: induction, training, skills and experience

- Records showed that staff had completed up to date mandatory training. Mandatory training included induction, safeguarding, medicines, manual handling, infection control, health and safety, food hygiene and Fire Safety.

- The registered manager told us that staff were supported through regular supervisions and new staff initially shadowed more experienced staff to get to know people before they worked alone. Staff we spoke with confirmed this.

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 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 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 and saw the service was working within the principles of the MCA

- The registered manager had an understanding of the MCA and had completed MCA training. However, staff had not completed Mental Capacity training to help them understand the principles of the MCA, and so, they could understand the importance of gaining people's consent before providing care and support and promoting people's rights and choices.

Following the inspection, the registered manager confirmed that they understood that staff needed to undertake MCA training and would ensure this was done as soon as possible. We will check this at our next inspection.

- People were encouraged to make all decisions for themselves. The registered manager knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.

Supporting people to eat and drink enough with choice in a balanced diet

- No-one using the service required support with meal preparation. One relative we spoke to told us that they prepared meals and care staff only served the meals.

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 was the first inspection of the service and rated as Good. This meant people were well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was respected. Relatives told us that people's privacy and dignity was maintained by staff ensuring that they closed doors and curtains when supporting them. One staff member we spoke to told us, "I always shut doors and curtains."
- Staff we spoke to told us that they encouraged people's independence where possible.
- Relatives were involved in decisions about their family members care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and respected. Relatives told us that staff were caring, kind and knowledgeable about their family member's needs.
- People's care records documented people's culture and religion.
- The registered manager told us that people they supported did not have any diverse needs they needed support with. However, staff would provide this support if it was needed.

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

- People were offered choices. For example, people were able to choose the time of their calls and the gender of care staff to make them feel comfortable and at ease.
- One relative we spoke to told us that they did not require care staff to offer their family member a choice of meals or clothes to wear, but if they did, they were confident that care staff would do this.

Is the service responsive?

Our findings

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

This was the first inspection of the service and rated as Requires improvement. This meant people did not feel well-supported, cared for or treated with dignity and respect.

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 (AIS). 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 carer's get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had not been assessed. There were no individual communication plans detailing people's preferred method of communication or the support they required. For example, one person's speech was not clear due to a medical condition, however, there was no guidance in place for staff on how to effectively communicate with this person.
- The registered manager was aware of the AIS and said that if people required information in different format, they would provide this.
- Following the inspection, the registered manager told us they would ensure that communication needs and guidance for staff on how to communicate effectively was documented. We will check this at our next inspection

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

- Relatives told us that they were involved in the planning of their care, however, this was not documented in people's records.
- Care records were not regularly reviewed or updated if someone's needs changed. For example, if people's care needs had changed following a stay in hospital.
- Care records documented people's background information, so care staff could know more about the person they were supporting.
- Care plans documented people's personal histories, allergies, likes and dislikes.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints. However, the provider had a system in place to handle complaints effectively should they receive any.

End of life care and support

- At the time of our inspection, no person was in receipt of end of life care. However, care records did not

contain advance decisions about people's choices about the end of their life. The registered manager told us that they had explored this with people where appropriate, but not documented this. The registered manager said that they would update the care plan, we will check this at our next inspection.

Is the service well-led?

Our findings

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

This was the first inspection of the service and rated as Requires improvement. This meant people did not feel well-supported, cared for or treated with dignity and respect.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- People did not receive a service that was always well-led. The provider had not effectively identified issues we found at the inspection regarding the lack of risk assessments and poor recruitment processes. This meant people were at risk of unsafe care and treatment.
- Accidents and incidents were logged, however the provider failed to carry out any analysis and disseminate any learning to staff on how to minimise these in the future
- The provider had failed to carry out regular audits to identify issues. For example, there were no care plan audits and staff files to identify shortfalls and drive improvements.

The provider had failed to ensure systems for governance and management oversight were robust, safe and effective. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had held regular staff meetings; however, however, there were no records to show that learning had been disseminated to all staff to drive improvements.
- Service user surveys had been carried out. Relatives, we spoke with told us that they had been asked for feedback about the service they received. This meant relatives had the opportunity to provide feedback about the service to help drive improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and understands and acts on duty of candour responsibility when things go wrong

- Relatives were satisfied with the service and for the care and support they received. People and their relatives commented positively about care staff and the registered manager. A relative told us, "The registered manager is good." A staff member said that "The registered manager is knowledgeable and professional."

Working in partnership with others.

- The registered manager said that there was no current need to work with other agencies as relatives did this. However, should the need arise they would work with GPs, district nurses and other health

professionals.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments and risk management plans were not always in place.</p> <p>Appropriate recruitment checks were not carried out before staff joined the service.</p> <p>Accidents and incidents were recorded, but not investigated and learning was not disseminated to staff.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's feedback was sought, but there were no records to show any action taken by the provider to drive improvements.</p> <p>Regular audits to identify shortfalls were not carried out.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Safe and robust recruitment process were not followed</p>