

## Gracious Care (Holdings) Limited

# Gracious Care

### Inspection report

Willow Walk Business Centre  
8 - 10 Willow Walk  
Orpington  
BR6 7AA

Date of inspection visit:  
27 April 2021

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10 May 2021

#### 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

Gracious Care is a domiciliary care agency. It provides care and support for people living in their own homes. Not everyone using the service receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 21 people using the service at the time of the inspection.

### People's experience of using this service

People told us they felt safe. There were safeguarding adults' and children's procedures in place to guide staff. The registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care needs. Where required people received safe support from staff to take their medicines. The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID 19 and the use of personal protective equipment (PPE). The service had business continuity and COVID 19 contingency plans in place that made provisions for safe care in the event of an emergency, or outbreak of COVID 19.

Assessments of people's care needs were carried out before they started using the service to ensure staff could support them safely. Staff had received training and support relevant to people's needs. Where required people received support to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives told us they were treated in a caring and respectful manner and they had been consulted about their care and support needs. They knew how to make a complaint if they were unhappy with the service. People had access to end of life care and support if it was required.

There were effective systems in place to regularly assess and monitor the quality of service that people received. Staff said they received good support from the registered manager. The registered manager took people and their relatives views into account through satisfaction surveys and feedback was used to improve the service. The registered manager and care staff worked with health care providers to plan and deliver an effective service.

This service was registered with us on 7 March 2019 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about safe care and treatment provided and staff training. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Gracious 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 Care Act 2014.

#### Inspection team

A single inspector carried out the inspection site visit. They were supported by an 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.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of 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 in the office to support the inspection.

#### What we did before the inspection

We reviewed information we received about the service. We asked the registered manager to send us information in relation to staff training, policies relating to medicines and infection control. We sought feedback from professionals who work with the service. We used this information to plan our inspection. 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.

#### During the inspection

We spoke with three people using the service and the relatives of four people about their experience of the care provided. We spoke with seven members of staff including the registered manager. We reviewed a range of records. This included four people's care and medicines records. We looked at three staff files in relation to recruitment and supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. One person told us, "It makes me feel safe knowing the carers are coming in twice a day to check on me as I am a bit isolated." A relative said, "I have no issues over my loved one's safety as they need to be supported to have a shower and cannot be left alone. The carers are by their side every step."
- Staff had received training on safeguarding adults and children. Staff we spoke with told us they would report any suspicions of abuse to the manager and the manager would make a referral to the local authority safeguarding team. They also said they knew how to report safeguarding concerns to the CQC and social services if they needed to.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.
- An officer from the local authority told us there were no current safeguarding concerns related to the service.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people in areas such as moving and handling and medicines.
- Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where a person had been assessed as being at risk of developing pressure sores, we saw guidance had been provided to staff on how to reposition the person using equipment to support the person to move from their bed to chair and back to bed safely.
- A relative told us, "My loved one has a hoist so needs a double up call. When the carers use it, they carefully hoist my loved one in a gentle and safe manner ensuring their safety and comfort."
- Risk assessments were carried out in people's homes relating to health and safety and the home environment to protect people and staff who provided care.

Staffing and recruitment

- There were enough staff available to meet people's care and support needs. The registered manager used a computer system to allocate staff to support people. This system was monitored daily by office staff to ensure people received their support on time.
- The system alerted office staff if there was a late call. The registered manager told us there had been no missed calls and staff were rarely ever late. A member of staff said, "It's easy for me to get between calls. If I am running late, I let the office know and they let people know."
- A person using the service told us, "Timing is excellent. The carer will call me if they are held up in traffic,

but they are never that late and I never had a missed call. The carers always stay the full time." A relative commented, "The carers are very punctual and reliable. We have never had a missed call and they never leave early."

- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, the applicant's full employment history, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

#### Using medicines safely

- Where required people received support from staff to take their medicines safely. Some people looked after their own medicines and some people required support from staff to take medicines. When people required support to take their medicines this was recorded in their care plans.
- A person using the service told us, "The carers give me my medicines with some water and make sure I take them safely. They write it all down." A relative commented, "My loved one's medicines are kept in a locked box for their own safety. They need to be supervised to take them. The carers put them in my loved one's hand and watch to make sure they take them."
- We looked at the electronic medicines records (EMARs) and saw they had been completed in full. Where there were gaps in administration we saw the reasons for these gaps were recorded, for example, where the person was in hospital or they had refused their medicines.
- The registered manager audited the EMARs on a weekly and monthly basis to make sure people were receiving their medicines as prescribed. Where people were having problems taking or needed a different type of medicine this was discussed with the person's GP.
- Training records confirmed that staff had received training on the administration of medicines and their competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

#### Preventing and controlling infection

- We saw the registered manager was taking appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date.
- Staff had received training on infection control, COVID 19, they were using PPE effectively and safely and they were abiding by shielding and social distancing rules. The provider was accessing testing for staff.
- A person using the service told us, "The care we received during the pandemic has been first class. All of the carers wear the full clothing to protect us and they also clean up before they leave, I cannot fault how this has been handled." A relative commented, "The carers wear gloves, masks and aprons. We have had no concerns over my loved one's safety at all with the COVID 19 issues."

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records showed that when the registered manager or staff had identified concerns or accidents, they had taken appropriate action to address them. For example, after a person using the service had a fall the registered manager reviewed a person's care plan and risk assessment and sought advice from a health care professional.



# 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 service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out assessments of people's care needs to consider if the service could support them safely. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- People, their relatives and appropriate health care professionals had contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. A person using the service told us, "I would say without a doubt that the carers are well trained in all they do." A relative commented, "The carers certainly have the skills and knowledge to meet my loved one's needs. All of their skills are excellent in my book."
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff told us they had shadowed experienced staff on their first calls, so they got to know the people they supported. One staff member said, "I shadowed an experienced staff member for four days which was really helpful. I learned about what the person using the service needed and how I had to support them."
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included for example, safeguarding adults and children, medicines administration, health and safety, moving and handling and basic life support amongst others.
- A member of staff told us "The training is good, and we get lots of it. I feel confident in what I do. For example, I had moving and handling training at our training room and additional training from an occupational therapist on using hoisting equipment specific to the people we support. The manager always makes sure we get the right training for the people we support. She wouldn't let us work with people otherwise."
- Staff told us they received regular supervision and annual appraisals of their work performance from the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required people received support to maintain a balanced diet. When people needed support with eating and drinking, we saw this was recorded in their care records.
- A person using the service told us, "For breakfast the carers get me cereal and toast with a coffee, they help me with my lunch and evening a meal as well. I have foods which are delivered and are very nice and

microwaveable. I don't need help to eat." A relative commented, "The carers cook my loved one's meals three times a day. My loved one has fortified drinks as well and now their weight has stabilised. That can be added to their skills and training as well."

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

- People received support to maintain good health. The registered manager told us they and staff worked in partnership with health care professionals, for example district nurses and occupational therapists to plan and deliver an effective service for the people they cared for.
- People using the service told us they had not needed any support from carers to make appointments or see their GP's. However, those we spoke with said they knew carers would get help for them if they needed any from health care professionals.
- A member of staff told us, "If the person I was supporting wasn't well I would let the office know. They would contact the GP if need be and let a family member know. I would call an ambulance if I needed to."

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 whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us the people they currently supported had capacity to make some decisions about their own care and treatment. Where people lacked capacity to make specific decisions, the registered manager said they had worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.
- Staff told us they sought consent from people when supporting them and they respected people's decisions.

# 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 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

- People told us they were well treated and supported. A person told us, "When I was being discharged from hospital the carer waited at my home to help get me in safely from the transport. They also looked after my husband when I was in hospital despite him not being down to have care and support from them." Another person told us, "I can't say a word against them. My husband and I are so pleased with them all. They are wonderful, they are like friends. So helpful." A third person told us, "My carers are very nice people. They always have time to talk to me, and that means a lot when you are on your own. They are friendly, caring and cheerful."
- People's care records included sections that referred to their cultural and religious backgrounds. Training records confirmed that all staff had received training on equality and diversity. Staff told us they were happy to support people to express their diverse needs. One staff member commented, "I have had training on equality and diversity. I will support everyone no matter what their culture, religion or background is. I am very happy to support people with whatever they want to do."

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

- People and their relatives had been consulted about the care and support they received.
- One person told us, "I have a care plan. It is up to me and my family what goes into the plan." Another person said, "My family organised my care plan with the registered manager for me and I have a copy here."
- A relative said, "I am fully involved in planning for my loved one's needs. I help them with their care planning. There is no way they could do it for themselves. There is a copy here and it has been kept all up to date." Another relative commented, "My loved one's care plan is all in order and reviewed as required and is at home with them."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "When I am having a bath, they ensure my privacy by pulling the curtains across and closing the door." Another person commented, "They ask how I am feeling, what I would like to do, and we go from there. They are so helpful."
- A relative commented, "The carers are very good. They close the curtains and door even if I am here, they show full respect." Another relative told us, "The carers are very respectful and keep my loved one covered up and warm."
- Staff told us they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their homes. When they provided people with personal care, they maintained their independence as much as possible by supporting them to manage as many aspects of their own care that they could.



# 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 service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans described their health care and support needs. They contained information for staff for supporting people with eating and drinking, oral health care and moving and handling.
- Care records showed that people's care and support needs had been discussed with them and their relatives to help establish their preferences in the way they received support.
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, staff told us how they supported people using hoisting equipment, with their medicines and with eating and drinking safely.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed when they started to use the service.
- The registered manager told us that information was provided to people in formats they understood for example large print. If people required information in different language or in Braille this would be made available to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us staff supported some people to attend garden centres, nature reserves and trips to the coast. Staff facilitated arts and crafts and cooking sessions with people where this was recorded in their care plans. The registered manager also showed us a memory box that staff used to reminisce with people living with dementia.
- One person using the service told us, "The main thing is the carers having a good chat to me as it gets so lonely on your own." A relative commented, "They walk my loved one about 100 yards every day to maintain their mobility."

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- People and their relatives we spoke with told us they knew how to make a formal complaint if they needed to but said they had not needed to make a complaint.

- Records showed that when a complaint was raised it was investigated by the registered manager and responded to appropriately. Discussions were held with the complainant to discuss their concerns.

#### End of life care and support

- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and local hospices to provide people with appropriate care and support when required. Staff had received training on supporting people with care at the end of their lives.
- People were supported to make decisions about their preferences for end of life care if they so choose and these were retained in individual care plans for reference.

# 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 service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- Staff were positive about how the service was run and about the support they received from the registered manager. Staff told us they felt valued as team members. One member of staff told us, "I receive amazing support from the registered manager. I have done my train the trainer training and I am doing my NVQ level 5. The registered manager is really pushing me to do well and I appreciate that." Another staff member said, "I love working for Gracious Care. I have never been in a job where I got so much good support."
- Staff told us management support was always available for them out of hours when they needed it. One member of staff commented, "Someone is always available in the evenings and at weekends to offer help and support, if I need anything, they get back to me right away."

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 registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open, honest and took responsibility when things went wrong.

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

- A person using the service told us, "The registered manager is very good and nice. She would do anything to help us." Another person said, "I have found the registered manager very helpful. She called last night to check all was alright with me."
- A relative told us, "The registered manager has been very, very helpful throughout especially at the beginning to assess my loved ones needs. She has also helped with filling in of forms, she has gone above and beyond." A staff member told us, "I get excellent support from the registered manager; she really cares for the people using the service and the staff."

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular quality monitoring audits. These audits covered areas such as people's medicines, care records, staff training, incidents and accidents and complaints.

- The provider had business continuity and a COVID 19 contingency plans in place for managing the service in an emergency or in case of a COVID 19 outbreak. The registered manager told us they had kept up to date with Government COVID 19 guidance and they shared this with staff and people using the service and their relatives when it was appropriate.
- The registered manager and the care supervisor carried out unannounced 'spot checks' on staff to make that care was provided for people appropriately and safely. The care supervisor told us during spot checks they checked if staff turned up on time, wore their uniforms, carried identity cards and used PPE correctly. They observed staff practice with medicines, moving and handling and hoisting. They also spoke with the person receiving the care to check if they had any concerns.
- The provider carried out a customer satisfaction survey in 2020. As a response of the feedback they received from people and their relatives they produced an action plan. This recorded that during initial assessments they explained to people the use of phones and how people's privacy and confidentiality was upheld, and all staff were required to sign a privacy agreement again.

#### Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health professionals, and they told us they welcomed these professional's views on service delivery.
- A practice manager told us patients at their surgery that use Gracious Care were happy with the service and care they received. They had not had any complaints regarding this service.