

Grangefield Care Limited

Grangefield Homecare

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Grangefield Homecare is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were eight people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People were involved in their care planning. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. People's medicines were managed in a safe way.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training and support to enable them to meet people's needs and carry out their roles.

The provider and registered manager continually monitored the quality of the service, identifying issues and making changes to improve the care.

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 supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 September 2017).

Why we inspected

This was a planned inspection based on the date we registered the service.

What happens next?

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Grangefield Homecare

Detailed findings

Background to this inspection

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

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 a member of staff would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We did not ask the provider to complete a Provider Information Return prior to this inspection. This is information we require providers to send us annually following their first inspection to give us 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 with one person who used the service and three relatives by telephone. We spoke with the registered manager, the deputy manager and one care worker.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Safeguarding people from the risk from abuse

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- The registered manager had raised concerns appropriately and clear records were maintained.

Assessing and managing risks; Ensuring equipment and premises are safe

- People's risks were assessed at regular intervals and people's care plans informed staff how to provide care that mitigated these known risks. For example, people had been assessed for their risk of falls; staff ensured people's homes were kept clear to avoid tripping or falling hazards.
- Staff were kept up to date with changes in people's care during handovers and team meetings.

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times. One relative told us, "Staff come at regular times."
- People received care from a regular group of staff who knew them well.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons. One relative told us, "Staff wear the gloves and aprons when they give [Name] their care."

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and

safeguarding alerts to improve the service.

- There was a strong learning culture. The managers and staff took time to discuss and reflect on issues when they occurred and involved staff in finding solutions.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences. One relative told us, "The registered manager came to assess [relative], they were very efficient in setting it all up."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received regular supervision and guidance to support them in their roles. Supervision included encouraging staff to be confident to raise concerns. Staff told us the registered manager was very supportive.

Meeting people's needs and preferences in relation to eating and drinking

- Staff knew people's dietary requirements and supported people to maintain a healthy weight. For example, one person required small amounts of food often, staff ensured the person had access to snacks between their care visits.
- Some people were provided balanced meals from the provider's residential home; staff ensured these meals met people's dietary needs.

Working together and with other organisations to provide effective and coordinated care

- The registered manager and staff worked with people's families and health professionals to ensure they were aware of changes in people's care.
- Staff provided feedback about people's progress to enable health professional to make decisions.

Supporting people to live healthier lives and access healthcare services and support

- Staff supported people to prepare for their health appointments and liaised with families about any changes in care prescribed by health professionals.
- People were referred to their GP or other medical services when they showed signs of illness. People's

families were kept informed of any changes in people's health.

Consent to care and treatment

- The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect people who are unable to make decisions about their own care and support.
- The service was providing care that could deprive people of their liberty. They had followed the correct processes to ensure people were only deprived of their liberty when this was in their best interests and authorised by the Court of Protection. The Court of Protection can make decisions about the health and welfare of people who lack mental capacity to make decisions for themselves.
- People were asked for their consent to their care plans and before they received care.

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.

At our last inspection we rated this key question good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, respect and compassion

- People received care from staff who knew them well. They had formed good relationships which people had responded positively to. One person told us, "The carers are lovely, all of them." A relative told us, "Staff are friendly and get on well with [Name]."
- Relatives told us how staff were kind, two relatives said, "The staff are very kind and gentle" and "The ladies are really lovely, they are caring and personable."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in their care planning and reviews. For example, one told us they were involved in the changing of their allocated care times at weekends.
- Staff respected and supported people with their decisions about their care. For example, where people refused some medical treatments.
- People had access to information about an advocacy service where people received additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported people to maintain their dignity.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. For example, staff left written reminders for one person to help orientate them and prompt them what they needed to do.
- People's information was stored securely, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People and where appropriate, their relatives had been involved in creating and updating their care plans.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and took into account people's personalities and previous lives.

Meeting people's communication needs

- The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss 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 complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.
- Staff ensured people had access to and encouraged people to use their glasses and hearing aids. Staff were aware of people's specific needs, for example, one person used a magnifying glass to read.

Improving the quality of care in response to complaints or concerns

- There was a complaints procedure in available to people and their relatives which explained how to make a complaint. One person told us, "I know how to complain, I would call the manager. I have no need to make a complaint as [staff] know what I need and I get all my care."
- People had the opportunity to raise their concerns verbally with staff and the registered manager during care visits, by telephone or at regular reviews. The registered manager told us there had not been any complaints made since they managed the service.

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.

At our last inspection we rated this key question good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership vision, values and culture

- The registered manager promoted person centred care in all aspects of the service. People received their care in a personalised way.
- Staff told us they were happy working at the service. Staff told us, "I am happy, I receive support from the registered manager, we all make a good team."

Acting with honesty and transparency if something goes wrong

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- The provider, registered manager and staff worked together to understand what led to incidents and took actions to improve the service. The registered manager welcomed all feedback and used a problem-solving approach to resolving issues.

Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities; Continuous learning, innovation and improving the quality of care

- The provider and registered manager worked closely to understand how to improve the quality and safety of the service. They carried out regular audits and took immediate action where issues had been identified.
- The provider and registered manager were constantly looking for ways to improve the service. They had implemented a new system of electronic care planning and were developing this to enhance the information care staff had about people's current needs.

Engaging and involving people using the service, the public and staff

- People and relatives were asked for their feedback through regular surveys. The last survey was December 2019, where all the feedback received had been positive. For example, one person had written, "The girls [staff] that come to my home are very thoughtful and cheery so start my day very sunny. I could not wish for anyone kinder or more pleasant as they get me ready for each day."
- Staff felt confident they could feedback to the registered manager with ideas on how to improve the service and how to best implement new procedures, such as the new care planning system.

Working in partnership with others

- People receiving care at home had close links with the provider's residential home, where links with the community include the school and community groups.

