Care Quality Commission

Greatcare Home Health Care Services Ltd

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 14 September 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a support service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Great Care Home Health Care Services Ltd is a community based adult social care service, registered to provide personal care for persons within their own home. They currently provide a service for 20 people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Great Care was last inspected in July 2017. This inspection was prompted in part by the notification of an incident notifying us of the death of a person that was receiving a service. This incident is still being investigated and as a result this inspection did not examine the circumstances surrounding the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of the service and the safety of
people. The service was placed in to special measures and served with a warning notice under Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance. And Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe Care and Treatment.

At this inspection we saw that the provider had met the requirements of the warning notices and will be exiting special measures.

There were quality assurance and auditing systems in place to ensure continual development of the service for the people being supported by the provider, although improvement needed to be made regarding their implementation.

People were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. People were kept safe by staff that were able to recognise the signs of abuse and raise concerns if needed. Staff were provided with sufficient guidance on how to support people's medical needs.

People were supported by staff that had been safely recruited. People felt they were supported by staff with the appropriate skills and knowledge to care and support them.

Staff had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. People were supported to make choices and were involved in the care and support they

received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS).

People and relatives were involved in the development of care plans. People's specific needs were identified and personalised care was provided in line with their needs.

Staff were caring and treated people with dignity and respect. People's choices and independence were respected and promoted and staff responded to people's care and support needs.

People and staff felt they could speak with the provider about any concerns and felt they would be listened to and their concerns would be addressed.

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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow when concerns were identified.

Risks to people were appropriately assessed and managed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in case of an emergency.

Is the service effective?

Good

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and considerate.

People were treated with dignity and respect.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Staff were responsive when supporting people's changing needs.

People were supported to make decisions about their lives and discuss things that were important to them.

People were supported to raise concerns or complaints when needed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Auditing systems were in place to monitor and manage the quality of service provided, although they were not always being used effectively.

Staff were supported by the provider to carry out their roles effectively.

People and staff knew the registered manager and had a positive relationship with them.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The first day of the inspection took place on 14 September 2017, however as the provider had only recently moved in to their new premises and were still in the process of having their IT systems installed, we decided it was unfair to continue with the inspection. It was decided that we return at a later date once they had settled in. The second day of the inspection took place on the 09 October 2017 and was announced. The provider was given 48 hours' notice that we would be visiting because the location provides a domiciliary care service and we wanted to ensure that someone would be available. The inspection team consisted of a lead inspector and a second inspector on the 14 September and one inspector on the 09 October.

When planning our inspection we looked at the information we held about the service. This included the recent warning notices, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also looked at information from the local authority commissioning teams to identify any information that might support our inspection.

During our inspection we spoke with three people who use the service, three relative, three care staff members, the registered manager, the office manager, the administration manager and the office administrator. We visited the provider's office and reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at the areas identified in the warning notice. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Good

Is the service safe?

Our findings

The previous inspection in July 2017 we had identified that the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe Care and Treatment. There was a serious incident involving a person using the service which is still be investigated, where staff had not been able to access a building to deliver personal care for a number of days. We identified that people were not always kept safe because staff practices had not always ensured security was maintained when staff visited people by ensuring doors were locked and keys kept safe. We also identified that although staff had received the appropriate training so they knew how to recognise forms of abuse, some staff were not sure where the information should be recorded to protect a person from further harm. There were ineffective medicine management systems in place. There was a lack of understanding from the provider about their responsibility to provide care responsive to people's individual needs. It was also identified that people did not always receive their calls as planned and systems were not effective to ensure missed calls were identified, so that people were at risk of not having their care call. It was also noted that risks were not always managed effectively to ensure people were kept safe. At this inspection we saw that the provider had addressed these issues.

People we spoke with told us that they felt safe with staff and that they attended their calls on time. A person we spoke with told us, "We feel very safe when they're here, they're lovely people". Another person told us, "I'm fine with them [staff] they've been coming for ages". We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. They were able to tell us about the range of different types of abuse to look out for when supporting people. A member of staff we spoke with told us, "I make sure they're [person using the service] safe, that there's nothing around that they can trip over or hurt themselves on. I make sure they're protected from abuse, it could be physical, verbal or financial. If I noticed anything I'd tell the office [provider] first. I wouldn't write it in their daily records just in case it was about a relative, because they might read it and that could make things worse for the client [person using the service]". This demonstrated that staff knew how to escalate concerns about people's safety to the provider and other external agencies if required. We saw that the provider had carried out initial risk assessments, The registered manager informed us that risk assessments were completed regularly and records updated as required. A person we spoke with said, "We've got a review meeting soon as I've had a few falls recently. They're updating my risk assessment at the moment". The provider had a system in place to review risk assessments on a six week and quarterly basis and any changes that were required to maintain a person's safety and promote their health care needs were discussed and recorded to ensure that potential risks were minimised.

The provider had systems in place to ensure that there were enough staff with the appropriate skills and knowledge to meet people's needs and ensure that they were cared for safely. A person we spoke with told us, "Their [staff] time keeping is really good, they haven't missed an appointment yet". Another person we spoke with said, "They're pretty good with the time keeping, I've got no complaints anyway". A relative we spoke with said, "They're [staff] generally on time, unless there's an emergency with someone else, but they generally come within the 30 minute time slot. They let us know if they're running late and they apologise for it". A member of staff we spoke with said, "There's no problem getting my calls done, there's plenty of time.

Sometimes I might be a few minutes late if a person needs a bit of extra support, but it's only by five minutes or so, no longer than that". The registered manager told us that staff are matched to the care and support needs of the person using the service, taking in to consideration the needs of the support needs of the person and the experience and skills of the member of staff.

It was also identified at the last inspection that risks to people who were supported to take their medicines had not been identified to ensure staff supported people to take their medicine as prescribed. At this inspection we saw that improvements had been made. Some of the people we spoke with told us that they managed their own medicines, although some did require support from staff. A person we spoke with told us, "They [staff make sure I take my medicines". A relative we spoke with said, "They [staff] sort his [person using the service] medicine out. They [medicines] come in 'blister packs'. The one girl [staff] noticed that one of his tablets was missing from the blister pack. She spoke to the chemist and they said that it was their fault as they hadn't put it in. They're [chemist] coming to change the pack later today". Staff told us that they had received training on handling and administering medicines. Staff were able to explain to us the protocol for supporting people with medicines and how to record this on Medicine Administration Records [MAR Sheets]. A member of staff we spoke with said, "I do help some people with their medicines. They come in blister packs so I just have to record what they've taken. I write down when they've taken them and sign the [MAR] sheets. I check if any [medicines] are missing or if they don't want to take them, and I write it down and let the office know". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed.

Staff were able to explain what action they should take in the event of an emergency. A member of staff we spoke with gave us an example, "If someone [person using the service} didn't answer their door, I'd look through the windows or around the house just in case they had fallen or were injured. I'd contact the family and the office. I'd call the emergency services if I needed to". Another member of staff we spoke with told us, "Any accidents or incidents are written in the book and the [registered] manager is informed". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency. A member of staff we spoke with told us, "If there's an accident, we [staff] write it down. There's [accident] sheets for us to do it. We record things [injuries] on body maps too".

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home. Staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us that staff were kind and considerate. A person we spoke with told us, "They [staff] talk to me about what they're doing, we get on really well". Another person said, "She [staff] always asks if there's anything I need doing". A third person we spoke with told us, "My daily records are done regularly, and they [staff] ask if I want to add anything". A relative we spoke with told us, "They [staff] ask us if we're happy with how things are. We haven't written anything in the daily book, but if there's anything we need to raise with them [provider] we can". Another relative said, "They [staff] write their comments in the book every day. I'm not asked to write anything myself".

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. Most of the people being supported by the provider had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and support. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. From talking to staff and looking at training documents we could see that they had an understanding of DoLS, although there was no-one subject to an authorisation at the time of the inspection.

People told us they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "Yes, they're [staff] good at what they do". Another person we spoke with told us, "My carer [staff] tells me that she has training quite regularly. She seems to be on the ball". A member of staff we spoke with said, "The training's good, I'm really happy with how I'm being supported". A new member of staff we spoke with told us that they were confident with the level of training and support they had received from the provider during their service induction period, they said, "Induction was fine, I felt confident with what I was supposed to be doing when I went out. The training I've had so far has been good". We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they received regular supervision. A staff member we spoke with said, "Supervision's good, we talk about my clients [people using the service], if there's any issues. We talk about any support I need, it's good". Another member of staff said. "One to one's [supervision] have improved. The quality from management has really stepped up". Staff told us that if they had any concerns they could contact the office for support and the management team were always available. We saw that the provider

had processes in place to ensure that regular staff supervision took place.

Most of the people we spoke with told us that they were able to prepare their own meals, although some people did rely on staff for support. A person we spoke with said, "I do most of my meals. They [staff] do breakfast and it's always nice". Another person told us, "The meals are okay. She [staff] gets my breakfast in the morning, usually bacon eggs and beans". A member of staff we spoke with told us, "I prepare their [person using the service] food and make sure that when I leave they've got plenty to drink and snack on if they need to".

People told us that their relatives supported them to attend medical appointments. We saw from care records that health and social care professionals were involved in people's care. We saw care records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to. A relative told us, "They [staff] put cream on his legs for his [medical condition]. The district nurse is very pleased with his legs and says that they're being taken care of well. She's very satisfied". This showed us that staff understood how to follow guidance from health care professionals when managing and promoting a person's health.

Good

Is the service caring?

Our findings

At the previous inspection some people told us that they or their family member had been involved in the planning of their care but not all people were aware of what staff were meant to do for them in relation to their care. Care records also showed little information about people as individuals. For example what their likes, dislikes and preferences. There was a section in the record 'My life before you knew me', but this was not completed in the records we looked at. This meant that the systems in place did not always provide the information to support staff in the delivery of care and support people in a person centred way. During this inspection we noted that care plans had improved significantly, with people's personal information recorded in the 'My life before you knew me' section.

People and relatives we spoke with told us they were involved developing their care plan. A person we spoke with said, "When they [provider] first came they asked what I needed help with. They always talk to me about what they're doing, we get on really well". Another person we spoke with told us, "I think we did a care plan ages ago, but everything goes smoothly anyway so there's no problem". A third person told us, "We did a care plan, where they [provider] assessed my needs". A relative we spoke with said, "We did a care plan right at the start, they came out and spoke to us about what was needed". We saw that the provider had introduced a new system to review people's care plans on a regular basis, ensuring that they were receiving the appropriate level of care and support.

People we spoke with told us they were pleased with the care and support provided. A person we spoke with told us, "I feel very comfortable around them [staff], they're lovely, nothing's too much trouble". Another person said, "She's [staff] a nice person, very polite". A relative we spoke with said, "They're [staff] very friendly and we have a nice chat. One of the gentleman carers bought me a box of chocolates for my birthday". A member of staff told us how they 'got to know' the person they were caring for; "I sit down and read their care plan. I talk to them, get to know where they're from, where they used to work, talk about their family, things like that".

People we spoke with told us that staff treated them with dignity, respect and upheld their right to privacy. A person we spoke with told us, "She's [staff] respectful when she's here, I don't feel that my dignity's compromised in anyway". A relative we spoke with said, "They're [staff] very respectful and very polite". A staff member told us, "When I wash people I make sure I cover them up as much as possible". A staff member we spoke with gave us an example of how they ensured people's privacy and dignity were upheld, "I knock on their [person using the service] door before going in. I shut the door when washing them and make sure they're covered as much as possible, with a towel or a dressing gown". Staff told us that they received guidance during their induction in relation to treating people with dignity and respect and we saw training records to support this.

People we spoke with told us that they tried to be as independent as possible but recognised that staff were there to support them if needed. A person we spoke with told us, "I'm pretty independent. I'm not too good on my feet, but I've got a walking frame and I get about as best as I can. I do my own meals, so I don't need much really, other than a bit of cleaning". A member of staff we spoke with told us, "I encourage them

[people using the service] to wash themselves if they can. If they can do their own medicines I let them. If they want to go out shopping with their mates, I support and encourage them to do so". This showed us that staff understood the importance for people to maintain their independence as much as was practicable.

Good

Is the service responsive?

Our findings

At our previous inspection we saw that there were inconsistencies in how people's care plans were developed. At this inspection we saw that care plan quality had improved significantly. People's care plans contained details about their life history, their likes, dislikes and preferences and were there was a schedule for regularly reviews to take place. People and relatives we spoke with told us they had been involved in developing their plans and were confident that they reflected their care and support needs.

At our previous inspection it was noted that complaints were not monitored or managed to prevent reoccurrences. During this visit we saw that the provider had a complaints and compliments policy in place. People were aware of how to raise any complaints if they needed to. A person we spoke with told us, "We haven't had to call them about any complaints". Another person we spoke with said, "I had a few complaints years ago, but we got them sorted out and it's been okay since". A relative we spoke with said, "I complained to them at the start about the carers [staff] and they sorted it out there and then". A member of staff we spoke with said "If there are any complaints, I'd direct them [person using the service] to call the office and they'd look in to it". Records held by the provider showed that there were currently no concerns or complaints being dealt with. We saw that the provider had systems in place to document and deal with any that arose. We saw from the complaint file two incidents from August 2017. The information gathered by the provider showed the nature of the complaint, actions that needed to be taken to resolve the issue and the outcome following the identified action.

During our last inspection we identified that staff did not fully understand person centred care so that people were provided with care that met their individual needs, preferences and choices. At this visit, people using the service told us they felt that the provider was responsive to their personal needs. A person we spoke with told us, "The lady [staff] that come's here knows what she's doing, she understands me. She talks to me all the time". A member of staff we spoke with said, "I involve people in their care by asking them what they need. It's not about what we [staff] need to do when we go into their house, it's what they need from us that's important". From conversations with staff, they were able to explain to us what it meant to offer care and support to people in a person centred way.

The provider had recently developed systems for people and relatives to provide feedback about the care and support being provided. A person we spoke with told us, "We haven't been asked for any feedback yet, but we talk to them sometimes and they ask if everything's alright, which it is". Another person we spoke with said, "If I have any feedback to give, I'll do it via the carer [staff] to the manager. But I'm in touch with the manager quite often, so that's fine". A relative we spoke with said, "They [provider] call us up every now and then to make sure everything's alright. And they tell us, if ever we're not happy with anything, to just let them know". We saw that the provider had recently developed systems to seek feedback from people using the service, and that they were in regular contact to gather feedback which was being recorded and used to support service delivery.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection we found there were ineffective systems and process in place to ensure that the registered manager had effective oversight of the service. It was also identified that they had not taken sufficient responsibility and accountability to ensure the service met people's individual care needs to keep them safe from risk of harm and abuse. For example, calls were not monitored to ensure people received their planned calls. Complaints were not investigated to prevent reoccurrences. People were not always involved in their care. Medicine management did not always ensure that support was provided to ensure people received their medicine as prescribed. Records management meant that records were not easily accessible. The provider was seen to be in Breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014. Good Governance.

During this inspection we saw that quality assurance systems were in place for monitoring the service provision but there has been sufficient time to ensure that these systems were robust and sustainable. The provider had sought the support of consultants to support them with the implementation of these systems. We saw evidence that regular audits were taking place, including; call management, individual care plans, risk assessments, medicine management, accidents and incident reporting, and complaints. A member of staff we spoke with told us that senior staff carry out regular spot checks to ensure that they are providing a quality service. However, the provider had failed to follow their own action plans, which stated that they would be asking people to sign their care records to show that they were in agreements with the contents. From talking to people and relatives we identified that this was taking place occasionally but not consistently.

At the previous inspection we identified that quality monitoring and audits had failed to identify that a number of areas of the service provision was not meeting the fundamental standards of care.
We found that the registered manager was not fulfilling their legal responsibilities. For example, they had failed to ensure an appropriate safeguarding referral was raised following an incident. At this inspection we saw that the registered manager had a greater understanding of their responsibilities and systems had been improved to ensure that incidents were documented and managed correctly. Since the last inspection in July 2017 the provider had been meeting legal requirements and had notified us about events that they were required to by law.

At the last inspection, the registered manager had failed to ensure that there was adequate management and oversight of the service people received. They had failed to understand that delegation of tasks remained their responsibility and was accountable for any shortfalls that affected the service provision for people because checks were not completed by the registered manager. During this inspection we saw that the provider had implemented systems to support the registered manager so that they had greater oversight of the services people were receiving but it will need period of time to be embedded fully into practice. Restructuring of the staff structure ensured that lines of communication were more effective and any shortfalls in service delivery could be identified and acted upon quickly

At the time of our inspection there was a registered manager in place and they understood the

responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The most recent CQC reports and ratings were displayed in the main reception area.

People and staff we spoke with told us that they were happy to discuss things with the registered manager if they needed to. A person we spoke with told us, "We've got the manager's [telephone] number here, so we can call them if we want". Another person we spoke with said, "I talk to the manager quite a lot, we have regular meetings". A staff member we spoke with told us, "I like working for them [provider], they're nice people. The managers are good, I can talk to them if I need to, I'm happy there". Another member of staff said, "The [registered] manager's very supportive, I can ask them anything". Staff told us they would have no concerns about raising anything they were worried about with the registered manager. This showed us that staff felt supported and listened to by senior staff or the registered manager.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. Since our visit in July 2017 there had been no whistle blowing notifications raised at the location. A member of staff we spoke with said, "If I see anything that's wrong, and I can't take it to the manager, I'd call CQC or the police". The provider ensured that all policies and procedures were up to date and adhered to current guidance and legislation.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made.