

Greigcare Limited

Greigcare Limited

Inspection report

Warwick House
159a Warwick Road
Banbury
Oxfordshire
OX16 2AR

Tel: 01295266224

Date of inspection visit:
06 November 2018

Date of publication:
04 December 2018

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

We inspected Greigcare on 6 November 2018 and the inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in Banbury and the surrounding areas. It provides a service to older adults some living with dementia, disabilities, sensory impairments and mental health needs. Not everyone using Greigcare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. On the day of the inspection the service was supporting 73 people.

There was registered manager in place. 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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. People told us they felt safe receiving care from Greigcare. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place, these included completing checks to make sure new staff were safe to work with vulnerable adults.

Staff demonstrated they understood how to keep people safe and records showed that risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

People continued to receive effective care from staff who had the skills and knowledge to support them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health. People were supported to meet their nutritional needs.

The service continued to provide support in a caring way. People benefited from caring relationships with staff who treated them with dignity and respect. People were involved in their care and supported to remain independent. The provider had processes in place to maintain confidentiality.

The service continued to be responsive. People received personalised care by staff who understood people's individual needs and preferences. People's changing needs were responded to appropriately. The service was flexible and supported people to attend social events and prevent social isolation. People knew how to complain and complaints were dealt with in line with the provider's complaints policy.

At our last inspection of Greigcare on 19 May 2016, we rated the service as requires improvement in well-led. At this inspection we found the service had improved to good in well-led because, people told us the service was well managed. People knew the management team and spoke positively about them. The service sought people's views and opinions and acted upon them. The registered manager and management team promoted a positive, transparent and open culture. Staff told us they worked well as a team.

The service had effective systems to assess the quality of care the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life.

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 remains good. | Good ● |
| Is the service effective? The service remains good. | Good ● |
| Is the service caring? The service remains good. | Good ● |
| Is the service responsive? The service remains good. | Good ● |
| Is the service well-led? The service had improved from requires improvement to good. The service was well led. The leadership created a culture of openness that made people and staff feel included and well supported. There were systems in place to monitor the quality and safety of the service and drive improvement. | Good ● |

Greigcare Limited

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 checked whether the provider was 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.

This inspection took place on 6 November 2018 and was an announced inspection. The inspection team consisted of two inspectors and one 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.

We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

Before the inspection we looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with eight people and five relatives. We looked at five people's care records and four medicine administration records (MAR). We spoke with the registered manager, the quality monitoring officer, the office coordinator and five care staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, Staff communication letters, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. One person we spoke with told us, "Yes I feel very safe and always have done. Absolutely no trouble over the years I've been with them. I leave my door unlocked so they can all let themselves in". One person's relative commented, "One thing about the care is that she is entirely safe in the carers' presence".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "I would definitely report this to the office. I would report this to social services if nothing has been done".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at high risk of developing pressure sores. The person had a risk assessment, risk management plan as well as pressure relieving equipment in place. People had environmental risk assessments to identify and minimise any potential risks in people's homes.

Staffing rotas confirmed and staff told us there were sufficient staff. One member of staff said, "We have enough staff to cover all our visits". People told they always have their visits completed on time. One person told us, "They have never missed a visit to me and if they are held up, they would give me a ring".

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not able to work alone until references and disclosure and barring service checks (DBS) had been received.

Medicines were managed safely and people received the medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines. One person said, "They are all very good, I have a shower and they make sure I have my tablets, yes, you certainly feel safe with them".

People told us they were protected from the risk of infection. One person said, "They always wear their gloves". The service had infection control policies and procedures in place. Staff we spoke with told us they followed safe infection control practices.

The provider had a clear procedure for recording accidents and incidents. These were audited and analysed to look for patterns and allow learning from them. Staff knew how to report accidents and incidents.

Is the service effective?

Our findings

The service continued to provide effective care. People's needs were assessed before they received support from Gregcare. This formed the base of care planning process and ensured the service could meet people's needs and expectations.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, food and hygiene, safeguarding, equality and diversity as well as Mental Capacity Act. Staff we spoke with told us they felt supported. One member of staff told us, "I definitely feel supported. Nine times out of ten you can just pop in and have a chat".

Staff told us they sought verbal consent whenever they offered care interventions. Staff sought permission and explained care to be given. For example, when people were supported with personal care.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "It's about allowing people to make decisions for themselves".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care records. The service was flexible enough to ensure people attended hospital appointments when required. People told us they were supported to attend health appointments.

People's nutritional and hydration needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences and any allergies. One person told us, "My carer always makes sure that I have plenty of juice and she always fills up the jugs for me and makes sure they are to hand".

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. One person told us, "They are all very kind and positive staff and I would recommend them, in fact I have recommended them". Another person said, "I would give them ten out of ten, I would never want to go with another Agency. Do you know, I have been in lucky, they send in carers that suit me personally and they have very high standards. My carers, I cannot talk highly enough of them". One person's relative commented, "She loves seeing them and misses them when they aren't there. For me, my mind is totally at rest that they care for her".

People were involved in their care. Care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. One person said, "Yes my care plan is done annually and they always adapt it to take account of health and safety".

People were treated with dignity and respect. When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans and daily records was respectful. One member of staff explained, "We cover the parts of the body that are not currently being washed. Talk to people regardless of their capacity and explain what is being done to them".

People told us they were treated with dignity and respect. One person told us, "I am thrilled with the service. They wash me and dress me in private and help me put on my shoes and support stockings. I can't praise them up enough". Another person said, "I suffer a lot from anxiety but I really look forward to them coming. They are respectful".

People's needs were respected. Discussion with staff demonstrated that the service respected people's individual needs. One staff member told us, "We treat everyone with equality and respect. We go there as carers, not to judge people". Another member of staff said, "Treat them as you would like to be treated". The provider's equality policy covered all aspects of diversity including ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in people being discriminated against.

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carrying out personal care tasks for themselves. The staff member told us, "I try to encourage them and say, 'Here is a flannel, would you wash your face with it?'".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely. Staff knew how to maintain confidentiality.

Is the service responsive?

Our findings

Greigcare continued to be responsive. People's care records contained information about their health and social care needs. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to have their visits. The service did all it could to accommodate people's preferences. People's abilities and hobbies were considered.

Staff we spoke with were knowledgeable about the person-centred information with people's care records. For example, one member of staff we spoke with told us about a person's care needs in detail and the family involvement. The information shared with us by the staff member matched the information within the person's care plan. People's care records were current and reflected people's needs in detail. We saw daily communication logs were maintained to monitor people's progress on each visit.

The service was responsive to people's changing needs. For example, we saw evidence of how the service had responded to changing needs in relation to a person who had developed pressure sores in hospital. An occupational therapist (OT) had been involved to assess and adjust the time the person needed to be in and out of bed. The person told us, "OT dictates whether I am up for two or three hours or not and that all means I might need different numbers of visits and at different times. They [staff] always cope. My pressure sores are so much better now but everyone still has to be very careful to make sure they don't come back". Records showed the person's visit schedule had been adjusted to meet the person's changed needs. Another person commented, "Yes, occasionally I ask them to change one of the times of one of my visits, the last time was when I needed to go to the Churchill Hospital; they always comply".

People were encouraged and supported to maintain links with the community to reduce the risk of social isolation. For example, people who enjoyed attending coffee mornings and community centres. The service planned people's care visit times flexible enough to accommodate their interests as well as any other social commitments.

People knew how to raise concerns and were confident action would be taken. One person we spoke with told us, "I have no complaints at all". Greigcare had systems in place to record, investigate and resolve complaints. The service's complaints policy was available to all people, and a copy was kept within people's care records in their homes. No formal complaints had been received since our last inspection.

Staff told us they knew how to support people during end of life care (EOLC). They talked about how they would maintain people's dignity and support families during such difficult times. At the time of our inspection people were not receiving end of life care.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The provider had no formal procedures in place to audit care plans and MAR charts. The management team checked records on a daily basis and actioned on any issues identified at the same time. Shortfalls were then cascaded to staff through the communication notes and letters. We spoke to the registered manager about having a formal audit structure which could encourage direct learning for staff and they told us they would put one in place.

We also found there was no system in place to immediately identify late or missed visits. The system the provider used did not have a way to alert the office if and when visits had been completed. They relied on staff being vigilant with logging in and out after each visit. However, this left a loophole where people could be at risk of missing a visit and this would only be identified until the following day. We spoke to the registered manager about these concerns and they immediately sought solutions from the company that provided the visit logging system.

The registered manager had led Greigcare for the past 25 years. They had the direct support from the nominated individual. They were passionate about their role and had a clear vision to keep improving the quality of the service. The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. They often worked along staff. They told us, "This is a family company. Clients and carers come first".

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager and senior staff with any concerns and told us that management were supportive and made themselves available. Staff told us the registered manager had an open-door policy and were always visible around the service and staff appreciated their hands-on approach.

People were positive about the service and the registered manager. They praised their practical and positive attitude to customer service and responding to issues in an exceptional way. People commented, "The management are always in touch to make sure the carers are alright and that everything is going okay", "I do see them [management team], they help out from time to time. They are very good and they both came to see me when I came back from hospital" and "They give a remarkably strong confidence and know their people and the organisation". One person's relative told us, "I know them and have extremely good conversations with them".

Staff were complimentary of the support they received from the registered manager and management team.

They were appreciative of their availability any time of the day. Staff told us, "They are great, really good. She listens to us and understands us. I had some personal problems and she supported me. She is really approachable", "Manager is very supportive, always approachable" and "Manager is very supportive. Firm with a lovely smile".

Staff told us Greigcare was a good provider to work for. One member of staff said, "This company is rather person-centred than business-centred". Another member of staff told us, "I left before and realised the grass was not greener on the other side. I came back and the manager welcomed me back". The registered manager commented, "A couple of staff left and came back. We never advertise for staff, it's all by word of mouth".

People were complimentary on the positive communication they had with the service. People said, "If you ever ring their office they always pick up the phone within one or two rings", "We have been with them for ten years, they have been remarkably consistent and high quality and absolutely first class" and "The communication is always very good. Everybody from the office staff to carers, [manager and nominated individual] are all very good".

The provider checked the service was meeting people's needs through regular telephone reviews, staff spot checks and surveys. Records showed people were happy with the care and support received from Greigcare.

The service encouraged open communication among the staff team. Staff described a culture that was open with good communication systems in place. Although there was no evidence of any meetings organised for staff, we found information was shared through communication notes and letters shared between staff and the management team.

Records showed the service worked closely in partnership with the local authority and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The service was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people came to harm.