Greigcare Limited

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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

We undertook an announced inspection of Greigcare Limited on 19 May 2016.

Greigcare Limited provides a domiciliary care service to people in their own homes in the Banbury and Oxfordshire area. On the day of our inspection 105 people were receiving a personal care service.

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 service had systems to assess the quality of the service provided. However, the service did not always analyse data to look for patterns and trends. Accidents and incidents were recorded but we could find no evidence they were fully investigated to allow the registered manager to reduce the risk of reoccurrence.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People received high quality care that was personalised and met their needs. People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. Staff actively promoted people's dignity and respect.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were rarely late and they had not experienced any missed visits. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service sought people's opinions through regular surveys and visits by the management team.

Staff learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff received regular supervision. Supervision meetings were scheduled throughout the year as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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. There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe. People received their medicine as prescribed.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make

sure their needs could be met.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had systems in place to monitor the quality of service. However, data was not always used to improve the service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

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 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.

This inspection took place on the 19 May 2016. It was an announced inspection. 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.

This inspection was carried out by an inspector and 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.

We spoke with six people, three relatives, four care staff, the office manager, the nominated individual and the registered manager. We looked at six people's care records, staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition we contacted the local authority commissioner of services and a healthcare professional to obtain their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe and relative's expressed no concerns over people's safety. Two people said, "Yes" I am safe". One relative said, "I've never had a concern at all, I leave her (person) here all the time. I don't worry about (staff) or safety".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Staff comments included; "I would make sure the client was okay and report to the office", "I would call the office immediately and maybe social services", "I've had the training so I'd report concerns to the manager straight away. I can also call the Care Quality Commission (CQC)" and "I speak to my manager, the local authorities and I can call you (CQC)".

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 had difficulty mobilising and used a hoist for all transfers. The risk assessment highlighted two staff were required to support this person. Staff were guided to use 'good manual handling techniques' and to 'talk to [person] and tell them each movement being carried out'. This was to reduce the person's anxiety. Staff rotas confirmed two staff were consistently deployed to support this person.

Another person used bedrails to keep them safe in bed. A detailed assessment had been conducted to manage the risks associated with bedrails. These risks had been discussed with the person who had signed and dated the assessment. Other risks assessed and managed included skin integrity, medicines and people's nutrition.

People told us staff were punctual and visits were never missed. People's comments included; "We have had the same carer for two years, her time keeping is excellent" and "We've never had that situation" (missed visit). People also told us staff stayed for the full length of the planned visit. One person jokingly said "They stay the full time, I have to kick them out as they stay longer".

We asked relatives if staffing was adequate to meet people's needs. One relative said "Yes one hundred per cent. The carer comes in to wash her several times a week". Another relative said "Yes, lady (staff) comes every morning".

Staff told us there were sufficient staff to support people. Staff comments included; "We have enough staff. It can be a balancing act sometimes but we are fine", "There is enough staff. I don't get pressured to do extra shifts" and "I think we have a settled staff group that works just fine".

Staff were effectively deployed to meet people's needs. For example, where two staff were required to support people this was consistently maintained. The registered manager told us staffing levels were set by the "Dependency needs of our clients". The service used an electronic system to monitor support visits and the system raised an alert if staff were identified as being late. This enabled the service to inform the person,

contact staff and make alternative arrangements as required maintaining people's safety. Records confirmed there had been no missed visits in 2016.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

People received their medicine as prescribed. Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. People's care plans highlighted where people could self-medicate, needed prompting or required full support. We spoke with staff about medicines. Staff comments included; "I am trained and I am also qualified to administer warfarin. I've been trained by the district nurse. I have my competency regularly checked", "I do help people with medicine. I keep the records up to date and the manager checks my work on a regular basis" and "I've helped with medication for many years now but I still have my competency checked. That's a good thing".

We asked people and their relatives about medicine. One person said "I self-medicate. They fit a pain patch as and when required and if my regular carer away someone else would do it". A relative said "She (person) does her own medicines, it gives her a bit of independence".

Good

Is the service effective?

Our findings

People and relatives told us staff knew people's needs and supported people appropriately. One person said, "They seem very well trained". One relative said "[Staff] knows how to handle [person] without a shadow of a doubt. They asked us what type of person (staff) we wanted and they couldn't have picked a better person (staff)". Another relative said "Yes they know what to do".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. The induction training was linked to the 'Care Certificate', a recognised set of standards considered to be good practice. This training included fire, safeguarding, moving and handling and infection control. Training was provided for people's specific needs such as eye treatments and stoma care. This training was provided by the district nurse. Staff spoke with us about training. Staff comments included; "My induction was a long time ago but I take out new staff to show them the ropes", "I am new to care work so I have had lots of training which has been really good. It has really given me confidence" and "I have the skills I need to do this work. I've had plenty of training and I can ask for more. I asked for further training in dementia and I got it".

Staff told us, and records confirmed staff had effective support. Staff received regular supervision in line with the provider's supervision policy. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff had requested further training and had gone on to achieve a level two national qualification social and health care. Another member of staff had requested 'Parkinson's' training and we saw this training had been provided.

Staff competence and practice was monitored through spot checks. Senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions. We spoke with staff about training and support. Staff comments included: "I feel we get good support. I have regular supervision and spot checks which I find useful. I've also had extra training in 'Parkinson's' which was very interesting", "I get lots of support through supervisions. It keeps you up to date" and "I am supported. I get to have my say on supervisions and if I mention training I get it".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected. Where people were thought to lack capacity mental capacity assessments were completed.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "I have had this training. It is about seeing people can decide for themselves, their decisions. I offer them choices and give them time. Any concerns and I would report to the office", "I am not patronising and I don't just assume they (people) cannot do things. I help them where they need it and if they struggle to understand I show them" and "You just know where people can make their own decisions. I always give choices and I would never force someone to do something they were unhappy with. It had to be their choice".

The registered manager told us they continually assessed people in relation to people's rights and was aware applications must be made to the Court of Protection. They were also aware the court of protection was the decision maker relating to the deprivation of a person living in the community.

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "I ask and work to their routines". Another said "I always check and make sure they want me to support them. I explain everything as I go along and check they are alright". People told us staff sought their consent before providing support. One person said "Yes they do. I get so relaxed I sometimes fall asleep".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. One healthcare professional we contacted said "Having worked with this care provider for a number of years I have always found them to be
professional and approachable. They are willing to take on clients that other agencies won't due to their individual circumstances and work effectively with them".

One person told us how the service supported them with hospital appointments. They said "I have to cancel the carer when I have a hospital appointment. If I am late back they check where I am. Next Monday I have an appointment and if transport is delayed I could miss my evening call. If they are aware of it we have a plan in place. They notify on call (staff) and someone else will come out. I was discharged from hospital last July got discharged at two pm and they sent someone around to make me a cup of tea and make sure I was okay".

We spoke with people and relatives about nutrition and the support the service provided. One person told us, "They help preparing food and they know about my allergies. If it's a new carer it's in the care plan but I also explain to them". One relative said "She (person) can feed herself and they come and prepare the food".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. For example, one person's care plan stated, 'go shopping for food on Friday'. Another care plan stated, 'staff to make a sandwich of their (person's) choice, cover with Clingfilm and leave in the fridge'. We spoke with staff about people's nutritional needs. Staff comments included; "I do sometimes help people to eat. I make sure I have enough time to help them and I don't rush them" and "It is a minority that need direct help. It's mostly preparation". Records confirmed people's nutritional needs and preferences were catered for.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "Yes, yes they are" (caring), "It's excellent, I have a lovely girl who does my cleaning and puts me at ease. I love her very much" and "I am quite satisfied. I will stay with Griegcare as long as I can".

Staff told us they enjoyed working at the service. Staff comments included; "I must like it I have been here so long. This job gives me freedom to make a difference in people's lives", "I love it as every day is different", "I like doing this job. It is doing something worthwhile", "I have good relationships and I've know some of the clients for years. You can't but help have a relationship and I do get attached to them" and "I think these people should get the best care we can give them. We all work towards that".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful.

We asked staff how they promoted, dignity and respect. Staff comments included; "With personal care I cover them as much as I can and I draw curtains. If family members are about I close the doors as well", "I always close doors and curtains to keep things as private as I can" and "When washing a client I cover them and ask family member to leave". One relative said "They treat us with kindness".

One staff member had been awarded a certificate for 'excellence' in the Age UK 'Dignity in Care' awards. The certificate stated 'for demonstrating exceptional qualities and going that extra mile to give real dignity in care'.

People's independence was promoted. Care plans guided staff to encourage people to be independent. For example, one person's care plan advised staff to 'allow [person] to do what they can for themselves'. Another reminded staff '[person] can prepare their own meals'. Staff spoke with us about promoting people's independence. Staff comments included; "I let them do what they can", "I encourage them to do what they can and only assist where needed" and "I give choices and respect their wishes. I don't take away what they can do. I help, but only where it's needed". One person told us staff promoted their independence. They said, "Yes, they let me get on with it no limitations".

People were involved in their care. We saw people were involved in reviews of their care and had signed reviews and changes to their support plans. People were also informed about who was visiting them and when. Visiting schedules were provided to people and gave information about dates and times of the visit. They also stated what support the staff would be providing. For example, preparing a meal, administering medicine or assisting with showering. Schedules of support were updated in line with care reviews informing both people and staff of the support needs. Daily notes evidenced visiting schedules were followed and consistently maintained.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's

homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. Staff were provided with the services policy on confidentiality. This gave staff guidance relating to general security of people's information and included guidance on social media. Staff had signed and dated the policy to confirm they had read it.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit and demonstrated staff were not just task focussed. People and relatives spoke with us about the interactions they enjoyed with staff. One person said, "They come in and say good morning, how was last night". One relative said "They come in and ask if we are both okay and have a chat for a little minute". Another relative said, "She (staff) will talk to [person], she's (staff) always communicating with [person]. It's really a calling rather than a job for [staff]".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessments. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated 'I like to bake cakes and I enjoy gardening'. Care plans recorded people's previous employment and historical details about the person's life.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how to support people. This information was contained in the 'how to meet my needs' section of the care plan. For example, one person had been with the service many years and always asked for one specific member of staff to support them. Another person could sometimes become anxious when receiving support and had requested staff 'talked through each process' as they went along. Daily notes and staff rotas evidenced these preferences were respected.

People received personalised care that responded to their changing needs. For example, one person could present with behaviours that may be seen as challenging to themselves or others, particularly towards female staff. As this behaviour had increased the registered manager had visited the person and following discussions the person had agreed to a meeting with mental health professionals. We saw this meeting had been arranged and in the interim, the person's care plan had been reviewed to reflect the changes in their behaviour. We noted care plans were reviewed annually or as people's needs changed.

The service responded to people's needs. Records confirmed people regularly contacted the service to change visit times and dates to accommodate their own personal schedules and appointments. During our inspection we heard a telephone conversation where a person wished to change a visit time so they could make a private appointment. Office staff were polite, compassionate and helpful and changed the visit time to suit the person.

The service responded to people's medical needs. One person had a condition that meant they had very delicate skin. Details of this person's condition were contained in care plans and provided staff with information relating to the condition and the risks associated with how the condition was treated. Staff worked closely with the district nurse to monitor and care for this person's skin. Staff were provided with detailed guidance on how to effectively support this person. For example, staff applied prescribed cream daily. Staff were also guided to apply the cream with 'a downward motion only' and use 'flannels for washing, not sponges'. Records confirmed the person's condition was being effectively managed and staff were following the guidance.

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "Care should be centred around the person, what is best for them", "Tailored to the client's needs, at the end of the day you are there for them. It is their personal routines", They all like things done differently so it is

their preferences" and "It's caring for their personal needs, doing what they want. It's personal choices". One person told us how staff were patient and gave the person time to do things. They said, They allow "Me to go at my own pace, normally slow".

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. Details of how to raise issues and complain were provided for all people and their families when the person joined the service. The service had not had any complaints in 2016. Historical complaints had been dealt with compassionately and in line with the providers' policy. The registered manager told us, "We deal with issues very quickly so people rarely formally complain".

We spoke with people and relatives about complaints. One person said "I can complain in the book". Another person said "I'd just let the nurse know or ring the office". A relative said "No, I haven't had reason to complain. I spoke to the owner and said how good it is, what makes the difference".

People's comments and compliments were recorded. Nearly all the comments recorded on the 'communication sheets' related to people changing visit times or dates. There were a very large number of compliments recorded from both people and their families. Some of the compliments were heartfelt and very moving. This was especially so where family members were thanking the service following the death of a person.

People's opinions were sought through regular surveys. The surveys asked people questions about all aspects of the service, care and staff. We saw the results of the last survey which were very positive. People and their relatives told us the service sought their views. One person said, "I have had surveys and every week I get monitoring calls". Another said, "Yes we discuss things if there is a problem". One relative said, "I had a survey a couple months ago they do that yearly. It's alright the way they have treated us".

Requires Improvement

Is the service well-led?

Our findings

Accidents and incidents were recorded. However, we could find no evidence to show accidents and incidents were fully investigated. Details of what happened were recorded but there was no evidence to show any conclusions to events or follow up actions taken to reduce the risk of reoccurrence. This also meant the registered manager would have difficulty identifying patterns and trends relating to accidents and incidents across the service. We spoke with nominated individual about this concern. They said, "I will discuss this with the registered manager and we will put a system in place immediately to resolve this issue".

People's opinions were sought through annual surveys sent out to people and their families. Individual issues raised by the surveys were investigated and action taken to improve the service. For example, a recent survey identified one person's environment had changed and the environmental risk assessment required updating. Records confirmed a full environmental review was conducted and the risk assessment updated. However, data from the surveys was not routinely analysed to look for patterns and trends. For example, on one survey a third of people who responded believed a 'staff member had not attended' when they expected. The electronic telephone monitoring system used to monitor all visits data showed no staff had missed any visits. However, people's perception of the situation had not been fully investigated or addressed. We spoke with the nominated individual about these concerns and they took immediate action to address these issues. They said "The manager and I will make a plan straight away to put a system in place". We could find no evidence our concerns impacted on people's care.

People told us they knew the management team and felt the service was well managed. People's comments included; "Yes I think it is" (well managed), "Yes, they do what they come to do plus a little bit more", "Super service", "If I was rating them I would give them excellent" and "Oh yes, (well managed) they provide an adequate service".

We asked people and their relatives if they would recommend the service. One person said, "I have done already in the past". A relative said, "I already have for my sister in law". Another said "Oh yes, we got it recommended to us".

Staff told us about the registered manager and how they felt the service was well managed. Staff comments included; "The manager is fine. Very supportive and helpful", "I think she is lovely. She'll do anything she can to help you. She's also approachable and friendly", "The manager is lovely, if I had a problem she would help and understand. I think this is a well-run service" and "She is very nice and always helpful".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager, nominated individual and staff spoke openly and honestly about the service and the challenges they faced. Staff told us about the positive culture at the service. One staff member said, "We are open and honest and the management tells us to be open. I feel I can own up to any mistakes safely, they are very understanding". Another said, "If you have a problem they (management) are willing to listen".

Staff told us learning was shared through meetings, briefings and texts. Staff comments included; "We have meetings and we share learning. Issues are discussed to improve things", "We share experiences and information through texts meetings and face to face briefings" and "We definitely share learning by notes, texts and phone calls". A large 'carers message board' was maintained and prominently displayed in the office. This was used to pass information onto staff. Issues such as rota changes, general information and information relating to people's care needs were displayed.

Staff meetings were regularly held and staff were able to discuss and raise issues. Information, learning and changes to people's care was also shared at these meetings. For example, one meeting recorded staff raised issues relating to their terms and conditions. We saw these issues were discussed and staff were encouraged to continue discussions by the registered manager.

The registered manager monitored the quality of service provided through regular audits. Medicine records, care plans and risk assessments were regularly reviewed and action taken to improve the service. For example, one audit identified a person's medicine needs had changed and the registered manager had requested new instructions relating to the person's needs. The electronic telephone monitoring system was also audited. Reports were compiled and analysed to monitor performance. For example, a report for 2016 highlighted that 95% of visits occurred within planned timescales. The data also identified 99.96% of planned visits were carried out.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the 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.