

Grendon Cross Care Ltd

# Grendon Cross Care

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Grendon Cross Care is a domiciliary care service. People are supported in their own homes so that they can live as independently as possible. At the time of our inspection there was one person with complex needs, receiving support 24 hours a day.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

There were sufficient numbers of staff to meet people's needs safely. People were supported by regular staff who knew them and their needs well, which promoted continuity of care. The provider had followed their recruitment practices to ensure people employed were suitable to work at the service and support people safely.

People's medicines were managed safely. Staff had been trained so they could support people with their medicines if it was required. People were kept safe from the spread of infection because staff consistently followed the providers infection control procedures.

People's needs, and choices were fully assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs. People were supported to live healthier lives and staff helped them to access healthcare services when required. We saw the service worked closely with healthcare professionals to ensure good outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood people's individual care needs and preferences and used this knowledge to provide people with person centred care.

People and their families were involved in the care planning and reviews of their care. The provider had a

complaints procedure which was accessible to people using the service and was available in different formats. There had not been any complaints received at the time of our inspection, but systems were in place to address and investigate complaints.

The service had good governance systems in place to ensure all aspects of the service and people's care were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision.

Lessons were learned when things went wrong, and the provider was committed to the continuous improvement of the service.

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

Rating at last inspection:

This service was registered with CQC on 6 November 2019 and this is the first inspection.

Why we inspected:

This was a planned inspection following registration.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Grendon Cross Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

Grendon Cross Care is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

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

#### Notice of inspection

We gave the service 48 hours' notice of our inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

Inspection activity started on 4 May 2022 and ended on 5 May 2022. We visited the office location on 4 May.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

#### During the inspection

As part of the inspection we spoke with a relative of the person receiving care as they were unable to tell us about their experience. We had discussions with a director of the company and the registered manager who was also the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the persons care plan, associated risk assessments and Medication Administration Records (MAR). We looked at three staff files in relation to recruitment, training and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, complaints procedure, service user guide and quality assurance records.

#### After the inspection

We spoke with two care and support staff by telephone and received feedback via email from a further two care and support staff. We contacted two healthcare professional's involved in the care of the person using the service. We continued to seek clarification from the provider to validate evidence found. We looked at the providers analysis of accidents and incidents, their initial assessment tool and key policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential risks of harm. A relative told us they felt their family member was safe when they received their care and support and that staff respected their home and promoted their safety. They told us, "[Name of person] is kept very safe. They [meaning staff] make sure the environment is relaxed which helps to keep [name of person] calm."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risks.
- Risks were monitored and reviewed regularly to keep people safe. A staff member said, "There are risk assessments in place which we follow. They are in place so we can keep [name of person] safe."
- Staff informed the registered manager when they had concerns about people's health and wellbeing, or if their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.
- Risk assessments were up to date and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

- There were sufficient numbers of staff to keep people safe and meet their needs. Rotas showed there was a team of eight staff, plus the registered manager and director who provided round the clock care and support for the person using the service. This ensured consistency and the registered manager told us this was important to the person because it reduced their anxiety.
- Staff told us they felt staffing numbers were sufficient to meet the needs of the person using the service and keep them safe. They told us, "We are never short of staff. We are a good team and we will cover any shifts among ourselves if someone has to go off sick."
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer

recruitment decisions and prevent unsuitable staff being employed.

#### Using medicines safely

- Staff were trained in the safe management of medicines and who had their competency checked regularly. Staff confirmed this and one told us, "We completed medication training and our practice is checked to make sure we are safe."
- We saw evidence that regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.
- Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and followed best practice guidance.

#### Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE). We saw a comment in the most recent staff survey that read, 'Safety of all has been excellent, with regular COVID testing and the guidance made clear when there are any updates or changes.'
- Staff confirmed they had supplies of PPE and completed regular testing for COVID-19. These actions help to reduce the risks from infection transmission.
- The provider had COVID-19 risk assessments and contingency plans in place to help ensure they continued to deliver a safe service during the pandemic.

#### Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the registered manager was open and shared learning from incidents with them, such as revised measures to reduce risks to people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There were systems in place to ensure people's needs and choices were met in line with national guidance and best practice. The assessment tool looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. A staff member commented, "My start to the company was well organised, thoroughly explained and executed with a detailed induction. I find the training is relevant and informative to my job role within the company."
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member commented, "I found the induction was very good. It gave me an understanding of what to do and what to expect."
- The system for staff supervision and support was consistently applied. Staff told us they were supported by the registered manager through their one to one meetings. One told us, "I do have supervision and I can talk about any issues or what training I need."

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

- Care plans provided details of people's dietary needs and the support they needed to prepare and eat their meals safely. For example, in the care plan we examined there was guidance for staff about how to provide support for the person to eat slowly to ensure they did not choke.
- Staff were aware of people's individual food preferences and had completed training in diet and nutrition to ensure they had a good understanding of people's dietary needs. The registered manager sought advice and guidance from dietitians and speech and language therapists to ensure the people's dietary needs were met.

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

- People experienced positive outcomes regarding their health and wellbeing. Staff maintained good working relationships with a range of external organisations to support them in the provision of effective care and support such as people's GP's, occupational therapists and dieticians.
- Care plans provided a clear overview of people's health needs and the involvement of health care

professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- We checked whether the service was working within the principles of the MCA and were satisfied staff understood the importance of seeking consent before providing care or support. People's mental capacity had been considered in line with guidance for relevant decision-making processes.
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew the person they were supporting well. One told us, "[Name of person] has certain routines which they need to do so they don't become anxious. We are a small team and know [name of person's] likes and dislikes. We always respect their choices."
- A healthcare professional informed us, "The staff are very compassionate. I think they genuinely care for [name of person] and strive to give them the best care they can. Its all about what [name of person wants.]"
- Staff had completed equality and diversity training that included information on people's different cultures and what this could mean when providing people with personal care.
- Care plans described people's individual daily routines, cultural needs and preferences such as the gender of staff. For example, the person using the service was supported with personal hygiene needs by male staff members, which respected their choice and dignity.

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

- People were fully supported to express their views, preferences, wishes and choices and staff used a variety of tools to communicate with people according to their needs. For example, in the care plan we looked at we saw that the use of visual aids to help the person make decisions were used such as the use of pictures and symbols. They also used a Picture Exchange Communication System (PECS) with a folder and sentence strip for the person to communicate their wants and needs. (PECS uses pictures to help individuals communicate with others.)
- To support the person using the service with communication and understanding there were portable schedules with pictures depicting routines for the day, activity choices and any appointments that needed to be attended.
- The provider encouraged and welcomed the use of advocates. Information was made available to people about using an independent advocate if this support was needed. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and people were encouraged to maintain their independence and do as much as they could for themselves. A relative told us, "They do support [name of person] to do things such as preparing meals and household tasks."
- Respecting people's privacy and dignity was important to staff. One commented, "I maintain the dignity and privacy of our clients by treating them with respect and making sure their privacy is always at the forefront of our practice; by maintaining personal space, ensuring doors are closed when assisting with personal care and toileting and keeping information about clients confidential."

- Staff ensured people were encouraged to do as much as they could for themselves. A staff member told us, "Assisting clients to be as independent as possible is important to me. I do this by using and making all appropriate communication aids available at all times, giving clients time and patience to learn, empowering clients to make decisions and choices for themselves and correctly risk assess if required."
- A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided continuity of care. They monitored people's care and when changes were identified these were assessed and care plans were updated as needed. One staff member told us, "By providing service user-led care, we make sure the service user is involved in the decision-making process about their care, they are also involved in their care planning process."
- A health care professional informed us, "The staff and the management team do everything they can to involve [name of person] in their care. They go over and above to make sure they provide them with person centred care and to make sure their choices are respected."
- Care plans were personalised and identified how people wanted their needs met. They focused on what the person could do, and areas where they needed further support.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their pre-assessment and their care plans described how they communicated, preferred language and the best way for staff to offer choices and support.
- The registered manager said they could make information available in formats people could easily understand and we saw a sample of these in a folder. They included easy read, large print, pictorial and documents in different languages.

### Improving care quality in response to complaints or concerns; End of life care and support

- A complaints policy was available for people to access which could be made available in a different format if people required it. We saw this in an easy read and pictorial format for the person using the service.
- Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures.
- The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal;

verbal and written would be dealt with appropriately.

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.
- We saw there was an advanced care plan in place for the person using the service that demonstrated the persons preferences had been explored and recorded. This had been made available in a pictorial format to support the persons understanding.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, the director and staff all spoke passionately about wanting to provide a good service and high-quality care. The registered manager demonstrated an in-depth knowledge of the person they were supporting, and also understood the strengths and weaknesses of the service. They felt strongly that growth of the service had to be done slowly and safely and it was important to keep the person using the service as the priority.
- Staff spoke positively about the leadership and management of the service. Staff felt well supported and able to approach the registered manager with any concerns, issues or new ideas. One told us, "The manager is present in his role and goes above and beyond to make me feel supported, valued and part of a team."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff.
- The registered manager and the director knew the people using the service well and were involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in their care.
- The registered manager and staff team worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- There was a systematic approach to the quality monitoring of the service. Audits and checks were carried out on people's care and their care records. Staff were supervised, trained and their practices were checked.
- Staff told us they felt well supported. One told us, "The registered manager makes himself available to all staff 24/7 no matter what the problem or situation and regularly praises staff for all their efforts and hard work. He listens and respects staff's ideas, concerns and issues. He is regularly on shift so maintains a professional and approachable relationship with his staff."
- The registered manager understood their responsibilities of registration with CQC. There had been no notifiable incidents yet, but the registered manager was able to describe scenarios where a notification to CQC would be required.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up to date with any changes.
- The registered manager ensured there were systems in place to ensure compliance with duty of candour.

The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider gained the views of people using the service, relatives and staff by using a satisfaction survey. We saw the latest survey for the person using the service. There were some areas where they would like to see improvements. We asked the registered manager how they had addressed these. They provided us with a very detailed action plan on how they could make improvements. For example, the registered manager has arranged for a meeting with the person using the service and their family members to discuss any concerns.
- Staff surveys had been completed and we saw positive feedback from all staff. Comments included, "A well-led organisation that promotes the wellbeing of all involved, especially the clients. A person-centred approach is always the priority." Another read, "Always a positive environment for staff and clients that empowers everyone to use their voices."
- Staff told us that because the service was small the communication flow was very good. They confirmed they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- The provider was transparent, open and collaborative with external agencies. The registered manager told us how they regularly communicated with external professionals when considering the growth of the service.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us he ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- We found that lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care people received. These were shared with staff during meetings and supervisions. For example, the provider had implemented different strategies to support the person with their anxieties when current strategies were not working.