

Grande Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grande Care Limited is a domiciliary care service providing personal care to people in their own homes. The service provides support to people with complex needs, older people, and those with mental health needs, dementia and physical disabilities. At the time of our inspection there were 8 people using the service. Not everyone who used the service received personal care. 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

The management of medicines required improvement. Risks were not always assessed which put people at risk of receiving unsafe care. Governance systems and processes did not provide an effective means of identifying where improvements were needed, to ensure the service was safe and met regulatory requirements.

Staff understood how to manage risks to people's health and safety. People and their relatives told us they felt safe with the care they received. The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. People received care and support from a consistent staff team who had time to get to know their individual needs and preferences and staff were recruited safely. Staff received training in infection prevention and control and were provided with Personal Protective Equipment (PPE).

The provider assessed people's needs and choices before they began using the service. The provider's induction and training provided staff with the skills and competencies needed to carry out their roles effectively. People were supported to access other health professionals as required. Staff followed advice and guidance provided by health professionals to meet people's nutritional needs.

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.

We received positive feedback from people, their relatives and staff about Grande Care. The registered manager had a clear vision and ethos for the service which was to provide people with a small staff team they could build confidence with and develop trusted relationships. People were given the opportunity to provide feedback on care through regular home visits carried out by the registered manager. Important events and incidents were reported to CQC as per regulatory requirements. The registered manager worked in partnership with other health and social care professionals to ensure positive outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 August 2018).

Why we inspected

We received concerns from the local authority's safeguarding team regarding the quality of personal care people received to maintain their personal hygiene. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only to examine those risks. We found no evidence to support these concerns, but we have found evidence that the provider needs to make improvements in other areas of care. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Grande Care Ltd

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

The inspection was carried out by 3 inspectors. 2 inspectors visited the location's office and 1 inspector spoke with staff and people over the telephone.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 31 January 2023 and ended on 9 February 2023. We visited the location's office on the 31 January 2023.

What we did before the inspection

We reviewed information we held about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 members of staff including the registered manager and care staff. We also received feedback from 2 care staff by email. We gathered feedback from 3 relatives and 1 person about their experiences of care. We reviewed 3 people's care plans including their medicine administration records and a variety of records relating to the management of the service. This included recruitment files, a training matrix, policies, procedures, complaints, safeguarding concerns and spot checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- The management of medicines required improvement. The registered manager told us they recorded when medicines were given on a medicines administration record (MAR). However, MAR charts did not always include medicines that were given on an 'as required' (PRN) basis and were not consistent with the list of medicines in people's care plans.
- Where people were prescribed PRN medicines, there were no guidelines in place to inform staff under what circumstances they should be given. That meant those people could be given too much or not enough of their medicine.
- When PRN medicines were given, staff were not following best practice by recording the time of administration which meant there was a risk doses could be given too close together.
- One person's medicines and their dosage was changed regularly and their medicines were managed by both family and care staff. This process was not safe because staff took direction from the family, rather than from the professional who prescribed the medicine. This posed a potential risk of harm to that person.
- On some occasions, staff dispensed medicines into multi-compartmental aids (MCAs). This is known as secondary dispensing and does not follow best practice guidance or recommendations. This is because it increases the risk of errors being made with people's prescribed medicines.
- Risks were not always assessed which put people at risk of receiving unsafe care. For example, one person had a food allergy, but there was no information about the signs or symptoms or what action staff should take if the person had an allergic reaction.

The provider had not ensured that risks to people were consistently assessed or mitigated. Risks related to medicines were not well managed and some practice was unsafe. This placed people at risk of harm. This was a breach of Regulation 12(1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately, during and after the inspection. New protocols and guidance documents were introduced to ensure people's medicines were managed safely, and changes were made to medicines systems and processes.

- Staff understood how to manage risks to people's health and safety. People and their relatives told us they felt safe with the care they received.
- One relative said, "The staff have a really good grasp of [person's] needs. [Person] had a seizure recently and staff knew what to do." One person said, "I feel safe with them."

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.
- Staff received safeguarding training and were confident reporting their concerns. One staff member said, "If there were concerns about [person's] safety or risks then I would report it." Another staff member said, "[Safeguarding is] Protection of our clients, making sure their health and wellbeing is perfect, far away from abuse, harm or neglect."
- When potential safeguarding concerns were identified, these were reported to the local authority and us, CQC.

Staffing and recruitment

- People received care and support from a consistent staff team who had time to get to know their individual needs and preferences.
- Records confirmed staff had proof of identity, address, eligibility to work in the UK and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruiting decisions by confirming if prospective staff have criminal records or are barred from working with vulnerable adults.

Preventing and controlling infection

- Staff received training in infection prevention and control and were provided with Personal Protective Equipment (PPE).
- Care plans included reminders for staff on good infection control practice when providing care to people in their homes.

Learning lessons when things go wrong

- The provider had a policy for recording and responding to accidents and incidents. No accidents or incidents had been recorded at the time of inspection.
- The registered manager responded promptly to feedback during the inspection, particularly in relation to safe medicines management practices.
- In response to a safeguarding concern, unannounced spot checks were introduced to improve oversight of care practice standards.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. 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

- The provider assessed people's needs and choices before they began using the service.
- Pre-assessments enabled the provider to determine if the service was suitable for people and whether the staff team had the necessary skills to meet people's individual needs.

Staff support: induction, training, skills and experience

- Staff files did not contain details of their induction or shadowing opportunities. However, staff gave positive feedback about their training and that they felt well supported by management. One staff member said, "My manager supported me on my first shift which was a night shift." Another staff member said, "When I started I worked with another carer for 3 days. After 3 days me and the client both felt comfortable and confident with each other."
- The provider's induction and training provided staff with the skills and competencies needed to carry out their roles effectively.
- Staff were provided with additional, specific training for people with certain health conditions before they could provide care to those people. This included autism and epilepsy training.
- The registered manager visited each person receiving a package of care every week. During those visits the registered manager observed staff practice to ensure they were meeting the required standards and expectations.

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

- Staff and the registered manager worked with other social and health care professionals to promote people's health. This included social workers, dieticians, specialist nurses and consultants.
- Care plans contained information about other healthcare professionals involved in supporting people's physical and mental health needs.
- Where requested to, staff monitored aspects of people's health to share with other healthcare professionals. These records helped to inform decisions about the support people needed to keep them well.

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 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.

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.

- The registered manager demonstrated an understanding of the requirements of the MCA and stated those people they currently supported had capacity to make decisions for themselves.
- Where people needed assistance with making complex decisions, they had family who could support them to make those decisions, in their best interests.
- People were supported to be involved and make decisions about their care as much as possible.

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

- People were supported to eat and drink if this was part of their planned care.
- Staff followed advice and guidance provided by health professionals to meet people's nutritional needs.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership did not operate robust governance systems.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Oversight and monitoring of the safety of the service needed to improve. Current systems and processes did not provide an effective means of identifying where improvements were needed, to ensure the service was safe and met regulatory requirements.
- The provider's auditing systems needed to be more robust to ensure they operated effectively. For example, medicine checks had not identified the issues we found which placed people at risk of receiving unsafe care. Systems were not in place to audit people's risk assessments and care plans to ensure these remained relevant, accurate and up to date.
- Record keeping needed to improve. Some recording systems were informal and records of staff competencies in relation to medicines management were not kept.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. New systems, protocols and procedures were implemented to ensure the safe and proper use of medicines, and new recording templates to log concerns, issues or complaints.

- People were given a service user guide when they started to use the service which set out a charter of rights and provided them with information about how to raise any concerns or complaints.
- Staff understood their roles and what was expected of them. They were knowledgeable about risks to people's health and safety and ensured they kept the registered manager informed of any concerns or changes in people's health.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Formal staff meetings were not taking place. However, staff had regular contact with the registered manager and we received positive feedback from staff about communication and support. One staff member said, "[Registered Manager] is absolutely quick to respond. She likes to be kept updated so she can share the info with other care staff."

- We received positive feedback from people, their relatives and staff about Grande Care. One relative said, "They are good, the carers listen and adapt," another comment about the care was, "Its more than we could ever hope for." A staff member said, [Registered Manager is] "Really supportive. When we call, even at night, in the middle of the night she will come if we have a problem." Another staff member said, "You get to talk to her, any difficulties we're facing [Registered Manager] is always there."
- Grande Care delivers a service for people with more complex needs who require extended hours in their care packages. The registered manager explained the ethos of the service was to provide people with a small staff team they could build confidence with and develop trusted relationships. They told us, "I want to make Grande Care a culture of care and not just a company."
- The registered manager asked people or their relatives for their views on the service. They visited people at least once a week to ensure the support they received met their needs and they were happy with the standard of care provided. One relative said, "They are flexible and adapt too, when we need to change things."

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

- Important events and incidents were reported to CQC as per regulatory requirements.
- The registered manager sought advice and guidance from CQC on incidents that occurred at the service, to check whether these should be notified.

Continuous learning and improving care; Working in partnership with others

- The registered manager welcomed our inspection and the feedback provided. They demonstrated a positive attitude to improving and developing the service for the benefit of people and staff.
- The registered manager worked in partnership with other health and social care professionals to ensure positive outcomes for people. We received positive feedback from health professionals. One comment was, "[Registered Manager] was very proactive in seeking help," another commented, "I would have no hesitation in using them again or recommending them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that risks to people were consistently assessed or mitigated. Risks related to medicines were not well managed and some practice was unsafe. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p>