Gracious Health Solutions Limited

Nottingham

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

The 'Nottingham' is run by Gracious Health Solutions Limited which can provide nursing and personal care to adults living in Nottingham. At the time of our inspection, one person was receiving a service.

This inspection place on 22 August 2018 and was the first inspection of the service. We announced the inspection to make sure the registered manager was available.

There were two registered managers in place and one was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received safe and effective care from staff. Staff had a good understanding of the various types of harm and their roles and responsibilities in reporting any safeguarding concerns.

Risks to the person's individual needs and their home environment had been assessed. Staff had information available about how to meet this person's needs, including action required to reduce and manage known risks.

There were sufficient numbers of staff to meet the person's care needs. Staff were recruited safely. Staff received regular training and supervision and were able to reflect on the care and support they delivered and identified further training requirements.

The person receiving a service did not need any support with their prescribed medicines. Staff had received training in supporting people with their medicines.

The person receiving support had their rights protected under the Mental Capacity Act 2005. The person was supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in the person's care when required.

The person's care plans reflected their individual needs and personal wishes. They and their relative were involved in the development of their care plans and these were reviewed regularly.

The service encouraged feedback from the person receiving a service. A complaints process was in place. The person receiving a service and their relative felt able to make a complaint and felt confident that staff would respond appropriately.

The person and their relative were satisfied with all aspects of the service provided and spoke positively of both staff and management team. The person received care and support from kind, caring and

compassionate staff, who respected their privacy and dignity at all times.

The person and their relative had confidence in the registered managers and the way the service was run. There were systems in place to monitor and improve the quality of the service provided. The vision and values of the staff team were person-centred and made sure people were at the heart of the service.

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.

Staff knew how to keep the person safe and understood their responsibilities to protect the person from the risk of harm.

Risks to the person's health and safety were managed and plans were in place to enable staff to support them safely.

Sufficient staff were deployed to meet the person's needs.

Support with medicines was not required.

Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff were trained and had suitable knowledge and skills to provide effective support.

Staff knew about the Mental Capacity Act 2005 and its implications for the people in a care setting. Staff knew how to ensure they promoted people's freedom and protected their rights.

The person was supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in the person's care when needed.

Is the service caring?

Good

The service was caring.

Staff were kind when supporting the person to meet their care and support needs.

The person was encouraged to make decisions relating to the care and support they received.

The person told us staff were calm and professional and did not

rush whilst carrying out their care duties.

The person did not require any advocacy support. The service user guide contained information about how to access advocacy services.

Staff respected and supported the person in a manner that promoted their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

There was appropriate information available to staff about the person's care needs.

The service were flexible when support times needed changing at short notice.

The person had been able to give feedback about the service they received.

The person had access to a complaints procedure.

Is the service well-led?

Good

Staff were effectively supported by management.

Staff were able to share their thoughts about the service and felt this was valued by management.

Systems were in place to monitor the quality of care and to ensure that the person received good care. Continual improvement was made because of the quality monitoring and feedback.

The provider was aware of their regulatory responsibilities.

Nottingham

Detailed findings

Background to this inspection

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

The inspection was carried out on 22 August 2018 and was an announced inspection. 48 hours' notice of the inspection was given because the service is small and the registered managers' are often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection, we also reviewed information we held about the service. This included information received and statutory notifications about the provider. A notification is information about important events, which the provider is required to send us by law.

We contacted local commissioners of the service, Healthwatch and health and social care professionals involved with the service to obtain their views about the quality of the care provided by the service.

During our inspection, we spoke with one person who used the service, their relative, two members of care staff, the care coordinator and one of the registered manager's. We looked at the care records of the person who used the service. We looked at three staff files, as well as a range of records relating to the running of the service such as quality audits and training records.

Good

Is the service safe?

Our findings

The person receiving support told us, "Yes, the staff provide safe care." They also said they had, "No concerns with my care, as long as it's the same staff". They had been occasions when different staff would attend, but this had not happened for some time [four months]. The registered manager shared that only staff known by the person attend calls.

Staff were aware of the signs and symptoms of any harm or abuse and were alert to these. They were able to describe to us the types of concerns that might arise and present a risk to the person they supported. Staff told us if they had any concerns about the safety or wellbeing of a person they would take swift action, including reporting their concerns to the registered manager. One staff member said, "I would call my manager at the office. If they didn't report it, I'd whistle blow or call CQC. [Staff] Did training on it [safeguarding training]." Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team who have responsibility for investigating safeguarding incidents.

The person receiving support lived in their own apartment in a large multi storey block in the city centre. Staff told us they would always, "Inform building security when they were entering and leaving [the person's apartment]." On each visit, staff would liaise with building security staff to gain safe access to the person's apartment. The person receiving support shared that building security knew the staff who visit and they had given entry keys to staff which they could use to enter and exit the building safely.

We found relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

Risk assessments provided staff with the required information about how risks should be managed to protect the person receiving care. Risks identified included, but were not limited to people at risk of falls, moving and handling and poor skin integrity. Where people were deemed to be at risk, these risks were monitored and reviewed regularly. One staff member said, "We did a risk assessment to transfer [person] from shower to [person's] wheelchair…this helps me do it safely."

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were not in place for the person using the service. The registered manager agreed to put this in place immediately. These plans provide staff with guidance on how to support people to evacuate their home in the event of an emergency. The registered manager agreed to put this in place and we received confirmation of this after our inspection. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

We checked the recruitment files of three staff members. Safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each

member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

We asked if there were sufficient staff to meet people's needs. The person receiving support told us, "There were enough." Their relative confirmed the same. When we asked the same question to staff, they told us they could do with [one more part time staff member]. They then went on to say, "[The registered manager] has recruited someone now, which will help on my days off." We reviewed all this information and concluded there were sufficient numbers of staff to meet the needs of one person receiving a service.

The person receiving support told us, "I do my own medicines." We checked their care plan and this was clearly recorded. Records showed staff had received training on supporting people with their medicines if this was required.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example, staff had received induction and training on infection control and prevention. Staff who supported people with food preparation had received food and hygiene training. One staff member said they, "Make sure I wash my hands and use bacteria gel and I also keep areas like kitchen and bathroom clean…. I use gloves as well." This practise helped to ensure people would be protected from the risks of infections.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review following a fall, of risk assessments and care plans in order to minimise the risk of re-occurrence. The falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

Good

Is the service effective?

Our findings

The person receiving support and their relative shared that the care was delivered effectively by staff who understood their needs. A relative told us, "Staff have the training to meet [the person's] needs."

Assessments of the person's care and support needs were in place. These assessments along with referral information from local authorities were used to review and update individual care plans and risk assessments. A relative told us, "[Their relative] has a care plan; I have found it very useful."

Staff told us they had received an induction when they started their role. A staff member said, "I did mandatory training and induction and shadowing. I have worked here for two months [and] had a face to face meeting with the manager." We asked another member of staff if the induction prepared them for their role. They said, "Yes it did. Introduction with service user and introduction to office – second day [was] shadowing." All staff had comprehensive assessment and training records, which followed the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Records we checked confirmed training was up to date. Records showed that staff had completed various training, some examples include, safeguarding, mental capacity act, moving and handling, medicine management, first aid and infection control.

Regular supervision took place for most staff. One staff member said, "We get regular supervision from the office. No appraisal yet; [will] have worked one year in December." We discussed this with the registered manager and they agreed this was an oversight on their part. They agreed to create a supervision schedule for all staff. We received confirmation of this after our office inspection.

The person receiving care told us, "Staff helps prepare and cook [my] meals." They shared they were satisfied with their support around mealtimes. A staff member told us, "I check the fridge and freezer to make sure [they] have enough. [Name] likes making food [themselves], so we check [there's] enough ingredients." The person's preferences were listed in the care plan so staff were familiar with their likes and dislikes. We were told staff were kind, caring and mindful when supporting the person; to maintain their independence, but assisted if required.

The person receiving care told us they did not require any support with making health appointments. They did tell us that staff would take them if they required to attend any appointments. Details of other health and social care professionals were listed in the care plan. The person lived in a large apartment block, which only residents could access. The service kept in regular contact with the property management company to advise of any issues or changes that they may need to be aware of around easy and safe access around the complex.

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 requirements and principles of the MCA were being followed. The person receiving a service had capacity to make their own decisions about their care. All staff had had training on MCA and were familiar with the principles of the MCA.

The person receiving support told us they were independent and made all decisions about their care themselves. They told us staff always, "Asked [my] permission before assisting me." Then went onto say, "I asked for only female staff members [got this]." The person also shared that staff always respected their preferences whether they were in their home or out in the community."

Good

Is the service caring?

Our findings

The person receiving care told us the staff supporting them in their home were kind and caring. A relative told us their [family member] was, "Yes, definitely," involved in their care planning and making their own choices."

When we spoke with the person receiving support, they confirmed they had been involved in all reviews of their care and support. Staff were knowledgeable about the support needs of the person they cared for. When we asked a staff member to tell us about the person they supported, they were able to easily describe the person's care needs and things that were of interest to them.

Staff supported the person practise their faith. The person shared they, "Enjoy attending Church with [the staff member]." The person valued this greatly as it was an important part of their life and valued that the staff member supporting them was also a practising Christian. The registered manager explained it was important to match staff with people who have similar interests.

People were able to visit the office and meet with the registered managers or the staff as the person receiving care had done on one occasion. When we discussed the visit with the person, we were informed the venue was accessible and staff were welcoming.

The person receiving care had been provided with information about their care, in a way they could understand. The provision of accessible information is a regulated equality objective. This means all care providers are expected to demonstrate how they include people in the care planning process. For example, by the use of alternative methods when needed such as alternative languages, larger font or use of more pictures in documents.

The service user handbook included advocacy information for people if they required support or advice from an independent person. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority. No one required the use of advocacy services at the time of our inspection.

The person receiving care shared that staff treated them with dignity and their privacy respected. Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. A staff member said, "I knock before I enter." Another staff member said, "When [the person] is changing I make sure curtains are closed."

Staff told us that they had received guidance about and understood how to correctly manage and maintain confidentiality. We noted the care staff understood the importance of respecting people's private information and they confirmed they only disclosed it to people such as health and social care professionals on a need-to-know basis.

All of the information about how the service was run was stored in the registered office. Care record

information was stored on the computer system which was password protected so that only authorised persons could access this. The registered provider was sensitive in respecting and managing confidential information. Information was stored and managed in line with the General Data Protection Regulation. This is a new law that has strict rules of how people's information is managed.

Good

Is the service responsive?

Our findings

The person receiving care told us the service was responsive to their needs. They told us, "Sometimes I need to change my [support] times and they [the service] nearly always do it." The registered manager told us they try to flexible where this is possible. A relative told us it was, "Easy to get in touch with [the registered manager] if I need her."

The service completed a pre assessment of the person's needs. This process enabled the person to decide if the service could meet their needs and if the service believed they could meet the person's needs. The person being assessed told us they were fully included in this process.

Care plans were written in a person-centred way and discussions had taken place with the person to gain an insight into people's life histories, care preferences, food preferences, likes and dislikes. Care plans were regularly reviewed to make sure that they accurately reflected the person's changing wishes. We reviewed people's daily summary notes that staff completed. These were meaningful and confirmed the person received the assistance needed as described in their care plan. We asked a relative if care was provided in the way their relative preferred and they replied, "[Relative] does, all the time."

We reviewed one support plan and saw details of interests and activities the person had took part in. On reviewing the records it showed the person chose the times and activities they needed support. One example included support to go swimming which was important to the person receiving support. This person was a competent swimmer and told us, "I was able to teach staff to swim!"

Staff understood the importance of people not becoming socially isolated. One staff member said they give, "[name of person receiving support] company, have good conversations, support [the person] to go out and meet other people at the gym/pool and library. Making sure [person's name] goes to events [the person] wants and encouraging [the person] with [their] hobbies."

Another example included regular support to attend sports matches on the weekends. When matches changed at short notice, the person told us staff managed to re-arrange cover at the new times. This showed the service being responsive and flexible when meeting the person's needs.
Support plans contained information regarding people's diverse needs.

Care staff understood the importance of promoting equality and diversity. An example of this was supporting the person to maintain friendships and relationships with family. Staff assisted people to keep in touch with their relatives and go and visit friends. On occasion staff that followed the Christian faith would support the person receiving a service to attend church on their days off.

There was a clear procedure for staff to follow should a concern be raised. Staff were clear about how they would manage concerns or complaints. A staff member said, "I would try and find out what the problem is but if [the person receiving support] wouldn't want to tell me, I'd give [the person] information about who to talk to." They said they would refer any complaints to the care coordinator or the registered managers.

The person who was receiving a service and their relative confirmed, "I haven't had to complain," about the service but would if they needed to. The service user guide contained information about how to make a complaint, which included details of how the service should respond to these.

At the time of the inspection, no person needed end of life care.

Good

Is the service well-led?

Our findings

Everyone we spoke with confirmed the service was well led because the management valued everyone's contribution into making sure the person received the best service possible.

Staff spoke confidently about the registered managers' and knew what was expected of them in their role. One staff member told us, "Yes she is very organised and makes us feel very comfortable." There were regular staff meetings that took place, which gave staff and the registered managers' the opportunity to discuss and share progress about the service. Staff told us their suggestions and ideas had been listened to. A staff member said, "Yes she has made changes and improvements when I have made suggestions."

We saw that the registered managers' carried out regular audits. The provider had an effective system to regularly assess and monitor the quality of service that people received. Some examples of the audits completed were care file reviews, staff training and incident reviews. Any issues were highlighted and actioned appropriately.

We saw that all conditions of registration with the CQC were being met. Incidents had been dealt with appropriately and reported to the correct authorities when needed. Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents.

The registered manager and staff we spoke with were passionate about ensuring they provided high quality care to the person receiving a service. Staff told us the registered managers' were approachable and when issues were raised, they were dealt with immediately. A staff member said, "She [registered manager] lets me know if there are things that I can do better." The staff member explained the registered managers would give constructive feedback and support at one to one supervision meetings.

The person receiving a service told us they were provided with opportunities to tell the provider their views about their experience of the service. The person's relative also told us they would speak with the registered managers if they wanted to share any feedback.

The service had clear values that were documented and demonstrated throughout our inspection by the registered managers and the staff alike. Staff had a clear understanding of the provider's vision and values for the service. Interactions between staff, management team and people using the service showed the positive impact the service had on the person's and their relative's lives.

The registered managers were not part of any networks or forums where learning and best practise is shared with other providers offering similar services. The service did subscribe to several journals and magazines from the health and social care sector to keep up to date with learning and development opportunities for the service.

When telephone calls came in we saw these were responded to in a calm, professional and efficient manner.