

The Christian Care Trust

Grace House Outreach Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grace House Outreach Care is a domiciliary care agency providing personal care to people living in their own homes. Two people were receiving care at the time of the inspection.

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

We received positive feedback from people and their families on the quality of the care they received. We were told that the staff and management team were caring, professional and delivered care the way people wanted.

Risks to safety had been assessed and measures were in place to reduce risk. Care plans were person centred and gave staff guidance on how to support people as per their care preferences.

Staff were safely recruited. People told us staff were appropriately trained and skilled.

We were told that the management team were responsive and accommodating.

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 8 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Grace House Outreach Care is run by the Christian Care Trust, who also operate a residential care home called Grace House. We inspected Grace House on the 30 September 2020 and this service was also inspected at the same time.

This inspection was a focused inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led. The overall rating has remained Good. This is based on our findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grace House Outreach Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Grace House Outreach 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and 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. They supported the inspection by making telephone calls to people who use the service and their families for feedback.

Service and service type

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

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 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 30 September and ended on 12 October 2020. We visited the office location on 30 September.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative of a person who previously used the service prior to moving into Grace House about their experience of the care provided. We spoke with six members of staff including the registered manager, care manager and care workers.

We reviewed a range of records. This included two people's care records and a staff rota. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected against the risk of avoidable harm and abuse. A person told us they felt very safe with staff from Grace House Outreach Care. They told us, "The quality of care is very good, they are very nice, friendly people, I get on very well with them. I am absolutely safe with them coming into the home." It's just them."
- The provider had effective safeguarding and whistle blowing policies and procedures in place.
- Staff had completed up to date safeguarding adults training and knew how to recognise abuse and respond to it.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Guidance was available for staff on the risks associated with people's health and care needs and how to keep people safe.
- For one person, we saw guidance for staff on how to support a person with the management of a health condition and what to do if they identified concerns.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received.

Staffing and recruitment

- People were supported by care staff that had been assessed as safe to work with vulnerable adults. Staff files contained criminal record checks, references confirming performance in previous employments and proof of identity. A person told us, "The staff are of suitable character to be coming into my home. I can talk to them all."
- Sufficient staff were available to meet people's care needs. People were supported by a small staff team who knew people's needs well. A person told us, "There are enough staff, it's a stable team of three plus the manager. I have no concerns at all."
- People were consulted around their care and timing preferences. A person told us, "The care is appropriate to my needs. They give me time to get myself organised, so they come at 10am."

Using medicines safely

- The service was not supporting anyone with medicines at the time of the inspection. However, guidance was available for staff on what to do if they had concerns around people's medicines.
- We carried out an inspection at the provider's other location, Grace House, at the same time as this inspection, where we identified concerns with medicines management. Both services have the same

management team, staff, training and policies and procedures.

We recommend that improvements made to the management of medicines at Grace House are also implemented for this service if medicines support is provided in the future.

Preventing and controlling infection

- Staff had a clear and good understanding of infection prevention and the use of Personal Protective Equipment (PPE). Staff had received further infection control training in light of the Coronavirus pandemic to minimise risk to themselves and the people they were supporting.
- The provider supplied staff with PPE to minimise the risk of spreading infection which was confirmed in feedback we received from people and relatives.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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

- People and relatives were happy with the service they received from Grace House Outreach Care. A person told us, "It's well managed, it's marvellous, it's always a joy to see them. [Registered Manager] is a very nice man, easy to talk to. I can contact them any time. They answer the phone promptly and are courteous and helpful on the phone." A relative told us, "Domiciliary care was good. They would go out of their way to help for example if he needed anything they would walk round to see him at really short notice."
- During the COVID-19 pandemic people and relatives confirmed that the registered manager had maintained regular contact with them, checking how they were and giving them updates.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and care manager understood their regulatory responsibilities and were keen to ensure that these were adhered to and people received safe and good quality care.
- Regular audits were carried out by the management team to ensure people were receiving care that met their needs.
- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well. A person told us, "The carers certainly have got the right skills. I have two women and one man who have a very professional approach." The management team maintained an overview of staff training needs.

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

- People told us they were involved in planning their care and their wishes and preferences were respected. A person told us, "They always ask for consent to care and do everything I want." A relative told us, "I know it's well managed from seeing the domiciliary service. The manager is approachable. I can text him on his mobile, he is happy for you to contact him and responds straight away. I know I could ask them anything."
- Staff understood their role and responsibilities and knew they could approach management at any time

with their issues or concerns. Staff spoke positively about the management team, their work ethics and the way in which they were supported.

- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. A person told us that staff would support them to access the GP or medical professionals if needed.