

The Christian Care Trust

Grace House Outreach Care

Inspection report

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Date of inspection visit:
22 November 2016

Date of publication:
11 January 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

This was an announced inspection that took place on 22 November 2016. At our last inspection in March 2016, we found six breaches of regulations. These were about risk management, care planning, embedding the principles of the Mental Capacity Act 2005 into practice, safe recruitment, and effective governance. Our overall rating of the service from that inspection was 'Inadequate.'

We undertook this comprehensive inspection to check on the progress made by the provider, and to consider whether the service could be removed from Special Measures, our framework to ensure a timely and coordinated response where we judge the standard of care to be inadequate.

Following the last inspection, we also took enforcement action. We imposed a condition on the provider's registration requiring them to send us monthly audit reports about people's care plans and risk assessments, recruitment checks, records security, and staff supervision, and what action was being taken to address any risks identified in those audits. The condition took effect on 10 October 2016; however, at the time of drafting this report, we had received no such reports. This failure to send the required reports demonstrated ineffective governance, and in conjunction with our findings at this inspection, influenced our regulatory decisions.

The provider is registered to provide homecare services to anybody in the community. The provider has informed us that the service specialises in the care and support of older people and people living with dementia. At the time of this inspection the agency was providing a regulated care service to two people in their own homes. It was providing additional services to other people such as domestic support; however, those are not services that we regulate.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People using the service and a relative provided good feedback about the service's care and attentiveness. We found that the service was caring and respectful.

A management consultant had been recently hired to assist with implementing service improvements. We saw their input, including the guidance of staff on appropriate care practices, as progress towards addressing our concerns.

However, we found insufficient improvement in the management of the service. Whilst criminal record checks (DBS) were now in place for established staff, recruitment checks of new staff were still not completed before the staff member started providing care to people. Audits of those checks were additionally inaccurate.

Risk management processes were still not comprehensive at ensuring that all reasonable actions were taken to minimise risks to people using the service. People's care plans had not been reviewed recently enough to ensure that they were up-to-date. This all had potential to undermine appropriate and safe care practices.

Whilst staff had understanding of the Mental Capacity Act 2005 for their work, the service had not embedded the principles of this Act into people's care planning records.

People received care and support from appropriately trained staff. The service supported people to maintain good health and eat well. There was continuity of staff, which helped trusting relationships to develop, and people always received their care visits as planned.

People were encouraged to raise concerns informally, which the service responded to. The service also helped people to be part of the local community and avoid social isolation.

There were overall two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, there was not enough improvement to take the provider out of 'Special Measures.' CQC is now considering the appropriate regulatory response to resolve the problems we found.

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 consistently safe. Recruitment checks of new staff were still not in place before new staff started working in people's homes, although recruitment checks were now in place for all established staff.

Risk management processes were still not comprehensive at ensuring that all reasonable actions were taken to minimise risks to people using the service.

People were protected from abuse by effective safeguarding procedures. The service provided sufficient numbers of staff so that people received their care visits as planned.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. The service had still not embedded the principles of the Mental Capacity Act 2005 into its care planning process, although staff had now been trained on applying the principles in their care delivery.

People received care and support from appropriately trained staff. The service supported people to maintain good health and eat well.

Requires Improvement ●

Is the service caring?

The service was caring. People felt respected and staff could demonstrate a respectful and attentive approach.

There was good continuity of staff, which helped trusting relationships to develop.

The service was helped people to be part of the local community and avoid social isolation.

Good ●

Is the service responsive?

The service was not consistently responsive. Whilst individualised care plans were in place, they had still not been reviewed and updated to ensure they remained accurate. There was a risk that the support people received would not therefore

Requires Improvement ●

address their current needs and preferences.

People were encouraged to raise concerns informally. The service responded to this.

Is the service well-led?

The service was not well-led. We imposed a condition on the provider's registration, to send us monthly reports about auditing certain aspects of the service. However, no such reports had been received at the time of drafting this report. As many of our concerns from the previous inspection had not been properly addressed, this demonstrated ineffective governance of the service.

A management consultant had been recently hired to assist with implementing service improvements. We saw their input as progress towards addressing our concerns.

Inadequate 

Grace House Outreach Care

Detailed findings

Background to this inspection

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

This was an announced inspection which took place on 22 November 2016, for which the service was given advance notice. This was to ensure that members of the management team would be available at the office to provide us with the necessary information.

The inspection team comprised of one inspector. There were two people using the service at the time of our visit.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. The PIR was duly returned to us and was taken into account for this inspection. We also looked at the information we held about the service including any notifications they had sent us and information from the local authority.

As part of the inspection process, we spoke with one person using the service, a relative of someone who used the service until recently, four care staff, the registered manager and the office manager. In a few cases, the feedback was received by phone.

We looked at care records of two people using the service, personnel files of four staff, along with some management records such as staff rosters. The office manager sent us some further documents on request after the inspection visit.

Is the service safe?

Our findings

At our last inspection of the service in March 2016, people using the service were not receiving safe care. This was because risk management processes were not comprehensive at ensuring that all reasonable actions were taken to minimise risks to people using the service. Additionally, staff were working without appropriate recruitment checks in place to assure that they were safe to provide care to people.

We imposed a condition on the provider's registration requiring them, from 10 October 2016, to send us monthly reports about auditing risk assessments of people using the service, and staff recruitment checks. This included any actions being taken to address any risks identified in those audits. The provider did not submit these monthly. However, information for staff recruitment checks was sent as part of similar monthly audits for the provider's care home, which was relevant as many staff worked in both services. Those reports indicated that our staff recruitment concerns were being addressed.

At this inspection, we spoke with someone using the service who reported no safety concerns. However, we found that safety matters identified at the previous inspection had not been properly addressed.

There were individual risk assessments for one person in respect of matters such as falls, pressure care management, and the care environment. However, these had not been reviewed for 18 months, and so may not have accurately reflected the person's current needs. The office manager told us the risk assessments for the other person were not available in the service. We could not therefore check that these accurately reflected risks to the person's safety. However, we were told that they had recently moved house. We established that a written risk assessment of the new environment had not yet taken place to ensure it was safe to provide care.

One person's care delivery records noted that they took medicines. The person themselves and some staff stated that they needed no support for that. However, one staff member told us of checking that the medicines supply for the person was not running out, and of ensuring the pharmacy was phoned if needed. As there was no medicines management risk assessment in place for this person, and the service's assessment of their needs was over 18 months old, there were risks relating to the safe management of this person's medicines.

There was one new staff member working at the service since our last inspection. Their file showed that recruitment checks took place in respect of them being safe to work with people alone. The checks included application form, reasons for leaving previous jobs, identity documents, and a criminal records disclosure (DBS). However, whilst written references were applied for, this was not until the staff member's first day of providing care to people, which was not in good time. The office manager informed us, after our visit, that a reference from the staff member's most recent care employer had now been received. This was over two months after the staff member's first working day.

Additionally, the staff member's DBS pre-dated their employment by almost a year, when the DBS guidance states a three-month maximum length of portability. The service's DBS policy had been updated since our

last inspection. However, it did not stipulate how old a new staff member's DBS check could be for it to still be acceptable.

As these recruitment and risk-assessing concerns were identified at our previous inspection but repeated at this inspection, effective governance was not demonstrated.

The above evidence contributes to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did, however, find that established staff now had appropriate and timely DBS checks in place, and that where some established staff had previously been employed without suitable references, references had now been acquired.

We also found some ways in which risks to people's safety were minimised. One staff member told us that when they phoned the office recently for help at someone's home, another staff member was provided within ten minutes. Another staff member told us of "double-checking" security before leaving people's homes. Staff and the management team told us how they gained entry to people's properties where needed, and how they left people safely. Where needed, the management of people's keys was sufficiently secure. No concerns were raised about staff failing to attend to visits in a timely manner. Rosters and care delivery records indicated that staff attended to people as planned.

The service had policies and procedures for protecting people from abuse and harm which staff had signed as read. Records showed that new staff covered safeguarding and whistle-blowing in their induction process, and that established staff had received further safeguarding training. Staff gave us examples of what could be seen as abuse, and were aware of responsibilities to raise a safeguarding alert with a member of the management team.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

At our last inspection of the service in March 2016, people using the service were not consistently receiving effective care. This was because the service had not embedded the principles of the MCA into its practice. The provider sent us an action plan to address these concerns.

At this inspection, we found that care plans still had no direct reference to the MCA, were not signed by people using the service or an appropriate representative, and there was no indication if people using the service were involved in the care-planning process. Assessment paperwork still did not evidence whether the person was already subject to any aspect of the MCA, for example, requiring someone to act for them under the Court of Protection. Records still did not show that the service had tried to establish, where appropriate, if the person had capacity to consent to the proposed care service. Where the care plan indicated that the person was unlikely to have this capacity, there were no records to demonstrate the steps taken to ensure that other relevant people such as relatives had been involved in any decision-making processes. The provider remained at risk of failing to follow legal requirements of the MCA in respect of people they were providing services to.

The evidence above demonstrates a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with had understanding of working in line with the principles of the MCA. Staff told us of respecting people's right to refuse care but trying to balance this with care duties. One staff member told us about trying to encourage someone to keep their living space tidier but balancing that with respect for how the person wanted to live. They added that recent training had helped them focus on this dynamic between duty of care and people's rights about how they choose to live. Care delivery records for one person stipulated the care they consented to and what they refused, which helped assure that people's decisions were respected where it caused no significant harm.

People's care plans referenced health and nutritional needs and preferences. There was specific information about people's medical histories where appropriate. Staff recorded that people had been supported to eat or drink if this was part of the care provided, and that health matters were attended to. Staff said they followed people's care plans in terms of meeting specific health needs. For example, the office manager told us about one person being supported by a specific staff member to attend hospital appointments.

There was ongoing training for staff. Alongside the recent completion of the Care Certificate, staff told us of

receiving further training on some role-specific topics such as person-centred care. Records informed us that further training on dementia was planned for. A new staff member had completed an eight-standard induction booklet alongside showing evidence of previous care experience and qualifications.

Records also showed that most of the staff had certificates of completing national training courses in care such as NVQs, including some at advanced levels, which staff confirmed to us. Staff were therefore able to demonstrate care knowledge, for example, on person-centred care.

Staff reported occasional supervision sessions and team meetings, but that formal supervision sessions were about to take place now with the newly-hired management consultant. They all reported they had sufficient support to do their work.

Is the service caring?

Our findings

Our last inspection of this service found it to be caring. That continued to be the case at this inspection. One person told us that the service was "very caring, they're extremely good to me." One staff member we spoke with told us about being careful with someone they helped to move as the person easily experienced physical pain.

People's privacy and dignity was respected and promoted. One staff member told us that upon entering the person's property via the key provided, it was important to call out to announce arrival to the person. We heard staff talking politely and encouragingly with people at the care home. Almost all home care staff also worked in the care home, and so we took this as positive evidence of their respectful approach to people using the service in their own homes. When we spoke with the one staff member who did not work in the care home, they displayed a very respectful approach to people using the service, for example, referring to them formally, and explaining how one matter had been resolved without "embarrassing" the person. This helped assure us that people were treated respectfully.

The service enabled positive and caring relationships to develop. "It's usually the same staff" one person told us. Records confirmed that some staff had been working at the service for many years, and so were well-known to people using the service.

Someone using the service and a staff member told us that the service invited people to the provider's care home for lunches and activities such as Bible studies, in line with the ethos of the service. The service was therefore helping people to be part of the local community and avoid social isolation.

A relative told us of being grateful for the care and support provided to their family member and them up until the family member's recent death. This also demonstrated the care that the service provided.

Is the service responsive?

Our findings

At our last inspection of the service in March 2016, people using the service were not always receiving responsive care. This was because people's care plans did not consistently identify the support they currently needed. There was a risk that the support they received would not therefore address current needs and preferences.

We imposed a condition on the provider's registration requiring them, from 10 October 2016, to send us monthly reports about auditing care plans of people using the service, including any actions being taken to address any risks identified in those audits. However, the provider did not submit any reports.

At this inspection, we found that whilst there were less people using the service than at our previous inspection, care plans had not been reviewed and updated. Both people's care plans provided information on some specific care needs and preferences, and what the support staff were required to provide. However, one plan had not been reviewed in 18 months. The office manager and a staff member both confirmed that there were slight differences in the support now provided to the person. The plan was not therefore entirely accurate and up-to-date. The other plan was undated so we could not establish its accuracy, particularly as there were no assessments of risk or need available in support of the plan.

As these concerns about responsive care planning was identified at our previous inspection but repeated at this inspection, effective governance was not demonstrated.

The above evidence contributes to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person using the service confirmed that their needs and preferences were understood and acted on. Staff demonstrated good knowledge the individual routines of the people they supported, for example, to work slowly with one person and to attend to their cat, which we saw were clearly documented within the person's care delivery records.

The service had a complaints policy in place. It clarified a range of options for raising concerns. The registered manager told us there were no complaints about the service since the last inspection. A person using the service told us they contacted the management team if they had any concerns, and confirmed that they were "very responsive." A staff member told us of reporting to the office manager a concern that was raised. They were confident that action to resolve the matter was taken as the person involved later told them of an improved service.

Is the service well-led?

Our findings

At our last inspection in March 2016, we found that the service was not well-led. This was primarily because there were few governance systems in place, and so we identified shortfalls that the management team and the provider had not recognised or addressed.

On 10 October 2016, after following due process, we imposed a condition on the provider's registration requiring them to send us monthly reports about auditing that risk assessments and care plans were in place for people using the service, along with checks of staff recruitment and supervision, and the security of records. This included any actions being taken to address any risks identified in those audits. These were due on the third Monday of each month; however, none had been submitted to us. During our inspection visit, we reminded the registered manager of this condition and the provider's responsibility to address it, which the registered manager agreed to attend to. However, at the time of drafting this inspection report, we had still not received a report from the provider, and so the provider was not complying with the registration condition. This was taken into account when rating this key question.

There was one new staff member since our last inspection. Our checks of their personnel file found no references in place, and an audit form that had not ticked off that references had been acquired. The office manager showed us that the reference from a recent care employer had been obtained but recognised that the second reference request had not been responded to. The audit form for this staff member's recruitment had not therefore been effectively completed and acted on so as to ensure all appropriate checks had been undertaken.

This new staff member was referred to on the two most recent monthly audits sent to us in respect of the provider's care home, as the staff member worked there too. However, the reports stated that both references were in place for them. These inaccuracies demonstrated that those audits were not undertaken effectively.

The evidence above demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager, who had set up the service, told us she did not manage the service so much on a day to day basis anymore, but kept up-to-date with changing standards. She was therefore available to advise and support staff on the standards of care to be provided. The office manager provided the day-to-day leadership. We saw that he held a national qualification in care management.

The registered manager told us of hiring a management consultant for the last couple of months to assist with implementing service improvements. This person told us that their role included staff training sessions, organised two days a week so as to enable all staff to attend. It was also to enable the implementation of training so as to ensure its effectiveness. This was principally in respect of the provider's care home, but as most staff working for this service also worked in the care home, the benefits would overlap. The consultant observed care and staff practice in the care home, and providing feedback to staff around what was working

and how better practise could be implemented. The consultant told us there was ongoing work to embed better practice and more effective team working. We saw, for example, that more formalised staff supervisions meetings were about to begin. Whilst it was of concern that formal staff supervisions had not been re-established since our last inspection, we saw the consultant's input as progress addressing our concerns.

The registered manager showed us that surveys of the views of people using the service and some staff were recently received. There was no written analysis on the findings of these, but they provided mainly positive feedback about the service. The office manager also told us of speaking most days with one person using the service as the person attended the provider's care home regularly for lunch.

Staff told us of being pleased that people using the service were happy and that they could help meet needs. Staff found recent training positive insofar as it was helping them to understand the legal basis for various aspects of their care work. They all said they would recommend the service to friends and family needing care.

Staff told us that the registered manager and office manager were approachable and helped to address any concerns they or people using the service had. One staff member told us of having weekly conversations with the office manager that reviewed the services provided to the person they worked with.

We noted that most staff working for this service also worked in the provider's care home regularly. The management team were therefore able to monitor their approach and appropriateness with people directly, albeit not with people using this service.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care of service users was not provided with the consent of the relevant person, or where the service user was unable to give such consent because they lacked capacity to do so, in accordance with The Mental Capacity Act 2005. Regulation 11(1)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effectively operated to ensure compliance with the Fundamental Standards. This included failure to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; maintain securely records in respect of each service user and in relation to management of the service and staff. Regulation 17(1)(2)(a)(b)(c)(d)(i)(ii)</p>