

Sure Grace Ministries Care Agencies Limited

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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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Sure Grace Ministries Care Agencies is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. CQC only inspects where people receive personal care. At the time of the inspection 20 people were receiving personal care.

People's experience of using this service:

People were not supported by effectively deployed staff to keep them safe and to meet their needs in a timely manner. Risks to people had been identified, but appropriate risk management plans were not in place. Staff training and assessment about their English communication skills was not effective. Care plans were not person centred and did not contain sufficient information about the level of support people needed from staff. The registered manager had not encouraged and empowered staff to be involved in service improvements. The provider's quality assurance systems were not effective.

We have made two recommendations in relation to Medicine Administration Records(MAR), and to maintain robust systems and processes, to monitor concerns raised by people.

People were protected from the risk of infection. The provider trained staff to support people and meet their needs. The provider worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent to their care. 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.

People's needs were assessed to ensure these could be met by the service. Where appropriate, staff involved relatives in these assessments. Staff supported people to eat and drink enough to meet their needs and staff supported people to maintain good health. Staff supported people and they showed an understanding of equality and diversity and people's privacy was respected.

The provider had a policy and procedure for managing complaints and to provide end-of-life support to people.

The registered manager and the provider remained committed to working in partnership with other agencies and services, to promote the service and to achieve positive outcomes for people.

Rating at last inspection and update

This service was registered with us on 07/08/2019 and this is their first inspection.

Why we inspected

This was a planned comprehensive inspection.

Enforcement

We have identified breaches in relation to person centred care, safe care and treatment, staffing, fit and proper persons employed, and good governance.

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

Follow up

We will meet with the provider following this report being published, to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Sure Grace Ministries Care Agencies

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 completed by two adult social care inspectors and an Expert by Experience. The Experts by Experience made telephone calls to people and their relatives to obtain feedback about their experience of the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 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 23 September 2021 and ended on 10 November 2021. We visited the office location on 23 September 2021.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. 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 sought feedback from commissioners and the local authority safeguarding team. 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 eight people and eight relatives of people who used the service about their experience of the care provided. We spoke with nine members of care staff, two office-based staff, and the registered manager. We reviewed a range of records. This included five people's care records and their medication records. We looked at five staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at electronic call monitoring records, staff recruitment records, medicine administration records, and quality assurance records, including policies and procedures were reviewed.



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 for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Staff were not always deployed effectively to meet people's needs in a timely manner. For example, one person told us, "They [staff] are always late in the mornings. They come at 9.30am or 11.00 or 12.00 noon, but I want them at 9.00am." One relative said, "Staff are sometime over 2 hours late, and sometimes very early." Another relative commented, "We have been working with the agency to improve their timings. We want them at 8.00am but they arrive at 9.00am." A third relative told us, "Very regularly only one carer turns up, when two are needed. I do ring and tell them constantly. It happened 10 or 12 times since August 2021."
- The electronic call monitoring system to monitor staff attendance and punctuality was not robust. One person told us, "I have grumbled to the agency about the times they [staff] turn up. They have made promises they have not kept." The registered manager explained when staff were running late for more than 15 minutes, they followed up by calling people and if required they arranged replacement staff. However, there were no communication records for all late calls, to show the office staff had informed people when staff were running late to their scheduled home visits.
- The registered manager told us they would start to record actions they took for late visits when they occurred.
- Staff did not always stay the agreed length of time to support people with their needs. For example, one relative of a person told us, "They [staff] are in and out in five minutes." Another relative said, "They [staff] are in and out in quarter of an hour."
- Staff rostering records showed staff were not always given enough time to travel in-between the calls, which impacted on their ability to arrive promptly or stay the full time with people. For example, we found in some cases there was no travel time allotted between two different postcodes and in some other cases the travel time allotted between two different postcodes was not enough to ensure staff arrived on time.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure staff were effectively deployed to meet people's needs. This placed people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We looked at staff records and found five members of staff had recruitment checks which were not completed satisfactorily before they started working. These included checks on staff member's references and criminal record checks. This had put people at risk of unsuitable staff working with people who used the service.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to ensure staff employed were of good character This placed people at risk of harm. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We brought the above concerns to the attention of the registered manager, who told us they would ensure all satisfactory checks are completed before staff worked for the service. They confirmed what actions they have taken following our feedback.

Assessing risk, safety monitoring and management

- People were not protected from the risk of avoidable harm. The registered manager completed risk assessments but there were no risk management plans and guidance for staff about how to provide safe care for people who used the service.
- For example, one person was identified as being at high risk for transfers from the chair to the toilet and slips during transfers. However, there was no risk management plan and guidance for staff how to mitigate and minimise this risk. Another person assessed was prone to falls but there was no falls management plan and guidance for staff. This person had a fall in February 2021, but their risk assessment was not reviewed, and risk management plan was not in place. A third person required transfers using a ceiling track hoist but there was no risk management plans to mitigate any potential risk.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Upon our feedback, the registered manager told us they would carry out a review of risk assessments for each person and complete risk management plans with adequate staff guidance, to minimise the risk of harm to people.

Using medicines safely

- Medicines were administered safely to people, however the Medication Administration Records(MAR) were not up to date and clear records were not kept of the medicines administered.
- For example, a person required a morphine patch every Monday. However, their MAR chart was blank on some Mondays. They also needed Alendronic acid every Tuesday and on some Tuesdays the MAR chart was blank. The registered manager told us on some days the family member administered this so staff do not record. However, the staff did not record that a member of family had administered the prescribed medicine on some days, and there were no medicine management care plan to reflect this.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely. However, there was no recording of the reason for administration of PRN medicines on the MAR charts where a carer was directly involved in this.

We recommend the provider keeps an up to date MAR chart and includes the reason for administration of a PRN medicine on each occurrence where a member of staff has supported with its use. The provider should ensure that medicines with additional administration instructions are provided in the recommended way.

- Upon our feedback the registered manager told us they would prepare a clear medicines management plan, improved PRN protocols, improved medicines management audits and have discussions with staff.
- The provider trained and assessed the competency of staff authorised to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and

staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team.

- Staff completed safeguarding training and knew the procedure for whistleblowing and said they would use it if they needed to.
- The service-maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The service worked in cooperation with the local authority, in relation to safeguarding investigations and they notified CQC of these as required.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accident and incidents records. These included action staff took to respond to minimise future risks and who they notified, such as a relative or healthcare professional.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some staff could not communicate effectively in English. Some people were not satisfied with the competency of staff. One person told us, "I wouldn't let them look after a goldfish. Half of them don't speak English, and I think others are verbally impaired, they can't talk with you. Recently, two young fellows came, and I think they were straight off the streets."
- The registered manager told us they carried out English communication training for staff, which they would step up straight away to ensure all staff had satisfactory English communication skills.
- The provider supported staff through regular supervision and spot checks to ensure people's needs were met. However, we found four staff had no supervision meetings. The registered manager told us they would ensure all staff received regular supervision meetings.
- Training records confirmed that staff had completed training that was relevant to people's needs. The training covered areas such as basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, infection control and safeguarding adults. However, we were not assured how some staff who could not communicate in English were able to understand their training.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure staff had effective communication skills, before they were deployed to meet people's needs. This placed people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.

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

- People's needs were assessed to ensure these could be met. Staff carried out an initial assessment of each person's needs to see if the service was suitable for them.
- The assessments looked at people's medical conditions, physical and mental health; mobility, nutrition and choices and the home environment.
- Where appropriate, staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Supporting people to eat and drink enough to maintain a balanced diet. Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent,

effective, timely care

- Staff supported people to eat and drink enough to meet their needs.
- People were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.
- The provider had worked with local healthcare professionals including GPs, district nurses and therapists.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse or a GP appointment.

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. We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to their care and support was documented.
- People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them.
- Staff had received MCA training. The registered manager understood their responsibilities under the MCA.

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 treated people with kindness and respect. For example, one person told us, "One carer is outstanding, [carer] takes pride in what they are doing." Another person said, "I think, they[staff] go above and beyond supporting us." However, a third person commented, "Well, they[staff] don't listen to what you say."
- Staff supported people and showed an understanding of equality and diversity.
- People's care plans included details about their ethnicity, preferred faith and culture.
- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation or preferred gender.

Respecting and promoting people's privacy, dignity and independence. Supporting people to express their views and be involved in making decisions about their care

- People were supported to be as independent in their care as possible. One relative told us, "They [staff] do encourage and [my loved one] tries hard to do things for themselves."
- People's privacy and dignity was promoted. One relative said, "A lot of time [my loved one] is asleep, but they[staff] know my loved one has bad nights, so they come later sometimes." Another relative told us, "Yes, I can hear them laughing and joking with [my loved one]. I think that's great."
- Staff respected people's privacy by ensuring people were properly covered, and curtains and doors were closed when they provided personal care.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were not person centred and did not contain sufficient information about the level of support people needed from staff.
- For example, one person's care plan noted they required a strip wash using a standing aid and support to get dressed, change their pad and cream their legs. Another person had complex needs and required a ceiling track hoist, bed support rails and a wheelchair. However, there was no guidance for staff about how to provide the appropriate care to these people.
- Care plans did not reflect the current needs of people. For example, one person's care plan stated they did not require support with nutrition and hydration needs. However, the care log recorded by staff said they prepared breakfast and drinks, prepared and served lunch and drinks and prepared the evening main meal and drink.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate person centred care. This placed people at risk of harm. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would review all the care plans and update them as appropriate with sufficient staff guidelines for staff.
- However, the care plans did include information about people's personal life and social history, allergies, family and friends, and contact details of health and social care professionals.
- Staff completed daily care records to show what support and care they had provided to each person.
- The registered manager told us staff would discuss with them any changes they noticed when supporting people to ensure their changing needs were identified and met.

Improving care quality in response to complaints or concerns

- Not all complaints were not managed effectively. For example, a relative told us, "I phone the office to complain and ask the manager to ring me, but I never get a call back." Another relative said, "Well we have asked for no female staff, but the office still send them with a male member of staff."
- We brought this to the attention of the registered manager, who told us they would introduce a log to record all complaints or concerns received via phone calls from people and their relatives, and the actions they had taken.

We recommend the provider to monitor concerns raised by people and maintain a record of these to reflect actions taken and the outcomes as well.

- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives. They have responded to formal complaints in line with their policy and procedures.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had an accessible information policy in place. Most of the staff communicated with people in the way they understood. However three people told us they experienced some English language issues with the staff.
- The registered manager told us if people required information in different formats, they would make this available in line with the Accessible Information Standard.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager was aware of what to do if someone required end-of life care.
- Staff received training to support people if they required end-of life support. However, no-one using the service required end-of-life support at the time of our inspection.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems were not effective. One person told us, "I am not getting joy from this agency. I get promises and promises, but nothing changes." Another person said, "I rate this agency at zero."
- The provider's internal monitoring and quality assurance processes had not identified the issues we found at this inspection. For example, the provider had not always monitored and analysed staff rostering, travel time between calls, short calls or late visits so patterns could be identified, and improvements made.
- Staff recruitment checks were not robust.
- Regular medicines checks were carried out by the registered manager. However, these were not effective as they did not identify the concerns we found during this inspection.
- We brought these concerns to the attention of the registered manager. Following the inspection, the registered manager told us how they planned to make improvements.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The telephone monitoring carried out by the service found areas where improvement was required, but had not been actioned. For example, one person said, "I would love if the carers are on time as they are a bit late sometimes." Another person told us, "Sometimes, the carers are not on time."
- The registered manager had not encouraged and empowered staff to be involved in service improvements through meetings about call monitoring, medicines management and staff supervision.
- We brought this to the attention of the registered manager who said they had taken action following the phone call monitoring but had not documented this, which they would start doing straight away. We will follow this up at the next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

further breach of regulation a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff were comfortable approaching the registered manager and their conversations were professional and open.

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

- The service had a registered manager in post. They demonstrated knowledge of people's needs.
- The provider had a duty of candour policy and the registered manager understood their role and responsibilities.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Continuous learning and improving care

- The registered manager demonstrated willingness to provide good quality care to people. They started making improvements following our inspection feedback. There was a clear staffing structure in place and staff understood their roles and responsibilities.

Working in partnership with others

- The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not person centred and did not contain sufficient information about the level of support people needed from staff.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risk of avoidable harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems were not effective.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed We looked at staff records and found five members of staff recruitment checks were not completed satisfactorily before they started working.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not supported by effectively

deployed staff to keep people safe and to meet their needs in a timely manner. Staff training and assessment about their English communication skills was not effective.