

Miracle Agency Limited

# Miracle Agency Limited

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Miracle Agency Limited is a domiciliary care agency. It provides personal care to people living in their own homes. The service provides support to older people. At the time of our inspection there was 1 person using the service.

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

We found evidence during our inspection of multiple breaches of regulation and the need for this provider to make improvements.

People's risk assessments and medicine management records were not robust to ensure safe care delivery. Care records were not always person- centred, accurate and up to date.

People were not always supported to access information in an appropriate way for their needs. Staff recruitment practices and call monitoring systems were not always effective to ensure safe care delivery. Staff did not receive on- going support on the job to ensure they carried out their role responsibilities as necessary.

Training provided for staff was not meeting their role expectations and some staff's understanding of the Mental Capacity Act (2005) was limited. Systems and processes were not in place to effectively support people in the decision-making process.

Management arrangements in place were not sufficiently meeting the service expectations which resulted in a lack of management oversight. The provider had failed to learn lessons when things went wrong and they failed to demonstrate any improvement made since our last inspection.

Despite this, the provider followed current best practice guidelines to effectively manage risks associated with infection prevention and control (IPC).

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was inadequate (published 19 August 2022) and there were breaches of Regulation 12 (safe care and treatment), Regulation 19 (Fit and proper persons employed), Regulation 18 (Staffing), Regulation 17 (Good governance), Regulation 14 (Meeting nutritional and hydration needs), Regulation 9 (Person centred care) and Regulation 16 (Receiving and acting on complaints) . The provider completed an action plan after the last inspection to show what they would do to improve. At this inspection enough improvement had not been made and the provider was still in breach of Regulations 12, 19, 18, 17 and 9.

This service has been in Special Measures since 19 August 2022. This meant we kept the service under review and, we re-inspected the service to check for significant improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Miracle Agency Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This was a planned inspection based on previous rating and when the service was last inspected.

#### Enforcement:

We identified 6 breaches in relation to person centred care, staffing, safe care and treatment, fit and proper persons employed, meeting nutritional and hydration needs, and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or to varying the conditions the registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Miracle Agency Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and an 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.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was announced. We informed the provider before we visited the location's office on 15 March 2023 but they were not in. The second time we visited the location's office on 12 June 2023. This inspection was delayed due to the provider not fully cooperating with the inspection team when arranging the inspection.

#### What we did before the inspection

We reviewed the information we held about the service including any received feedback from the local authority and intelligence information we held on our system.

The provider did not complete the required Provider Information Return (PIR). This is information providers

are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well-led section of the full inspection report for further details.

#### During the inspection

We spoke with 1 person who used the service and their friend. We also spoke with the registered manager, senior care worker and 3 staff members who provided care to people. We contacted 1 healthcare professional to find out their experiences of working with this provider.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

# 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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found people did not receive their medicines safely and in line with good practice. Risks to people were not always identified and clear guidance to staff was not provided on how to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There wasn't enough improvement made at this inspection and the provider continued to be in breach of Regulation 12.

- People's care records were not sufficiently robust to ensure staff received the necessary guidance on how to support people safely.
- Risks to people's safety were not always assessed as necessary. A person only had 1 risk assessment related to their mobility needs, the mobility risk assessment had not assessed the level of risks identified. Although risks were also identified in relation to dehydration, catheter use and skin pressure areas. There was no guidance in place regarding how to mitigate the risks associated with their medical condition.
- Care records did not always include clear information on how to support people safely. Although staff were provided with generalised information on how to use specialist equipment, the guidance was not individualised and was aimed at 1 staff member whereas the person required 2 staff to support them. Guidance for other specialist equipment used by the person such as a hospital bed was not available. This meant this person was at risk of a potential for a serious incident.
- During our inspection the senior care worker could not provide us with copies of environmental and fire risk assessments because they said these were held at the person's home. We requested the provider to send us this documentation, but this was not provided to us.
- Systems were not robust enough to ensure the safe management of people's medicines.
- Staff signed a medicines administration sheet including the dose, time and name of the medicines given to people. However, the care records we viewed were not consistent in relation to the medicines the person was taking and the times the medicines should be given to the person were not recorded.
- The service had failed to implement the medicines risk assessments. There were no records available to inform staff about the medicines' side effects or what the medicines were for.
- Although all staff had a 'Medication Administration Competency assessment' completed in August 2022, the system was not in place to assess their competency regularly. The senior care worker told us they only completed the competency assessments when there was a change in medicines.

We found no evidence that people had been harmed. However, systems to keep people safe were either not

in place or not robust enough to ensure staff effectively managed the risks associated with people's care and support needs. This placed people at risk of harm. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

At our last inspection we found the provider did not have robust recruitment processes in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There wasn't enough improvement made at this inspection and the provider continued to be in breach of Regulation 19.

- Since our last inspection the provider had not employed any new staff and we found some improvement made by the service regarding the recruitment practices. Information was added to job application forms in relation to staff's education and employment history. Disclosure and Barring Service (DBS) checks on staff had now been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, action was not taken by the provider in relation to staff's references and they continued to have only 1 reference despite the provider's recruitment policy noting there should be a minimum of 2 references. Records were not available to evidence that interviews took place during the recruitment process.

We found no evidence that people had been harmed. However, there was a risk that people might not receive safe care and support from staff due to unsafe recruitment processes in place. This is a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff's visiting times were not appropriately monitored by the provider to ensure safe care delivery.
- Information of concern was reported to us regarding the staff's attendance.
- Systems in place did not ensure effective call monitoring. The senior care worker told us that staff were required to call them at the start and end of their shift. However, the system in place did not ensure staff's presence at the person's home when they called. This meant there was no way to determine if staff arrived to visits on time or that they stayed the full duration of the shift.

We found no evidence that people had been harmed. However, there was a risk that people might not receive safe care and support from staff because their attendance was not monitored as necessary. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

At our last inspection we found people did not receive care and support from a service that learned lessons when things went wrong. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There wasn't enough improvement made at this inspection and the provider continued to be in breach of Regulation 17.

- The provider failed to demonstrate continuous learning and improvement.
- After our last inspection the provider sent us an action plan telling how they planned to improve in relation to people's care records, staff support and governance. However, the provider had not made enough improvement at this inspection because they failed to take appropriate action to address these concerns.



- Systems and processes were not always in place and/ or followed to monitor the care delivery. The senior care worker told us they would record an incident or accident taking place in the 'complaint sheet', if a person had a fall for example. This put people at risk because the provider did not follow the necessary procedure to ensure people's safety.

We found no evidence that people had been harmed however, there was a risk that people might not receive safe care because the service had failed to make important improvements to the care delivery. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and there was some awareness about safeguarding matters. But, we found safeguarding concerns at the inspection which were sufficiently serious for us to make a safeguarding referral to the lead safeguarding local authority.

Preventing and controlling infection

- Infection, prevention and control measures were in place to keep people safe.
- We were assured that the provider was using PPE effectively and safely. Staff told us they had the necessary supply of the PPE which they used to support people with personal care safely.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

At our last inspection we found that staff were not provided with the required support to ensure they performed their duties as necessary. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There wasn't enough improvement made at this inspection and the provider continued to be in breach of Regulation 18.

- Staff were not well supported in their role.
- Although all staff had an appraisal in the last year, they were not appropriately supported to reflect on their practices. Appraisal records were not fully completed. Developmental needs and goals were not always identified to support staff in their role.
- The senior care worker told us they line managed staff and that the supervisions and spot checks were facilitated every two weeks. However, records showed that for those staff who had a supervision and/or a spot check, it was last completed in August 2022.
- We were told that staff meetings took place but there were no records to support this.
- We were not assured that staff received the necessary training for their role.
- There were no systems in place to monitor staff's attended training courses. The senior care worker told us that all staff attended 3-days training in August 2022. We saw certificates for December 2021. The senior care worker could not provide us with information of what the 3-days training involved.
- We requested the provider to send us the training matrix which showed that staff were due for the refresher training 6 months ago and that there wasn't training provided in relation to the MCA and catheter use.
- The above issues meant that we could not be assured that staff received the appropriate support and supervision from the provider to enable them to carry out the duties they were employed to perform.

We found no evidence that people had been harmed however, there was a risk that people might not receive safe care and support from staff because their performance and training needs were not monitored as necessary. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we found the provider failed to ensure safe care in relation to people's nutritional

needs. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was no longer in breach of Regulation 14.

- Although people's nutritional and hydration needs were not recorded appropriately, they had the necessary support with meals preparations. Staff helped people to eat their meals where they required such support.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team told that since the last inspection there were no concerns raised in relation to people's capacity and that they would approach the healthcare professionals if they noticed changes in people's ability to make decisions for themselves.
- However, staff's knowledge of the Mental Capacity Act 2005 (MCA) was limited. Not all staff knew what the MCA was in relation to but provided us with examples of how they sought people's consent. One staff member told us, "Before we want to give personal care, we make sure clients accept it. If they refuse, I need to report it and not force them."

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

- At our last inspection we found people's needs were not appropriately assessed before they were admitted to the service. The provider did not have robust assessments in place to ensure that the service could meet the needs of people prior to offering to care for them at their service. This meant people were at risk of receiving care from staff who did not fully understand their health conditions or preferences in how care was delivered.

- At this inspection we were not able to look at this area as there had not been any new people admitted to the service since our last inspection. We were not assured that people's care records were regularly reviewed and/or updated when their care needs changed. The care records were not signed nor dated and there wasn't a review date.

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

- The management team told us they worked in partnership with the healthcare professionals to support people's well-being, including district nurses where a person required nursing care.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- We were not assured that people were receiving person centred care from staff who knew their choices and preferences well.
- We had some concern raised in relation to the support people received to make decisions about their care.
- There wasn't a system in place to gather people's feedback. The senior care worker told us that regular verbal feedback was sought from people and those involved in their care. However, feedback collected by the service had not always reflected the responses we received during the inspection.
- Records were not available to demonstrate that people's care plans were regularly reviewed with people to reflect their wishes and changing needs.

We found no evidence that people had been harmed however, there was a risk that people might not receive person centred care because they had not been appropriately supported to express their views. This is a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Respecting and promoting people's privacy, dignity and independence;

Ensuring people are well treated and supported; equality and diversity

- We were not assured that the care provided to people was always dignified and promoted their independence.
- Staff provided us with examples of how they encouraged people to maintain their skills. Comments included, "We try to encourage the client to be independent as much as they can be. We encourage them to do things themselves, for instance, to move their legs when moving out of the bed." However, care records did not include clear information regarding the support people required to maintain their independence making sure the staff team used the same approach consistently.
- Although staff provided us with examples of how they promoted people's privacy and dignity, we had some concerns raised in relation to this.
- Staff spoke positively about the people they supported. They told us that consideration was given to people's cultural and religious needs where this was important to them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

At our last inspection we found people's care plans were not person-centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There wasn't enough improvement made at this inspection and the provider continued to be in breach of Regulation 9.

- Care plans included some information in relation to people's choices.
- However, information recorded was not detailed enough to inform staff about the person's wishes in relation to how they wanted to be supported with personal care and their preferred daily routines. Care plans did not include details of people's life histories, likes and dislikes, social needs and end of life wishes.
- People's care plans were not accurate. A care plan noted that a person was fully independent with eating, whereas the staff team told us they required full support with food preparations and eating. Guidance for staff was provided to check that the person was 'drinking a good amount of fluid throughout the day' but there wasn't information recorded to note the amount the person should consume to manage the risk of dehydration. There wasn't a risk assessment completed for this.
- There was a list with tasks for staff to undertake during their visits to ensure consistent care delivery.

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.

- Some information was recorded in relation to the support a person required to communicate verbally.
- However, we were not assured that a person was appropriately supported to obtain details about their care delivery in a way they were able to. The management team told us there wasn't anything additionally put in place to help a visually impaired person to access written information.

We found no evidence that people had been harmed however, there was a risk that people might not receive person-centred care because the care plans did not contain adequate information to guide staff on how to effectively meet people's care and support needs. This is a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Improving care quality in response to complaints or concerns

At our last inspection we found processes not being followed when a complaint was received. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was no longer in breach of Regulation 16 because they had not received any complaints since the last inspection that required addressing under the complaint's procedure.

- The management team told us they had not receive any formal complaints since the last inspection. Any information of concern reported to them was recorded in the communication book and addressed on individual basis considering they only supported one person.
- The senior care worker knew the actions they had to take should a complaint was reported to them.

# 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 inadequate. At this inspection this key question has remained the same. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we found people did not receive a service that was well-led. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There wasn't enough improvement made at this inspection and the provider continued to be in breach of Regulation 17.

- We were not assured that adequate management arrangements were in place to oversee the care delivery. The service was managed by the senior care worker. They reported to the registered manager who currently was not involved in day to day running of the service. The senior care worker had supported this inspection when we visited the agency office and we found they lacked understanding of the legal and regulatory requirements to ensure safe and effective oversight of the service delivery. For example, in relation to the events that affect care provision and where the provider was required to notify CQC.
- The provider did not understand the importance and seriousness of our concerns and they had not always fully cooperated with the inspection team when arranging the inspection and providing the information requested. The registered manager was not responding to the CQC requests for information in a timely manner and the documentation we asked for was not always easily found which put people at risk because staff could not access important information quickly when needed.
- We also found the CQC ratings not being displayed as required and a provider information return (PIR) not being completed by the provider. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.
- Robust quality assurance processes were not in place to support the care provision. We were told that audits were completed by the compliance manager. The senior care worker did not have access to the audits, and they were not aware about any outcomes of the audits. There wasn't a log for actions/ improvement required from the audits. We requested the provider to send us copies of all the audits being undertaken. Documentation provided to us showed that the audits were not completed regularly and/or thoroughly. This resulted in the provider failing to identify and/or take appropriate action to address a number of issues we found during this inspection that related to people's care records, medicines management and staff support.
- Although the management team told us that policies and procedures were last updated in January 2023, the policies and procedure we viewed were not dated and there wasn't a review date. During our visit the Whistleblowing policy could not be found.

We found no evidence that people had been harmed however, there was a risk that people might not receive safe care from the provider who was not appropriately monitoring the care delivery and acting on issues identified. This is a breach of Regulation 7 (Requirements Relating to Registered Managers) and Regulation 17 (Good Governance) 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; Duty of Candour

- The culture of the service was not always aimed at valuing people's individuality and protecting their right to choice.
- The provider had failed to embed their policies and procedures so that staff were provided with robust guidance to ensure they provided people with person-centred care.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection we found that the registered manager was not actively involved in the day to day running of the service and delivery of care. The management team had not taken appropriate steps to identify and/or act upon the issues identified which meant they were not aware of their responsibilities under the Duty of Candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Staff felt involved and they had good working relationships with the management team.
- Staff told us they received the necessary support from the management team when needed. Comments included, "The manager is ok. I communicate with him if there is an emergency" and "It's ok. I don't have any complaints. I can get hold of [name of the manager], if they don't answer straight away, they will get back to you."

Working in partnership with others

- The management team told us they liaised with the healthcare professionals as and when necessary to support people's well-being.
- Feedback received from the healthcare professionals was that they had minimum input with the staff team and that they did not have any concerns in relation to this provider.