

Amazing Grace Personnel Limited

Amazing Grace Personnel

Inspection report

Jhumat House, Room 207
160 London Road
Barking
IG11 8BB

Tel: 02082141104
Website: www.amazinggracepersonnel.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Amazing Grace Personnel Ltd is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service provided personal care to two children in their homes.

People's experience of using this service

Pre-employment checks were not being completed robustly and in accordance with the providers recruitment policy to ensure staff were suitable to work with vulnerable people. We made a recommendation in this area.

Risks were identified and were assessed to ensure people received safe care. People told us they felt safe when receiving support from staff and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Systems were in place to prevent and minimise the spread of infections when supporting people.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. 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 received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to manage complaints and people's communication needs were met.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement. Feedback was sought from people and staff and this was used to make improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 May 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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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

The inspection was carried out by one inspector.

Service and service type

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

The service had a registered manager who was a director of the provider organisation. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

We announced the inspection prior to our visit. This was because we wanted to make sure someone would be available to support us with the inspection.

What we did before the inspection

We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with nominated individual and the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed two

care plans, which included risk assessments. We also reviewed three staff files, which included pre-employment checks. We looked at other documents such as medicine management and quality assurance records

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and supervisions. We also sought feedback from two relatives of people that used the service and one staff member.

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 that 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

- Records showed pre-employment checks had not been completed in full. Checks had been made such as criminal record checks and obtaining proof of staff's identity had been carried out.
- The providers recruitment policy stated that two professional references should be sought prior to employing staff. We found for three staff, only one employment references had been requested for two staff and character references had not been requested for any staff. This meant there was a risk the service may not get an accurate picture of staff character and conduct. The registered manager told us she will ensure two references were requested, which included a character reference.

We recommend the service follows best practice guidance on completing robust pre-employment checks especially on obtaining references.

- Systems were in place to minimise risks of late or missed calls. Staff were sent rotas in advance and were given time to travel between appointments to ensure missed and late calls were minimised. A staff member told us, "I am able to get to care calls on time and have not had any missed visits." A relative told us, "They [staff] always come on time." Another relative commented, "They come on time, there has not been any missed visit."
- The service used timesheets to monitor staff time keeping. The timesheets recorded the time staff started calls and finished. The timesheets also had to be signed off by relatives of people to ensure it was accurate and was then checked by the registered manager to ensure staff attended calls on time.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances and health conditions. The assessments included the nature of the risk and control measures to minimise the risk. There were risk assessments in place for specific health conditions such as epilepsy.
- Risk assessments had also been completed for people at risk of falls, infections and danger awareness. A relative told us, "[Person] feels really safe with them. [Person] does not have danger awareness, they handle [person] so well."

Using medicines safely

- The provider did not support people with medicines.
- Staff had been trained on medicines and a medicines policy was in place should the service supported people with medicines. Care plans also showed if people required support with medicines.

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- There had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative commented, "Everything has been going well. [Person] feels safe with them."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding children and understood how to safeguard them from harm. A safeguarding and whistleblowing policy was in place.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Risk assessments had been completed to prevent and minimise the spread of infections. This included control measures such as wearing Personal Protective Equipment (PPE) and included information on people that may be at risk. A relative commented, "They [staff] wear PPE and use hand gels."
- Staff confirmed they had access to PPE such as gloves and aprons. A staff member told us, "I am given suitable PPE to wear, they make sure we have enough. We wear this when we support people."

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had completed essential training and refresher courses to perform their roles effectively. A training matrix was in place, which ensured the registered manager had oversight of training and when refreshers were due. A staff member told us, "I have done all the care training with them. It has been helpful especially the moving and handling training."
- Regular supervisions and appraisals had been carried out for staff, which ensured staff were supported in their roles.
- Staff told us they felt supported. A staff member said, "[Registered manager] is my manager. She is a good manager. She always checks on us and asks if there is any concerns. She supports us quiet well."

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

- Systems were in place to assess people's needs and choices.
- Pre-assessments had been carried out in detail to ensure the service was able to provide person-centred support to people.
- Regular reviews had been carried out with relatives to ensure people received support in accordance with their current circumstances. Relatives were included as part of these reviews and decisions to ensure people received the care they wanted. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported to eat and drink and supported to maintain a balanced diet.
- Care plans included the level of support people required with meals or drinks. A relative told us, "They [staff] just make sure [person] finishes food or needs help. They do it well."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take.

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.

- Systems were in place to obtain consent from people to provide care and support.
- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always request people's consent before doing any tasks. One staff said, "I do not take anything for granted, I always seek consent before doing anything."

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; equality and diversity

- People were treated with kindness and respect. A relative told us, "They [staff] are very friendly, they get on so well with [person]." Another relative commented, "They are very caring and kind."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People's relatives were involved in decisions about their care. Care plans were signed by relatives to ensure they agreed with the support people will receive.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "As part of person-centred care, you make sure you let them [people] choose whatever they want and make decisions that will make them happy. We give them choices."
- Reviews took place with relatives to ensure people were happy with their care and if they needed further support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "You can't barge into people's house. I knock on their door and notify them I am here. I make sure doors and windows are closed when supporting them with personal care. I need to respect their privacy." A relative told us, "They respect [persons] privacy and dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people to choose and dress themselves. A relative commented, "They [staff] promote independence, they always try with [person]."

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support, which was in accordance with their preferences and choices. A relative commented, "They know [person] well. The care plan is very accurate and very helpful."
- Care plans were person-centred and included information on how to support people in number of areas such as personal care and nutrition. Care plans also included people's daily routines so staff can provide personalised care according to people's routines.
- Staff told us they found the care plans helpful. One staff told us, "The care plan is very helpful and is simple to understand."

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.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. A relative told us, "They [staff] communicate very well with [person]."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told by the registered manager that no complaints had been received since the service registered with the CQC.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place. The registered manager told us they ensured a policy was in place so they were prepared should they support people in this area.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Spot checks had been carried out regularly to ensure people received person centred care. The spot checks focused on care plans, recording, care delivery and staff approach. The checks also involved getting feedback from relatives to ensure person centred care was always being delivered, achieving good outcomes. The findings of the spot checks were then communicated to staff.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans to facilitate them in providing care to people the way they preferred.

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

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- Feedback was also sought from staff about the service and management through surveys. The results were positive.
- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.
- The management team told us they obtained feedback from staff and people about the service through surveys and telephones. Records confirmed this and the results of the surveys were positive.

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 registered manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- The registered manager was clear about their role and understood risks and regulatory requirements. They told us once staff were employed, training and induction would ensure staff were clear about their roles and regulatory requirements to deliver quality in their performance. The registered manager acknowledged that pre-employment checks were not robust and was committed in making improvement in this area to ensure regulatory requirements were being met.

- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "I like it here. Everything is fine job wise."
- Relatives were positive about the service. A relative told us, "[Registered manager] is a good manager, she always checks on things and staff and see how [person] is. She is very good. They are a good care agency."

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.