

## The Christian Care Trust

# Grace House Outreach Care

### Inspection report

110 Nether Street  
Finchley  
London  
N12 8EY

Tel: 02084455628  
Website: [www.christiancaretrust.org](http://www.christiancaretrust.org)

Date of inspection visit:  
18 July 2017

Date of publication:  
08 September 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Our previous inspection of this service was in November 2016. Breaches of legal requirements were found in respect of consent to care and good governance. We rated the service as Requires Improvement. It remained in 'Special Measures.'

After the inspection, the provider wrote to us to say what they would do to meet legal requirements. We undertook this comprehensive inspection on 18 July 2017 to check that the provider had followed their plan and to confirm that they now met the legal requirements relating to the two breaches of regulations.

The provider is registered to provide care to people in their own homes. 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 they were providing a regulated care service to two people in their own homes. They were providing additional services to other people such as domestic support; however, those are not services that we regulate.

The service had a registered manager, which 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.

At this inspection, we found that the provider had followed their plan and legal requirements had been met. Monthly governance reports were now being sent to us as required. They demonstrated suitable oversight of care management of the service. This meant that the provider was checking that people were receiving good care. The principles of the Mental Capacity Act 2005 had now been embedded into the service's care planning process and the care that people received. This meant that staff knew to seek people's consent before providing care and to ensure decisions were made in their best interests if they could not consent.

People using the service and their representatives praised the service highly and told us they would recommend it to others. They told us of patient and caring staff, and that their views were respected.

There were enough staff for people to receive visits as planned, and there was good continuity of staff, which helped trusting relationships to develop.

People received care and support from appropriately trained staff who received good support for their care roles. People were supported to eat well, maintain good health, and take medicines as prescribed.

Staff could demonstrate a respectful and attentive approach. People's independence was promoted. Their care plans had been reviewed and updated to ensure they remained accurate.

People were protected from abuse by effective safeguarding procedures. Actions were taken to minimise

safety risks.

This service had been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of 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?

Good ●

The service was safe. Actions were taken to minimise risks to people using the service. People received their care visits as planned.

People's medicines were properly managed and so people were supported to take their medicines as prescribed.

People were protected from abuse by effective safeguarding procedures. Procedures were now in place to ensure appropriate recruitment checks of new staff before they started providing care to people.

### Is the service effective?

Good ●

The service was effective. It supported people to maintain good health and eat well.

People received care and support from appropriately trained staff who received good support for their care roles.

The principles of the Mental Capacity Act 2005 had now been embedded into the service's care planning process and the care that people received.

### Is the service caring?

Good ●

The service was caring. People told us of patient and caring staff. Staff could demonstrate a respectful and attentive approach. People's independence was promoted.

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

### Is the service responsive?

Good ●

The service was responsive. People told us their views were respected. They were encouraged to raise concerns informally, but a complaints procedure was in place if needed.

People's care plans had been reviewed and updated to ensure they remained accurate.

### Is the service well-led?

Good 

The service was well-led. Reports to the provider and CQC, as required under conditions of registration, demonstrated suitable oversight of care management of the service.

The service promoted a positive culture that was inclusive and empowering. Staff were appropriately supported, and people praised how the service was managed.

# 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 unannounced inspection which took place on 18 July 2017. The inspection was undertaken by one inspector. There were two people using the service at the time of our visit.

Before the inspection, we checked 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 using the service, two care staff, the registered manager and the office manager.

We looked at care records of one person using the service, personnel files of one staff member, along with some management records and staff supervision and training oversight records. The office manager sent us some further documents on request after the inspection visit, including their reports to the provider and staff visit schedules.

# Is the service safe?

## Our findings

At our last inspection, risk management processes were not comprehensive at ensuring that all reasonable actions were taken to minimise risks to people using the service. This was because risk assessments about people's care were out-of-date. Recruitment checks of new staff were also not in place before new staff started working in people's homes. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that people's risk assessments had been reviewed and updated, and so reflected their current situations. The assessments included risks in relation to the environment, falls, moving and handling, and choking.

The management team and other people we spoke with told us there were no new staff since our last inspection. Records confirmed this. We could not therefore check that robust recruitment procedures were now being followed when employing new staff. However, the office manager demonstrated sufficient knowledge of what checks were needed in advance of employing any new staff. We also saw there were appropriate recruitment checks, including references and a criminal record (DBS) check, in place for the newest staff member.

People and their relatives told us the service was safe. Comments included, "They always see that the door is safely shut when leaving." No concerns were raised about staff punctuality.

Staff told us of ways in which they promoted safety during their visits to people. They told us of not rushing people, using relevant equipment such as bed-rails and walking frames, and making sure people were safe and secure when leaving. Records showed staff had received specific training on falls prevention and management recently. There were no accidents recorded since our last inspection.

People and their relatives had no concerns with how medicines support was provided. Records showed staff had received updated training on medicines management. Staff could tell us what medicines someone used if in pain and why, which helped show they understood the person's specific medicine support needs. Medicine administration records indicated that people were supported to take their medicines as prescribed.

Staff demonstrated knowledge of what could be seen as abuse and what to do about any concerns. This included reporting matters promptly to the management team and making appropriate documentation. Records showed they had received appropriate training. The service had policies and procedures for protecting people from abuse and harm which staff had signed to show they had read and understood them.

# 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, the service had not embedded the principles of the Mental Capacity Act 2005 (MCA) into its care planning processes. This meant the provider was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made. Records showed people using the service had been asked to sign consent to the care being provided in their home and in relation to how the service would keep their personal information confidential. Records and feedback from the management team showed that people, and their relatives where appropriate, had been offered the opportunity to be involved in planning their care.

The registered manager told us further staff training on the MCA would occur, based on new and updated policies brought into the service. In the meantime, staff were mentored, such as through supervision sessions, on appropriate practices such as balancing people's right to refuse with care responsibilities. Staff we spoke with demonstrated sufficient working knowledge of how the MCA applied to their work.

The service provided people with health and nutritional support. People's care plans included health and nutritional needs and preferences. Staff told us of how they helped people with health and nutrition matters, for example, ensuring they left people with drinks. One person told us of occasionally needing support to attend health appointments which staff provided additional help for. Staff gave examples of good nutritional support for people and of raising concerns with the management team when someone was not eating well. They told us this resulted in liaison with the person's GP due to the concerns. One person told us of how they had the service "got me on my feet" following a health matter.

Staff continued to receive training relevant to their roles. Records and certificates in staff files showed refresher training since the last inspection that included dementia, food hygiene, emergency first aid, and moving and handling. Staff confirmed this was face-to-face classroom-based training that took place on different days for different topics. The registered manager told us two sessions of the same training occurred, to enable more staff to attend without it compromising people's care visits. Records also showed many staff had completed relevant national qualifications such as the Care Certificate and NVQs.

Records showed staff received supervision sessions with a manager on a quarterly basis, covering a broad range of topics. Staff told us of these being individual meetings and described them as "supportive." Staff meeting records noted some generic issues arising from staff supervisions, which enabled further



discussions on appropriate care practices.

## Is the service caring?

### Our findings

People and their relatives told us the service was caring. Their comments included, "The staff are very caring and reliable", "Extremely good staff on the whole" and "Very respectful."

The compliments book for the care home, which most home care staff also worked in, was particularly positive about staff approaches such as with "excellent rapport" and "very caring." We heard staff talking politely and respectfully with people. We took this as evidence of home care staff having appropriate approaches to people using the service in their own homes.

Staff told us of ways in which they prompted people's independence during care visits, such as through supporting them patiently and ensuring they could reach their phone before leaving. People talked of staff being patient with them.

The management team told us of people using the service not wanting their care files to be shared with community professionals at all, and only with staff on a need-to-know basis. They explained this was a privacy issue. We saw records to that effect, and noted their files were kept securely.

There was praise for the consistency of staff supplied to people in their homes. Comments included, "It's normally the same care worker, and I always know them" and "There's a low turnover, which helps; you can talk to them." Staffing rosters showed people received the same small team of staff for their visits. It was the same staff as at the last inspection. This helped positive and trusting relationships to develop.

One person told us of visiting the provider's care home for lunch on some days of the week. They used community transport to attend, but appreciated lifts provided by the management team when the transport could not attend in time. They also said meals were sent to them when needed. This helped to demonstrate the care the service provided.

## Is the service responsive?

### Our findings

At our last inspection, we found people's care plans not been reviewed and updated to ensure they remained accurate. There was a risk that the support people received would not therefore address their current needs and preferences. This contributed to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found there were updated care plans in place for people around what their needs and preferences were in respect of care visits, and what support staff were to provide. For example, on how to approach the person when first entering their home, and about what the person could do and what they needed support with. The level of detail suggested good knowledge of the person as an individual. There were also quarterly reviews of the care plans, to ensure they remained accurate. People's views were requested as part of this process.

Staff knew people's individual needs and preferences as they could describe people's typical routines in good detail, for example, what medicines they took, how they got around, and the care needed for people's pets. One person confirmed that staff supported their preferences during care visits.

People and their relatives told us the service ensured their views were listened to and acted on. One person told us, "There have been surveys." We were also told the management team are "prepared to listen."

People and their relatives felt any concerns or complaints would be listened to. Their comments included, "If I was unhappy, the managers would act" and "I haven't been told how to raise concerns but I would call the manager if I was unhappy." The service had a complaints policy in place. The management team told us there were no complaints about the service since the last inspection.

# Is the service well-led?

## Our findings

At our last inspection, governance of the service was found to be inconsistently effective. We had imposed a condition on the provider's registration, to send us monthly reports about auditing certain aspects of the service. However, reports had not been sent. As many of our concerns from a previous inspection had not been properly addressed, that demonstrated ineffective governance of the service. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found governance of the service to be sufficiently effective. Monthly compliance reports had been regularly sent to us this year. They showed ongoing oversight of key aspects of the service such as ensuring risk assessments and care plans were in place for people using the service. They also updated on staff recruitment, supervision and training. This helped demonstrate ongoing governance of the service and that fundamental standards were being adhered to.

Records showed the provider received a quarterly report on progress and risk management at the service. This included checks on any issues we identified at our most recent inspection of the service, information on any significant incidents, and updates on staff training and development. The latest report referred to the purchase of a new set of policies and procedures from a specialist care systems provider. The registered manager told us they were currently reading through these resources and planning how to train staff on implementing them. They explained they advised and supported staff on the standards of care to be provided, but the office manager provided the day-to-day leadership. We saw that he held a national qualification in care management.

People and their relatives told us the service was well-led and that they would recommend it to others. Comments included, "I can't speak too highly of it, I'm very satisfied" and "The manager keeps staff in order, in a nice way."

Staff told us they could approach the registered manager about concerns at any time. Records showed staff meetings were held every other month. Staff could provide their views on working practices which the registered manager provided guidance on. Expectations of the role and appropriate care practices such as for infection control procedures were clarified. The meetings were helping to promote a positive working culture.

We noted that most staff working for this service also worked in the provider's care home regularly. The management team were therefore directly able to monitor their general approach and interaction with people.