

## The Christian Care Trust

# Grace House Outreach Care

### Inspection report

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### Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

This was an announced inspection that took place on 22 March 2016. Our previous inspection of September 2013 found that the service had addressed concerns with staff supervision and training, record keeping, and effective governance, which we had previously identified.

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

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

People using the service and their relatives generally provided good feedback about the service. They said the staff supplied were caring, attentive and provided the support needed in a friendly and kind way. We found that the service was caring.

The service provided sufficient numbers of staff so that people received their care visits as planned. Staff benefitted from regular training, particularly the new National Care Certificate which is a set of minimum standards that staff should uphold in their daily working life and which new staff must be trained on.

However, we found some significant concerns about how the service was operated that particularly undermined people's ongoing safety. Criminal record checks and appropriate references were not in place for a number of newer staff, meaning the provider had not taken necessary steps to ensure that these staff were safe to work with people alone in their homes.

Risk management processes were not comprehensive. They did not ensure that all reasonable actions were taken to minimise risks to people using the service. Whilst efforts were made to address people's needs in practice, people's care plans did not consistently address all their support needs and sometimes contained contradictory information. This had potential to undermine appropriate care practices.

We also found concerns with how well-led the service was. There were few recorded governance systems in place, and so we identified shortfalls that the management team and the provider had not recognised or addressed. The service had not embedded the principles of the Mental Capacity Act 2005 into its practice. There were shortfalls in how securely information about people using the service and management records were stored.

There were overall six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking enforcement action against the registered provider and the registered manager. We will report further on this when it is completed.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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. Recruitment practices did not establish whether staff were of good character. Criminal record checks and appropriate references were not in place for some staff providing care and support to people.

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

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

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective. The service had not embedded the principles of the Mental Capacity Act 2005 into its practice.

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

### Is the service caring?

**Good** ●

The service was caring. People felt respected and were involved in decision-making about their care.

Staff provided support in a kind, professional and attentive way. The care was centred on people's individual needs and preferences.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive. Whilst people had their support needs assessed and agreed with them and their families, their care plans did not consistently identify the support they currently needed. There was a risk that the support they received would not therefore address current needs and preferences.

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

**Is the service well-led?**

The service was not well-led. There were few governance systems in place, and so we identified shortfalls that the management team and the provider had not recognised or addressed.

There were shortfalls in how securely information about people using the service and management records were stored.

**Inadequate** 

# Grace House Outreach Care

## **Detailed findings**

### Background to this inspection

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

This was an announced inspection which took place on 22 March 2016, for which the service was given 48 hours' notice. This was to ensure that members of the management team would be available at the office to provide us with the necessary information.

The inspection team comprised of three inspectors. Two inspectors visited the service's office that is based within the provider's care home. A third inspector made phone calls to people using the service, relatives and staff members.

Before the inspection we looked at the information we held about the service including any notifications they had sent us and information from the local authority.

There were six people using the service at the time of our visit. We spoke with two people using the service, three relatives, six staff, the registered manager and the office manager.

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

# Is the service safe?

## Our findings

People and their relatives said they thought the service was safe. Their comments included, "I am in good hands, I'm safe" and "We're safe with them." We were also informed of good support with medicines when that was part of the agreed service.

We found that the provider's recruitment processes did not ensure that the good character of new staff was established. We checked the recruitment documents for four staff employed in the last four years. There was no criminal records (DBS) disclosure or application for two of these staff members. The criminal record disclosure for a third staff member pre-dated their employment by over a year, when the DBS guidance states a three-month maximum length of portability. Reasonable precautions had not been taken to ensure these staff were safe to work with people using the service.

Overall, we found that two current staff members had information of concern on their criminal record disclosures. There are circumstances where the provider may consider that the disclosure provides minimal risk to people using services if certain precautions are followed. However, there were no records of the provider's assessments and precautions in respect of these risks. In one case, the management team told us the staff member declared the information of concern at interview. However, none of the staff files we saw had any record of what occurred at interview. These omissions did not demonstrate that reasonable precautions had been taken to ensure these staff were safe to work with people using the service.

Of the four files we checked for staff who started work in the last four years, three did not have appropriate written references in place. One did not have any written references. Two others had only one written reference. One of these was from a colleague employed at an overseas care service that was dated over seven months after the start date on their employment contract. There was nothing on file or made available to us to show that attempts had been made to contact the employer for a reference. This person had gaps in their employment history, but there was no record of exploring reasons for that. There was usually no record of why candidates had left previous employment, and in one case, there was no application form. None of the files had records of considering the candidates' physical or mental health conditions relevant to their capability for the work they would be undertaking with people using the service. These omissions did not demonstrate that reasonable precautions had been taken to ensure these staff were of good character and safe to work with people using the service.

The evidence above demonstrates a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they ensured that people were safe before they left the person's home, for example, "We lock up before we leave." They told us they followed care plans in this respect. The office manager told us there were arrangements to look after the keys for some people; they had been offered keys safes, but had declined. However, documented processes were not always in place for the secure management of keys, which did not demonstrate a transparent and secure process.

The agency assessed care delivery risk before providing care services, and kept this under review. This included for the working environment, medicines, falls, and manual handling. However, amongst the four people whose files we checked, there were no risk assessments in place for one person who had been using the service for many months. This was despite care delivery records showing that staff supported the person to move using a hoist and provided medicines support. Two other people's risk assessments had no record of review in over a year.

The evidence above demonstrates a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had policies and procedures for protecting people from abuse and harm which staff had signed as read. Staff had received safeguarding training and were aware of how to raise a safeguarding alert and the circumstances under which this should happen. They all reported that they would inform the registered manager primarily. Comments included, "We have been told about whistleblowing." Staff also confirmed that they were required not to accept gifts.

People and their relatives told us that they did not experience occasions when planned visits did not occur. They told us that staff were punctual. Comments included, "They have never missed any visits. They have been late on occasions but not recently. Someone from Grace House will ring to let me know if the carer is running late" and "There are enough staff as far as I'm concerned." Rosters and care delivery indicated that staff attended to people as planned.



# Is the service effective?

## Our findings

People and their relatives gave positive feedback about the effectiveness of the service. Their comments included, "The best thing is the good quality care", "There are no improvements needed" and "It's the best service I could find." Everyone said they would recommend the service, one relative adding, "I already have, to lots of people."

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

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

Staff we spoke with had a rudimentary understanding of working in line with the principles of the MCA. They all confirmed that the registered manager had provided recent training on the MCA, but one staff member could not explain what they had learnt as a result of this and how they applied the MCA in their care and support of people.

The registered manager told us their last training on the MCA was a number of years ago. The management team could not demonstrate a proper understanding of the principles of the MCA. The provider was not yet ready to follow the principles of the MCA.

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

People's care plans included sections for health and nutrition needs and preferences. These were supported by needs and risk assessments. Where appropriate staff recorded that people had been supported to eat or drink, although the specific food and drink was not recorded. Records demonstrated that staff noticed and

took action in response to potential health risks for people, such as applying creams to help prevent skin deterioration. Staff said they followed people's care plans in terms of meeting specific health needs.

Staff reported that they were supported and trained to carry out their roles and responsibilities. Their comments included, "I get the help I need." The registered manager told us she had been holding monthly training sessions with staff on the principles of the new national Care Certificate which is a set of minimum standards that staff should uphold in their daily working life and which new staff must be trained on. We saw individual staff files full of resources and answered questions in respect of this. Records also showed that half the staff had certificates of completing national training courses in care such as NVQs, including some at advanced levels, which staff confirmed to us. Staff were therefore able to demonstrate care knowledge, for example, on dementia.

Most staff reported receiving supervision sessions and team meetings every couple of months. However, the office manager told us that annual supervision and appraisal meetings took place for each staff member, which matched records we saw across the last year. Team meeting records showed only one such meeting for all staff in the last year. The registered manager confirmed that team meetings were infrequent as staff did not engage in that process so well, however, issues were dealt with immediately instead, for which we did see occasional records of group supervisions.

## Is the service caring?

### Our findings

People and their relatives gave positive feedback about the caring approach of the service. People's comments included, "The carer is very caring and very kind" and "The best thing is the carers." A relative added, "They are polite and respectful." We saw a few surveys that the provider had sent people a year ago, which also confirmed people's satisfaction with the caring approach of the service.

One person told us, "I get the same people and they know what I like." We checked care delivery rosters and saw that the same staff members were generally allocated to people, to help provide individualised support and build positive relationships. Staff we contacted had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

Although we did not observe any interactions between staff and people using this service, nearly all the staff working for the service also worked in the provider's care home where we heard many positive and caring interactions with people living there. This helped to assure us further of the caring approach of staff.

The service had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. One staff member told us, "We don't talk about people outside of the home or to anyone else. We keep their information safely." Confidentiality was included in induction and ongoing training and was referred to within the staff handbook. However, we noted some concerns with information security which we have considered further under 'Well-led.'

The office manager told us when asked that the service did not advertise any independent advocacy services. In this respect, the service could be doing more to ensure people's views were listened to.

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive. One person said "They look after me well and do what I ask." Another praised how the service provided them with support on an as-needed basis. A relative told us, "They listen to and take instructions from [the person using the service]." Staff we spoke with emphasized that they always asked people what support they wanted. Staff also demonstrated that they knew people's individual needs and abilities well.

The management team told us that people started using the service through word-of-mouth recommendations and referrals from healthcare professionals. The service was a charity and hence there was no stakeholder pressure to increase the number of people using the service. For example, at the time of the inspection, the service could not instantly provide for additional people early in the morning based on the availability of the current staff employed. However, a service was recently provided short-term to someone so as to provide respite to their relative who lived with them.

Most people's care plans provided information on their current care needs and what the support staff were required to provide. However, of the four care files we checked, the care plan for one person could not be shown to us on request. Care plans were supported by needs, dependency and risk assessments. Some care files had an 'activities of daily living' document that detailed the person's wishes and preferences. However, two care plans did not reflect people's specific preferences, and three had not been reviewed in over a year. The management team was unable to evidence, at our request, how they monitored when care plans were due for a review. There was therefore a risk that the support people received would not address agreed needs and preferences.

The evidence above demonstrates a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff recorded their support of people on daily care record sheets which included detail about how the person was and the tasks that were completed. However, these records did not consistently reflect the support required from individual care plans. For example, some of the daily care records did not have information on the medicines administered as per individual care plans.

We found that daily care records for one person were only for evening care, despite the person also receiving morning care daily. The registered manager explained that this person did not want care records kept in their home, and the morning staff member was not then coming into the office where the care records for this person were stored. The registered manager assured us they would identify a way to ensure the morning care support was promptly recorded.

People and their relatives told us they were confident the management team would address any complaints. Their comments included, "I know the phone number of the manager and would call her if I had any complaints" and "They respond quickly. Anytime I've mentioned something that was bothering me it has been dealt with quickly."

The registered manager informed us that if people were not happy with the service they were aware that they could contact her, the office manager or a member of the Board of Trustees. The service had a complaints policy in place. It clarified that matters could also be raised with independent authorities if needed. We saw records that provided evidence of the registered manager addressing concerns, albeit the formal complaints record was blank.

## Is the service well-led?

### Our findings

The registered manager, who had set up the service many years ago, told us she did not manage the service so much on a day to day basis anymore, but kept up-to-date with changing standards. She had therefore provided the training to staff on the new national Care Certificate, and was always available to advise and support staff on the standards of care to be provided. We noted that the registered manager received an award in 2015 from the local authority for services to the borough. She told us this was primarily in respect of providing the care services.

The office manager provided the day to day leadership. He demonstrated a good knowledge of the specific needs of each person using the service. We saw that he held a national qualification in care management.

Staff told us that they received good support from the management team, that managers were approachable if they had any concerns or questions, and that they were happy working for the provider. One staff member said, "I feel very supported. We do lots of training. If there are problems we can go straight to our manager." There was a whistle-blowing procedure that staff said they would be comfortable using, and which records showed evidence of discussion on.

The registered manager confirmed that the staff team worked well together, which was a development from our most recent inspections.

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

Despite the above, the breaches of regulations that we found during this inspection demonstrated that the oversight of the service was not effective at identifying care delivery risks to people using the service and taking appropriate action in response.

People and their relatives found the management team to be responsive to them. A relative said, "I speak to the managers and they listen to me." However, when we asked about checks of the standard of the service provided, people told us this did not occur to their knowledge. As one relative put it, "No-one calls to check if we're happy."

Surveys of the views of people using the service and relatives were sent annually. No report on the findings of these was written. Instead, the management team told us that action was taken in response to individual responses if needed. We saw two surveys from early 2015 which provided positive feedback about the service.

When we asked the management team for quality auditing records in relation to the service, they told us there were none. We found records of monitoring checks of people using the service dating from the summer of 2014. These considered the person's views of the care provided and made some observations of it. However, whilst the management team told us of ongoing visits to people using the service that including

informal checks, there was nothing documented in support of this. They had not therefore identified that there was no care plan for one person who we found had been using the service for many months. Two of the five people we spoke with told us of minor improvements they would like from the service. Documentation that the service had asked people their views, considered feedback such as these points, and taken action where possible, would have helped to demonstrate good governance and responsiveness.

There were no specific audits of aspects of the service such as infection control or medicines. We noted that each of the staff files we looked at had an audit sheet at the front with points ticked off to reflect what was in the files. Criminal record disclosures and written references were not ticked off, but no action was taken to address this, and we found cases where these were not in place as required.

We noted that the provider's quality assurance policy set out five systems that assisted with ensuring a high quality of care. These were staff training, staff supervision, regular staff meetings that people using the service could input into, surveys of people using the service, and registration with CQC. There was no further detail on how these systems would be operated, and no specific recognition of how to audit quality of the outreach service. We noted that whilst staff told us of being well supported, documented staff meetings and supervision did not occur on a regular basis.

We were shown an oversight tool used to track that each staff member had received three supervision meetings and an appraisal during the year, in contrast to the annual frequency we were told about. It had not however been updated since 2014.

We noted that the service's office was not maintained in a tidy manner. The two computer desks and the tops of cabinets were covered in files and papers, albeit some other files were stored tidily on shelves. We found that neither computer locked to prevent access if left unattended and that records relating to people using the service and service management were therefore accessible. We found that the registered manager had recorded a disciplinary meeting with one staff member for unauthorised access of her computer. The office manager confirmed that the office door was not kept locked when the office was not in use, although we saw that access to paper records about people using the service and staff was secure. Reasonable precautions were not being taken to securely maintain records about people using the service and the management of the service.

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

Prior to this inspection, the provider had notified us of their intention to change the person responsible for supervising the management of service, known as the 'nominated individual.' When we checked this person's personnel file, we found that they had some qualifications and skills for that role, but they were line-managed by the registered manager. This compromised their ability to supervise the management of the service. We also found that they, and the person they were replacing, were not employed as a director, manager or secretary of the provider, as required by legislation, insofar as they were not a member of the Trust's board of trustees. In conjunction with the breach of regulation 17, for good governance of the service, this did not demonstrate that the provider was represented by an appropriate person.

The evidence above demonstrates a breach of regulation 6 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In December 2015, we sent the provider a formal request to provide us with some pre-inspection information. A further email was sent later that month after no response was received. We noted that the

link in the email was never accessed, and that we did not receive the information requested. Some information we requested during the visit was not ultimately sent. We also failed to receive a response in the summer of 2015 when we emailed a question to the provider in respect of their request to change the name of the person formally representing the provider in correspondence with us. This did not demonstrate a well-led service.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care of service users was not consistently appropriate and did not consistently meet their needs and reflect their preferences. This was because care was not consistently designed with a view to achieving service users' preferences and ensuring their needs were met.</p> <p>Regulation 9(1)(a)(b)(c)(3)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care of service users was not provided with the consent of the relevant person, or where the service user was unable to give such consent because they lacked capacity to do so, in accordance with The Mental Capacity Act 2005.</p> <p>Regulation 11(1)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care of service users was not provided in a consistently safe way. This included failure to: assess the risks to the health and safety of service users of receiving care; do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation

Regulation 6 HSCA RA Regulations 2014  
Requirements where the service provider is a  
body other than a partnership

The provider give notice to the Commission of  
the name of someone to represent them who  
was not appropriately employed and who was  
not responsible for supervising the  
management of the carrying on of the  
regulated activity by the provider.  
Regulation 6(1)(2)(a)(b)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effectively operated to ensure compliance with the Fundamental Standards. This included failure to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; maintain securely records in respect of each service user and in relation to management of the service and staff.</p> <p>Regulation 17(1)(2)(a)(b)(c)(d)(i)(ii)</p>

### The enforcement action we took:

We imposed a condition on the registered provider's registration requiring them to send us monthly reports about their audits of service users' care plans and risk assessments, recruitment checks, records security, and staff supervision, and what action was being taken to address any risks identified in those audits.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that persons employed for the purposes of carrying on a regulated activity were of good character. Recruitment procedures were not operated effectively to ensure that persons employed met the above condition.</p> <p>Where a person employed by the registered person no longer met the above condition, the registered person did not take such action as is necessary and proportionate to ensure compliance with that condition.</p> <p>Regulation 19(1)(a)(c)(3)(a)(5)(a) S3 pts 2-5, 7, 8</p>

### The enforcement action we took:

We imposed a condition on the registered provider's registration requiring them to send us monthly reports about their audits of service users' care plans and risk assessments, recruitment checks, records security, and staff supervision, and what action was being taken to address any risks identified in those

audits.