

Miss Maureen Osunde

Felicity Care

Inspection report

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Date of inspection visit:
29 April 2022

Date of publication:
18 July 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Felicity Care is a domiciliary care agency providing the regulated activity of personal care to people living in their own homes. At the time of our inspection there was one person using the service.

Not everyone who used the service received personal care. 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.

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

One relative told us that the care staff that supported their family member were kind and caring. However, despite this feedback we identified areas of concern similar to those from the previous inspection which had not been addressed.

Specific management policies and procedures in place were not reflective of best practice and current guidelines and lacked guidance on the processes to be adhered to ensure regulations were being met. The lack of management audits and checks meant that the issues we identified during this inspection had not been identified by the registered manager.

Staff recruitment processes had not been robustly completed and verified to ensure that staff employed were safe to work with vulnerable adults.

People received their medicines safely and as prescribed. Risks associated with people's health and care needs had been assessed and guidance was available to staff on how to manage risk to keep people safe.

Staff were aware of their responsibilities to raise concerns if they felt a person was being abused. The service understood the importance of infection prevention and control and had measures in place to keep people safe.

Staff felt supported in their roles. The service worked in partnership with other organisations to support people and their relatives

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 April 2021). The service remains rated requires improvement. We identified issues relating to unsafe recruitment practices of staff and the governance of the service. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an announced focused inspection of this service on 16 December 2020. At the inspection we recommended that the provider consider current guidance on the management of medicines and that they consider training and guidance around maintaining appropriate and accurate care records.

We undertook this focused inspection as the provider had told us that they had made the required improvements and requested a review of their ratings as the current rating was impacting their ability to take on more work. During this inspection we found that whilst some improvements related to the recommendations made had been implemented, we identified further issues relating to recruitment of staff and good governance. This report only covers our findings in relation to the key questions of Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the previous comprehensive inspection to calculate the overall rating. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Felicity Care on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to regulations 19; fit and proper persons employed and 17; good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Felicity Care

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 one inspector.

Service and service type

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

Registered Manager

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 April 2022 and ended on 23 June 2022. We visited the location's office on 29 April 2022. We spoke with one relative on 21 June 2022, with one person on 23 June 2022 and staff on 17 June 2022 to gain their feedback. Inspection feedback was given to the registered manager on 20 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the office visit, we spoke with the registered manager and reviewed some policies, quality assurance records, accident and incident records and complaints.

After the inspection continued to seek clarification from the provider to validate evidence found. We looked at one person's care plan and medicine administration records, four staff recruitment files, policies and procedures, quality assurance records and training information. We spoke the relative of the person using the service, four care staff and one healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had policies and processes in place to ensure that the staff recruited were assessed as safe to work with vulnerable adults.
- However, these processes were not always followed and completed employment checks were not analysed and reviewed for their authenticity and reliability.
- Staff references were seen to be unreliable. Three staff recruitment files contained references from the same companies with similar handwriting which suggested that both references from different companies may have been written by the same person.
- References completed by one company had been signed by the company director, but on further investigation we found that this person was not the director for the named company and the company director was actually one of the staff members whose recruitment file we looked at.
- For three staff recruitment files, the Disclosure and Barring Service (DBS) checks had been completed after the person had started to work for the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Identity checks and assurances for two staff recruitment files had also been obtained following the employment start date of the staff member.
- Employment records listed on staff members application forms and references provided did not match those as listed on their CV. For one staff member, their reference stated that they were in employment with the company from January 2017 to January 2021. However, on the same staff members CV, their education and employment history stated that they were at university or in employment in a different country at the same time.
- The service did not always ensure staff provided a full employment history at the time of their recruitment. Where there were gaps in employment these had not been explored with the staff member.

We found no evidence that people had been harmed, however, processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment. This meant that the service was in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of this inspection, the service was only supporting one person. The one relative told us and records confirmed that they received care and support from a regular care worker. This ensured continuity of care.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- People received their medicines safely and as prescribed.
- One person received medicines support from care staff.
- The level of support people required was documented within the person's care plan with details of the medication and how the person was to be supported.
- Where care staff kept records for medicine administration, these were complete and no gaps or omissions in recording were noted.
- Care staff had received medicines training. One combined competency assessment had been completed for one staff member and the registered manager. We were unsure why the assessment was combined and how the registered manager had assessed their own competency.
- We highlighted the discrepancies to the registered manager who stated that as they were a small service, there was no one who would be able to assess their own competency. We explained that their own competency assessment should be completed by an appropriately qualified and independent person. The registered manager confirmed they would reassess competency for themselves and each individual staff member.

Systems and processes to safeguard people from the risk of abuse

- Appropriate policies and procedures were in place to safeguard people from the risk of abuse.
- Care staff were able to describe the different types of abuse, the signs they would look for to recognise abuse and the actions they would take to report their concerns.
- Care staff also knew how to whistleblow and listed various external agencies that they could contact to report their concerns.
- The one person and their relative did not raise any concerns about their safety whilst receiving care and support from care staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's health and care needs were assessed and recorded as part of the care planning process.
- Assessed risks included risks associated with falls, isolation, breathing and medicine administration.
- Guidance was available to staff on how to manage people's risk and how to work with the person to keep them safe. One care staff told us, "We have always been able to read the risk assessments. At one point I have been able to join in with the review. Risk assessment helps us to know what the likely risks are, how to support them, how to manage the risks."
- Accidents/incidents were documented with details of the incident, actions taken and follow up measures put in place to prevent future re-occurrence.

Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection.
- Care staff had received training on infection prevention and control, COVID-19 and how and when to use the required Personal Protective Equipment (PPE).
- Care staff confirmed that they had access to all supplies of PPE and were also part of a weekly testing regime for COVID-19 as per government guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we recommended the provider consider training and guidance around maintaining appropriate and accurate care records. The provider had not made the recommended improvements.

- The registered manager had not ensured that regulatory requirements were adhered to and where improvements were required, actions had been taken to make sure people received safe and good quality care.
- Checks to ensure safe recruitment of staff were not robustly completed, verified and analysed to ensure information contained within them was reliable and trustworthy.
- Certain policies we reviewed which included the complaints policy and the medicines management policy lacked detail and current and specific guidance. For example, the complaints policy did not provide any information on the timelines within which the provider would deal with complaints received.
- The medicines management policy did not reference current National Institute for Health and Care Excellence (NICE) guidance on the management of medicines in the community and did not detail staff training requirements when administering medicines.
- As the service was very small and was only supporting one person, the registered manager only undertook regular spot checks to check the quality of care delivery. These were recorded and covered care staff conduct, use of PPE and medicine administration.
- No other audits were completed for the service. The registered manager had not recognised or identified the issues we identified as part of the inspection process.
- Following the last inspection, the registered manager compiled a service improvement plan which listed the actions that had been taken to make the required improvements. However, none of the actions taken, linked to the issues we identified at the last inspection.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that people were in receipt of safe care. This placed people at risk of harm. This was a breach of 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

- The one relative we spoke with knew the registered manager and felt able to contact them when required.
- The relative also told us that their family member received the required care and support from Felicity Care.
- One healthcare professional told us, "They [Felicity Care] were flexible with the changing needs of the people they supported."
- Care staff spoke positively of the registered manager and stated that they were always available to support them in their role. One care staff told us, "Excellent manager, very meticulous, very available, we can reach her at any time. Yes, we can go to her, at every instance I have raised an observation it has been dealt with in good time."

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 understood their statutory responsibilities around notifying the CQC and the local authority of significant events, when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were asked for their feedback about the quality of the service they received through periodic satisfaction surveys. We saw records of historic surveys that had been completed. Feedback was positive.
- However, we did not see any evidence of recent satisfaction surveys being completed by the one person they currently supported or their relative. The registered manager informed us that they knew the person and their relative well and were in regular contact with them by telephone and visits.
- Care staff told us that the registered manager was supportive, approachable and listened to their ideas and suggestions. Regular staff meetings, supervision and ongoing communication enabled staff to receive regular updates, share experiences and review practices.
- The service worked in partnership with a variety of health care professionals such as GPs, district nurses and social workers, to maintain the health and wellbeing of the people they supported.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to operate effective recruitment procedures to ensure that persons employed meet the conditions as specified in Schedule 3.</p>