Home Fairy CIC

Home Fairy - Derby

Inspection report

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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

This inspection took place over three days commencing on 16 April 2018. The provider was given 2 working days' notice of our visit. This was to ensure there was someone available at the office to speak with us.

Home Fairy CIC is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in Derby and Derbyshire and provides a service to adults. The majority of people, who use the service, receive services which are not regulated by the Care Quality Commission (CQC). For example, housework, gardening and support to access the wider community. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of our inspection there were seven people receiving personal care. The service operates between the hours of 8am and 6pm, all personal care and support is delivered between these times. The service has a minimum time set for staff to provide a service, which has been set at one hour.

Following the last inspection on 7 March 2017 we asked the provider to take action to make improvements in its staff recruitment practices. The provider submitted an action plan outlining their planned improvements and this action has been completed.

Home Fairy CIC 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 2008 and associated Regulations about how the service is run.

The overall rating for the service awarded at the previous inspection which took place on 7 March 2017 was requires improvement at which time we identified a breach of the regulations. This inspection has found improvements have been made and the overall rating for the service has been revised to good.

The provider's recruitment procedures ensured pre-employment checks were carried out on prospective employees to ascertain their suitability to work with people. We found there were sufficient staff employed to meet people's needs, who had the appropriate training and support to delivery good quality care, which included tailored training to meet people's health care needs.

Staff had undertaken training in safeguarding to enable them to recognise signs and symptoms of abuse and knew how to report them. Potential risks to the environment in which people lived had not been assessed, which meant there was potential for people using the service or staff. The registered manager took action by developing a form to record potential environmental risks and record the action to reduce the identified risk. Potential risks to people were assessed and plans were put into place to minimise risk, which staff understood and followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights

were upheld and decisions about their care were sought as part of the assessment process to identify their needs. The management team had focused on improving the involvement of people using the service or family members in the assessment process and development and review of care plans.

People's health and welfare was promoted as staff supported people with the preparation and cooking meals. Staff liaised and worked with health care professionals to promote people's health, which included providing support to people receiving end of life care and the management of individual health needs.

People received care from staff that in many instances had developed positive relationships. People's communication needs were considered as part of the initial assessment process. People who were deaf were supported by staff who communicated with them in their preferred communication style, which included the use of British Sign Language.

The registered manager monitored the quality of the service provided by seeking the views of people who use the service and that of their family members. However people did not receive an overall analysis and any planned actions that would be taken in response to people's collective comments. To further support quality monitoring staff had regular contact with the registered manager, who was available to provide support and guidance. Staff spoke positively about the service and the support they received from the registered manager.

Family members spoke positively about the service their relatives received, they told us they found the registered manager and staff to be approachable and they had confidence in the service provided. We received positive feedback from a commissioner as to the quality of the service.

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.

People were safeguarded from abuse as systems and processes were in place, which were understood and adhered too by all staff. A system of staff recruitment was in place to ensure people were supported by suitable staff.

Potential risks to the people's living environments had not been assessed. Risks related to people's personal care had been assessed and staff followed the guidance to promote people's safety.

People's needs with regards to their medicine were identified within their care plans and they received their medicine at prescribed times.

The registered manager learnt from accidents and incidents and implemented systems and processes to reduce the risk of them re-occurring.

Is the service effective?

Good

The service was effective.

People's needs were assessed, which included consideration as to people's communication needs and preferred form of communication. People were supported by staff that were skilled and had completed the training they needed to provide effective care.

People were supported to maintain, their health and well-being as staff liaised with health care professionals. This included support with the preparation and cooking of meals.

The principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care was understood.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service was responsive.

People and their family members contributed to the development of care plans, which included information on people's communication needs and styles. Staff met people's communication needs, which included the use of British Sign Language.

People and family members were confident to raise concerns.

Is the service well-led?

Good

The service was well-led.

Staff expressed confidence in the management of the service and were committed to delivering good quality care.

People's views were sought about the service. People did not receive an overall outcome to the consultation process and the proposed response of the service.

The service worked in partnership with commissioners and had contact with forums to enable them to continually learn and develop the service.

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

The inspection site visit took place on 16 April 2018 and was announced. We gave the service 2 working days' notice of the inspection visit so someone would be available to facilitate the inspection.

The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We contacted commissioners by e-mail requesting feedback about the service.

We spoke with three family members by telephone on 17 and 18 April 2018. We sought the views of two family members by e-mail.

We spoke with the registered manager (director) and communication support worker as part of our site visit to the office on 16 April 2018. We sought the views of five home support workers by e-mail.

We looked at the records of four people who used the service, which included their plans of care, risk

assessments and records detailing the care provided. We looked at the recruitment files of two staff, including their training records. We looked at a range of policies and procedures and documents, including audits and action plans that monitored the quality of the service.

Good

Is the service safe?

Our findings

At our previous inspection of 7 March 2017 we found the provider's recruitment process for staff was not robust. We issued a requirement notice as this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

We found improvements had been made which meant people receiving a service could be confident that staff underwent a robust recruitment process. Recruitment files contained evidence that necessary employment checks had been completed before staff started to work at the service. These included application forms with a full history of employment, identification documents and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions.

The registered manager's approach to the recruitment of staff considered people's safety. At interview potential staff were asked what safeguarding issues they may come across when visiting people in their own homes and who would they report concerns to. They were asked how they would promote people's safety and health.

The registered manager within the Provider Information Return (PIR) stated that the delivery of personal care reflected a small number of the people they supported, and that new clients were only taken on should there be sufficient staff to meet people's personal care needs.

The registered manager had provided information required by the local authority and other agencies involved in the investigation of a safeguarding concern to assist them with their investigations.

Staff had received safeguarding training and information we received showed they had a comprehensive understanding of abuse and their role in reporting any concerns regarding people's welfare. Staff were confident about how they would report any suspicions of or allegations of actual abuse. A member of staff wrote. 'I work with vulnerable adults and as such these individuals are potentially more susceptible to abuse. Abuse can be sexual, physical, emotional or neglect. I need to be careful that my treatment of these clients in no ways falls into any of these categories and to be observant for any indicators that abuse is happening. Any concerns I would report to my line manager who can then arrange for further steps to be taken.'

Staff induction included being provided with policies and procedures to support people's safety and support people's rights. For example, staff received a copy of the provider's policy on equality and diversity, whistleblowing and safeguarding. People using the service were also sent a copy of the equality and diversity policy as part of their terms and conditions.

A family member who responded to us via e-mail wrote. 'My [relative] feels safe when receiving care, they often say how nice the carers are and how they appreciate their help.'

Staff had a clear understanding as to their role and responsibilities in promoting people's safety, by reducing potential risks. They had knowledge about the management of risk tailored to each person's individual need. Staff evidenced they had a comprehensive understanding about how and when the equipment was used and followed information as detailed within the person's risk assessments and care plan. When we asked staff how they promoted people's safety. A member of staff wrote. 'When I am caring for a client I ensure that the place I am working in is safe. If anything is not working correctly or I have concerns about anything, slippery floors or heating not working. I will inform my supervisor and write an entry in the book. If my client informs me they have had an accident whilst I have not been there I would also report this and inform my supervisor.'

Each person's care plan had an assessment of risks the person may be exposed to. Risk assessments included areas relating to people's care, which included the use of equipment such as a walking frame or assisting a person to have a shower. Risk assessments identified how risk could be reduced. For example, through the appropriate use of equipment and by staff remaining close by to observe people. A member of staff when we asked how people's safety was promoted wrote. 'Certain events are covered in the risk assessments carried out by the office. Working within these guidelines is necessary. Being attentive and careful, not leaving the client unattended.' Communicating clearly and in a timely fashion using language the client can understand, so that actions are taken together and not unnecessarily imposed. All these promote safety.'

Assessments to identify potential risks linked to the environment of people's homes, such as fire risks, trip hazards, lighting, access and security had not been undertaken. We spoke with the registered manager who said they would take action. Following our site visit, the registered manager shared with us a document, with a list of potential risks which would be introduced so any potential risks could be assessed and steps taken to reduce potential risk for people using the service and staff.

Staff received training on medicine management and were assessed for their competency in its administration, in some instances people did not require staff support with their medicine. People's care plans included an assessment of the support where this was needed to manage their medicines. Information included when and how medicines were to be dispensed and the level of support the person required. The PIR completed by the registered manager reported there had been no medicine errors within the last 12 months.

We asked staff about the support they provided to people with their medicines. A member of staff wrote. 'As much as possible clients are prompted or reminded to take their medication in accord with instructions within the Home Fairy folder. If the client refuses then it is recorded in the file.'

Staff told us they had a supply of protective equipment, such as gloves and aprons, and that they would always wash their hands both before and after providing personal care and preparing food. People who used the service and family members confirmed staff always wore the protective equipment when providing personal care. This promoted infection control. A member of staff wrote when asked about infection control. 'Good hygiene standards need to be adhered to, washing hands, using gloves/aprons whilst preparing food etc.' A second staff member wrote. 'I always wash my hands when I arrive at a client. I then wash my hands continuously between doing each individual task (cleaning floors, washing up, preparing meals, giving medication, making drinks etc.)'

The registered manager understood their responsibilities to review concerns in relation to health and safety and had reviewed their practices following an incident. For example, the procedure detailing the action staff should take when a person had fallen had been updated and had been shared with staff.

Good

Is the service effective?

Our findings

People's needs in some instances were initially assessed by the funding authority, who shared their assessment with the registered manager. The registered manager upon receipt of the assessment or where people had not been referred through commissioners contacted the person or their family member to meet with them. This was to enable them to undertake their own assessment and find out what people's wishes were from the service. Family members we spoke with confirmed that they and their relative had been involved in the assessment process.

People's assessments included a wide range of topics, which included personal care, support with medicine, along with dietary and communication needs. Assessments were used to develop care plans involving the person using the service and/or family member to ensure they reflected people's needs and their wishes and choices had been considered and recorded. Family members we spoke with confirmed they had been involved in the development of their relatives care plan and said that staff delivered personal care and support, consistent with the plan.

The registered manager had revised the induction programme for staff, which now included new staff shadowing 'working alongside' experienced staff before providing support independently. Staff induction took place over 12 weeks and focused on ensuring their understanding of key policies, the delivery of observed personal care to ensure it was of a good quality; and the undertaking of training to enable them to meet people's needs. Staff receiving continuing supervision and had 'spot checks' carried out by the registered manager, to ensure the quality of care they were providing was reflective of good practice and was consistent with the person's care plan. The Provider Information Return (PIR) referred to the open door policy the registered manager had with staff and the ongoing support they provided through on-going supervision.

Staff received training which enabled them to meet people's needs and provided them with an awareness and understanding as to how specific needs affected people's daily lives. For example, staff had accessed practical training event on deaf/blind awareness, other topics of training included dementia awareness and moving and handling of people.

People's care plans provided information about their dietary requirements and the role and level of support each person required and provided information as to where people preferred to eat their meal. Specific guidance was provided to ensure people had access to food and drink when staff were not at the person's home. For example, one person's care plan directed staff to ensure that bottles of drink left for a person were 'open' so as the person could help themselves. A second person's care plan provided information as to what the person ate for breakfast and required staff to serve drinks in a specific mug to promote the person's independence. Staff responsible for the preparation and cooking of food attended a food hygiene course.

We asked staff to provide examples of how they had liaised with health care professional on behalf of people, where concerns had been identified. A member of staff wrote about how he had spoken with a

health care professional, who was visiting a person's home to undertake an assessment. The staff member provided them with information as to their concerns when giving the person a shower. As a result of this a new chair to be used in the shower had been provided to better meet the person's needs.

People's care plans provided key information as to people's health care needs and the role of staff in providing the appropriate care and support. For example, a person whose health was in part managed by their diet had a set weekly menu and times for eating which staff followed.

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. Whey 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.

A family member who responded to us via e-mail wrote to confirm they and their relative had been involved in day to day decisions. 'The staff do involve my [relative] in day to day decisions and also consult me sometimes. On these occasions they are very understanding that I will discuss with my [relative] first and let them know after.'

Staff confirmed they had received training on the MCA. We asked them how they supported people to make choices and how they considered people's mental capacity to make informed decisions. A member of staff wrote. 'One of my clients has a limited mental capacity. I might get clean clothes out and ask him if he wants to wear it.'

Good

Is the service caring?

Our findings

People's care plans focused on their individual needs and the role of staff in providing care and support with kindness and compassion, by detailing people's preferences, likes and dislikes. Information about people's preferred communication style was included and staff that supported people with specific communication needs had the appropriate skills to ensure barriers to effective communication were removed.

A family member who responded via e-mail wrote. 'The staff are always kind and respectful to my [relative] They are pleasant and approachable at all times.'

We asked staff how they showed empathy, compassion and kindness when supporting people with personal care. Staff wrote. 'I generally treat my client as would expect to be treated myself.' Another member of staff wrote. 'Empathy, compassion and kindness. Each client and each day is different. I assess each situation and offer help if it appears to be needed.'

We asked staff how they met people's individual communication needs. A member of staff wrote. 'Being deaf myself I made an extra effort to communicate with people who have difficulty in communication. Normally I communicate by speech but if required I can use sign language / gestures. If need be I will write things down.' A second member of staff wrote. 'Increasing the volume and slower delivery when client is hard of hearing. Soothing tone of voice can help settle agitated clients.'

We asked staff how they supported people to follow their interests and take part in activities. Staff responses provided evidence as to the positive relationships they had developed with those using the service. Staff wrote. 'One of my clients has an interest in gardening and I would pick his strawberries for him. I would also help him plant things in his garden and pots and transplant them if they need moving. I have also dug a patch for him to grow runner beans and water his plans in the summer.' A second staff member wrote about how they used their knowledge of the person's work life. They wrote. 'I found programs on the television for him about railways, read from railway books, helped him reminisce over old photos of him working on trains. And created a railway puzzle for him.'

The Provider Information Return (PIR) stated staff were provided with a rota, which incorporated sufficient travel time between people's homes. Rotas were developed to ensure people received support from a small number of staff to promote continuity of care and the development of positive relationships.

People's care plans highlighted how staff were to promote people's privacy and dignity. For example, by containing information as to where people's personal items, such as clothing and toiletries were located. This meant staff did not need to unnecessarily open cupboards or access other rooms to locate items.

We asked staff how they promote people's privacy and dignity. They wrote. 'I always treat my clients with respect and the way I would want to be treated. I would never talk about my clients with people outside of my team.'

Staff were provided with training on professional boundaries, which provided clear guidance on how staff were to behave and conduct themselves when visiting people's homes, and the circumstances in which information could or could not be shared. This was underpinned by the professional boundary and confidentiality policy and statement, which all staff signed when they commenced work at Home Fairy CIC. A member of staff wrote. 'A client's personal life is theirs. Person information is only passed on to those entitled to the information and if there is good reason to do so. Any information I use is held securely (e.g. phone is password protected).'

The registered manager had written to all those who used the service and staff. The letters provided information as to the forthcoming changes and referred to the General Date Protection Regulation of May 2018, what it meant and how information would be stored and used by Home Fairy CIC. People using the service had been sent a copy of their care plan to be signed and staff had signed the letter advising their understanding as to how confidential and personal data could be used.

Good

Is the service responsive?

Our findings

Family members told us that they and their relative had been involved in the development of their care plan. One family member said. "We've recently been sent a copy of the care plan and asked for our comments. I have signed it and sent it back to [registered manager's name]." A family member who responded to us via e-mail wrote to confirm they and their relative had been involved in the development of their care plan. 'We were involved in the care plan and there is a record. [Relatives] care plan is reviewed regularly, the staff are always accommodating.'

A majority of people who used the service for personal care had initially been supported by staff from Home Fairy CIC with other aspects of their lives, such as housework, socialisation and shopping. A family member told us they had chosen Home Fairy CIC as they specialised in supporting people who were deaf. "At first they (staff) came once a week to play cards. Since his needs have changed they now come in the morning, five days a week to help him." The family member went onto say, how the service provided additional support when they were on holiday. They said. "When I go on holiday, I can rely on them. It's nice to know you can have confidence to go away, knowing he'll receive the care he needs." A family who responded to us via e-mail wrote. 'As my [relative] can no longer drive and is house bound, there is an element of social support in the visits. This means a lot to my [relative], they are always very social and take an interest in my [relative's] hobbies.'

People's care plans detailed the days, times and duration that staff provided care and support and were tailored to meet individual needs. People using the service and family members told us the service they received was reliable and they were confident that staff would arrive as detailed within their care plan and provide the care and support they needed. People's care plans were personalised to reflect people's lifestyle choices. For example, one person's care plan stated they enjoyed spending time in the garden. A second person's care plan focused on their preferences for their personal appearance, by providing guidance on how staff were to apply make-up and seek the person's views as to the jewellery the person wished to wear.

The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's assessments made reference to people's communication needs and this information had been be used to develop person centred care plans, detailing people's communication style.

The registered manager's approach to the recruitment of staff ensured people's needs could be met. People using the service had a range of communication needs. A number of people using the service were deaf and communication was tailored to each person. For example, one person who was deaf communicated through the written word, which included 'texting' when communicating with staff and the registered manager by telephone. In some instances, people communicated using British sign language and the service employed staff who could communicate using British sign language. Where people had specific health related conditions, which impaired their ability to speak clearly staff followed guidance devised by

Speech and Language Therapists (SALT). For example, a person's care plan stated staff were to emphasise key words, speak with the person face to face and to use concise sentences.

The registered manager confirmed that they did not provide support and care to people at the end of their life.

A complaints policy and procedure was in place. This was included in documents provided to people when they began to use the service. No complaints about the service had been made. Family members were aware of how to raise a concern. A family member told us. "The service is very good, and I have no complaints." A number of thank you cards had been received from family members, expressing their gratitude of the care provided to their relatives.

Good

Is the service well-led?

Our findings

The registered manager to assure themselves that the attitude, values and behaviour of staff were reflective of the service they wish to provide, had designed questions to explore staff attitude to meeting people's diverse needs. The questions posed to staff sought to establish their views and responses to key areas. For example, one question asked staff how they would show respect and a non-judgemental attitude to how people chose to live, their relationships and the environment in which they lived. Staff approach to work once employed was subject to regular monitoring to ensure high quality care and support continued to be provided by staff who were non-judgemental in their approach.

We asked staff if their work was valued by the registered manager. A staff member wrote. 'Yes, I feel my work is valued by the management. They often let me know this by saying 'thank you' for doing certain things for them (like covering for other staff members).'

The registered manager promoted equality and inclusion within its workforce, by ensuring staff were reflective of the needs of people who used the service, for example with consideration to people's gender and disability. For example, staff in some instances, and the registered manager, communicated using British sign language. The registered manager and staff communication was tailored to reflect their needs and that of those using the service by the use of text, e-mail, and via an interpreter when using a telephone.

The registered manager within their PIR referred to their plan to support all staff in attaining the Care Certificate. (The Care Certificate is a set of nationally recognised standards which supports staff working in care and support to develop the skills, knowledge and behaviours needed in their roles.) They told us that currently the on-line certificate did not come with subtitles, and they continued to search for a provider of this training who provided this. This meant that this training along with other topics was translated to staff who were deaf by the communication support worker.

We asked staff whether they were supported by the registered manager. A staff member wrote. 'I feel I am well supported. If I have any problems/queries I can always get in touch with the office quickly and get a rapid response.' Staff confirmed that 'spot checks' were carried out, however staff stated they would benefit from these being more frequent so they could learn and improve. Staff wrote. 'I have had a couple of spot checks and supervision. I find these less useful than popping into the office because they are so infrequent.' A second staff wrote. 'I feel capable of doing what is required of me but more frequent observation might help identify areas that need improvement in a more timely way.'

Staff were provided with a staff handbook, which contained information as to the key policies and procedures for Home Fairy CIC. We found staff were knowledgeable as to key policies and procedures which included whistleblowing.

The registered manager spoke to us about the action they would take should an unplanned event occur, such as adverse weather to ensure the service would continue to operate. The registered manager told us during recent adverse weather conditions everyone using the service had been contacted. People were

given reassurance that staff would be providing personal care, however the time staff arrived would be dependent on travelling conditions. Information as to people's contact details, their next of kin and staff were stored both electronically and in paper files. This meant they were always in a positon to communicate with people, to provide information and coordinate care in the event of an unplanned event.

The registered manager had reviewed and had made changes to the questionnaire sent to people or their family member, seeking their views about the service. We looked at the questionnaires, which had been completed. All of which expressed satisfaction with the service. The registered manager told us they responded to any comments within questionnaires on an individual basis. Staff views were not sought formerly through a questionnaire. We found the information gathered from questionnaires was not collated and any action planned as a result of feedback shared. The registered manager said they would take steps to ensure people received feedback.

A family member who responded via e-mail wrote. 'The service is managed well and I have regular contact with [registered manager]. I haven't put forward any ideas to date as I haven't found it necessary. Both my [relative] and myself are very happy with the service. I have no concerns whatsoever about how they care for my [relative], excellent service.'

The registered manager is involved in the Derbyshire Carers Forum, which exists to support providers of domiciliary care services. It provides an opportunity for providers to get together to share information. The registered manager told us they had attended an event 'Treat me Well' organised by Mencap and that from this they had been made aware that there were community nurses who specialised in supporting people with a learning disability. The registered manager spoke of how this had benefited them in gaining information about specific communication needs and the roles of specialised nurses in supporting people with a learning disability.

We sought the views commissioners as part of the inspection. A commissioner wrote of the service. 'I have experienced good communication with them [registered manager]. I believe my client is safe in their care and they respond immediately by contacting family members if there are any problems. My client is supported by the Home Fairy team to express their views.'