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# Falcon Carers

## 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

About the service: Falcon Carers is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 18 people in the Trafford area of Manchester. The office was based in Stafford.

People's experience of using this service:

People were protected from the risk of harm and abuse by staff that had received training and felt confident to raise any concerns they had. There was an up-to-date safeguarding and whistleblowing policy in place for staff to refer to.

Recruitment procedures were safe and sufficient staff were employed to meet the needs of the people supported. Staff had all completed an induction at the start of their employment and training for their roles. Staff told us they were fully supported through supervision and regular management contact.

People's needs were assessed before they were supported by the service and this information was used to create person centred care plans and risk assessments. Risks to people were clearly identified and guidance was in place to reduce risk. Staff had access to clear information about people's likes, dislikes and preferred routines. Care plans and risk assessments were regularly reviewed to remain up-to-date.

Medication procedures were safe. Medication was managed in accordance with best practice guidelines by trained and competent staff. Medication administration records (MARS) were fully completed and audits regularly undertaken.

An infection control policy and procedure was in place to minimise the risk of infection being spread. Staff had completed training and had access to personal protective equipment (PPE).

The registered provider complied with the principles of the Mental Capacity Act 2005. Staff had received training and understood and respected people's right to make their own decisions.

People and their relatives told us they received support on time and from staff that stayed the full time. People told us the staff were polite and courteous, kind and caring.

The registered provider had a complaints procedure in place that people and their relatives were familiar with and felt confident to follow. They said the registered manager listened and was responsive to any concerns they had.

Rating at last inspection: Good (Report published April 2016)

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

# Falcon Carers

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

**Service and service type:** Falcon Carers is a domiciliary care service providing support and personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

Our planning considered all the information we held about the service. This information included notifications the provider had sent us, to notify us about incidents such as safeguarding concerns, complaints and accidents. A notification is information about important events which the service is required to send us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed 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 any improvements they plan to make. This information formed part of the inspection planning document.

During the inspection we spoke to two people receiving support and four relatives by telephone. We spoke

to the registered manager and four support workers.

We looked at four care files and a selection of medication administration records (MARs). We looked at other records that related to the monitoring of the service, four staff recruitment records, training records for all staff, staff meeting minutes and accident and incident records.

After the inspection the provider sent us some additional information that included up-to-date policies and procedures and additional evidence for consideration as part of the inspection.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff told us felt confident to raise any concerns they had.
- An up-to-date safeguarding and whistleblowing policy were in place and all staff had received regular training in this topic.
- Relatives told us they had confidence in the staff. Comments included "They always let me know if there are any concerns regarding [Name] and "Staff always have an ID badge on them and I encourage [Name] to check it."

Assessing risk, safety monitoring and management

- Risk assessments were in place for all areas of risk identified. These included; falls, moving and handling, choking, infection control and environment. These included clear guidance for staff to follow to reduce risk.
- Risk assessments were updated when changes occurred or following review. Staff had access to the most up-to-date information.
- Staff had completed moving and handling training and undertook regular refresher updates to ensure they remained competent.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out before staff started work.
- People told us that they knew the staff that visited them and they mostly had the same staff.
- Enough staff were employed to meet the needs of the people supported by the service.
- Comments from people and their relatives included; "I know the staff that visit me. They are generally on time and do everything I need", "Staff always arrive even if they are a few minutes late. They never let us down."

Using medicines safely

- Medicines were managed safely. Staff received medication training and had their competency checked.
- Care plans included a clear description of people's medicines and held clear guidance for staff to follow.
- There were policies and procedures in places, as well as good practice guidance to support and guide staff when administering medicines.
- Staff completed Medication Administration Records (MARs). Regular checks were undertaken of the MARs to ensure people had received their medicines safely. Areas for development and improvement were identified and actioned.
- Clear systems were in place to follow when any medicine administration errors occurred. The registered manager ensured staff reflected on their practice, revisited their training and had their competency reassessed. Areas for development and improvement were identified and actioned.

#### Preventing and controlling infection

- There were clear systems in place to reduce the risk of infection being spread.
- Personal protective equipment (PPE) was available for staff to use all times. Staff understood the importance of hand washing to reduce the risk of germs being spread.
- Staff had received training and had access to an infection control policy.

#### Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents that occurred. The registered manager reviewed these and monitored them to identify areas where risks could be minimised.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- The registered manager assessed people's needs prior to them receiving support and personal care.
- People and their relatives of choice participated in the assessment process. One comment included; "I was asked lots of information at assessment but can see the importance of this when you see the care plan. Staff need to know [Names] likes and dislikes and ways to engage them."
- Care plans reflected people's personal choices, preferences, routines and included clear guidance for staff to follow.

Staff support: induction, training, skills and experience

- All staff recruited since the last inspection had completed an induction. All staff had completed core training for their role and undertook regular refresher updates.
- People told us staff had the right skills and knowledge required for the role. Comments included; "The ladies [Staff] know what they are doing" and "I think the ladies {Staff} that visit me are very good at what they do."
- Staff had regular supervision and told us they had access to management support at all times that they were working.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs.
- People and their relatives felt staff required further training in the preparation of some meals. We discussed this with the registered manager who stated she would arrange this immediately.
- Care plans included clear guidance for staff to follow. These included risks that related to dehydration and choking.

Adapting service, design, decoration to meet people's needs

- People were supported to access specialist equipment and support aids as required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us that staff contacted the GP, district nurse or other healthcare professionals as required. The manager arranged reviews of people's needs through health and social care professionals when a change was highlighted.
- People had access to local advocacy services as required to ensure their views were represented.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications to deprive people of their liberty within community services must be made through the Court of Protection (CoP). At the time of our inspection no one in receipt of support was subject to any restriction under the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had received MCA training and understood that they could not deprive a person of their liberty unless it was or legally authorised. Staff recognise the importance of seeking a person's consent before starting to provide any care or support. Consent was clearly documented within the care records.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, respect and compassion by staff. Their comments included; "Lovely, caring staff", "[Mum] has some staff that she really likes" and "All the ladies [Staff] are all fine and dandy."
- People's needs were clearly described within their care plans and included their preferences.
- Staff understood people's communication needs. Staff knew to speak clearly and slowly to one person that was hard of hearing. They knew to ensure batteries were working when hearing aids were put in place or that glasses needed to be clean for people to see clearly.

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

- People and their relatives were encouraged to share their views about the service and care provided.
- People and their relatives told us they had raised concerns and the registered manager had apologised and taken action where possible to make improvements.
- People's care plans and support hours were reviewed regularly to ensure they remained appropriate and up-to-date.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- Care plans described people's level of independence to ensure that staff supported and promoted this.
- People's right to privacy and dignity was respected. Staff ensured that they undertook people's personal care in private.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans held sufficient information and guidance for staff to follow to meet people's individual needs.
- Care plans were reviewed regularly and updated as any changes to a person's need occurred.
- Some people received support from regular staff however this was not consistent. The registered manager told us they were reviewing staff rotas to improve continuity of staff.
- Staff completed a record each time they visited a person. These records reflected the care and support provided as well as any concerns they had and actions they had taken.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats as required.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure in place. People told us they knew how to raise a concern and felt confident to do so with a member of the management team. Their comments included; "We feel confident to raise any concerns." and "I have no complaints whatsoever."
- Complaints were investigated and responded to in line with the complaints policy.
- People were encouraged to share their views about the care they received through regular reviews and contact with the service.

End of life care and support

- At the time of our inspection, nobody was being supported with end of life care.
- Staff understood the importance of providing end of life care that was tailored to each person's needs and wishes. Staff described how they would support people to have a comfortable, pain-free and dignified death.

# 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager showed a commitment to providing person centred care by engaging with everyone using the service, relatives, staff and other stakeholders.
- People and their relatives mostly spoke positively about the service. We spoke to the registered manager about concerns raised to us and they promptly arranged to visit people and their relatives to address these.
- The registered manager and staff team worked closely with health and social care professionals and commissioners so that people received the care and support they required to meet their individual needs.
- The rating from the previous inspection was displayed at the service.

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

- Risks to people's health, safety and wellbeing were managed through ongoing review. The registered manager and staff understood their responsibilities to ensure risks were identified and mitigated.
- Staff performance, learning and development was monitored through spot checks and regular supervision.
- The registered manager knew their responsibility in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.
- Policies and procedures to promote safe and effective care to people were readily available at the service. These documents were regularly updated to ensure staff had access to best practice guidelines and up-to-date information for their role.

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

- People's views were sought through direct contact. This information was used to develop and improve the service. Comments from relatives included; "The manager is very responsive to any questions or queries" and "We are very pleased with the service. The communication is very good."
- Staff told us they felt supported by the management team and felt confident to raise any concerns they had within work or personally.

Continuous learning and improving care

- The registered manager and staff received regular training and support for their roles to ensure their practice remained up-to-date and safe.

- People's care plans, daily records and medicine administration records were reviewed regularly. Actions were taken when any areas for improvement were identified.
- There were systems in place to learn from incidents, accidents, concerns and complaints.