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Fast 24

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 

Overall summary

We carried out an announced inspection on 02 February 2016 and made telephone calls to people who used the service 03 February 2016.

Fast 24 is a community based service providing support for people living in their own homes. At the time of the inspection, there was one person being supported by the service although other people had used the service in the past.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people who used the service safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. The provider had supervision and support policies in place, and staff had been trained to meet people's individual needs.

People were supported by caring and respectful staff. Due to the size of the service, staff were able to get to know people well.

Summary of findings

People's needs had been assessed, and support plans took account of their individual preferences, and choices. Staff supported people when required to attend health care visits such as GP appointments.

The provider had a formal process for handling complaints and concerns. They encouraged feedback

from people and acted on the comments received to continually improve the quality of the service. The provider also had quality monitoring processes in place to ensure that they were meeting the required standards of care.

Summary of findings

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 safe.

There was sufficient staff to meet people's individual needs safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate support plans were in place to meet their individual needs.

Staff responded to people's changing needs quickly.

The provider had an effective system to handle complaints.

Good



Is the service well-led?

The service was well-led.

The provider was involved in the day to day management of the service.

The provider kept robust records which were stored securely.

Good



Fast 24

Detailed findings

Background to this inspection

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

This inspection took place on the 02 February 2016, when we visited the offices and spoke with staff. On 03 February 2016 we carried out telephone interviews with people who use the service. This inspection was announced because we needed to ensure that staff were available at the offices to speak with us.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, the provider 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 improvements they plan to make. We reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the manager, who was also the provider and the only carer for people using the service. We spoke with the one person being supported by the service at the time of our inspection. We looked at the care records of two people who had recently used the service and the recruitment and training records for the manager and one member staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

We asked people if they felt safe when staff provided them with support. They all told us, “I never feel unsafe.” They told us that they liked that they knew the person who was supporting them and they didn’t feel like a stranger was coming into their home. They said, “My cat likes them; cats don’t like strangers so that’s telling you something.”

The manager told us that if they had concerns about a person they would speak with them and make a record of their concerns. For example if they observed that a person was not themselves and was struggling they would wait with them, and make them comfortable. Staff told us that they would wait over their allocated time and would only leave when the person felt better. They told us that if needed to they would call an ambulance for the person or the GP.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people’s safety. Whistleblowing is a way in which staff can report concerns within their workplace. The manager was aware of the safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people’s safety. We did however see an example of where a person had sent an email to the provider which could have been a safeguarding concern. We spoke with the manager about this and they advised that they were in daily contact with the person and did not raise any safeguarding concerns about the person. After discussion the manager agreed that they would raise a safeguarding concern retrospectively for the person.

Individual risk assessments had been undertaken in relation to people’s identified support needs. The risk

assessments were discussed with the person and put in place to keep people as safe as possible. Although there had not been any significant incidents or accidents the manager told us that they would record and report them.

The provider had a thorough recruitment process in place, which had been used for one staff member that they had recently employed at the service. This was to ensure that any staff employed by the service were suitable and safe to work with people they provided a service to. Records showed that all necessary checks were in place and had been verified by the provider before the staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to determine that staff were suitable for the role to which they were being appointed.

At the time of our inspection there was one person employed at the service. We saw that this was sufficient to care for the people they supported as they required one to one care. The manager told us that they did not support any people who required more than one care staff. They said, “We only accept work that we know we can do safely.” People we spoke with told us that staff were always on time and they had never had a call missed. The manager told us that they had been asked to support people for three calls a day, but had declined it because, at present, they did not have sufficient staff to safely fulfil the requirements.

Due to the limited number of staff and people who were being provided with a service, there was consistency with the staff that provided the service and this was something that people liked about the service.

At the time of our inspection the provider did not provide any support to people with medicines. We did however note that staff had been trained on the safe administration of medicines and first aid.

Is the service effective?

Our findings

One person we spoke with told us that the staff knew what was expected of them and carried out the tasks that they needed effectively.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. The manager was knowledgeable about people's support needs, and had received the necessary training to equip them for their role. We saw from documents provided that they had obtained qualifications which made them suitable for their role.

The Manager understood the relevant requirements of the MCA 2005, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. 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. The manager told us that they would always ask people for their consent before providing support. People were asked

to sign their support plans and consent to the support they were provided with. They also signed at the end of each visit to confirm that the support had been provided and they were satisfied with the service that had been received.

The manager told us, "We gain consent from the start". They said that consent would be both written and verbal and although they had written consent on people's file they would always gain verbal consent whenever they visited the person.

They encouraged people to eat well and although they did not directly support people with nutrition, they would talk to them about their meals to ascertain if they had eaten. The manager told us that although they had not had a situation where they had been concerned about a person's nutrition, if this was to happen then they would raise their concerns with the person's next of kin or GP.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Where required, staff would attend the visits with them. The manager kept records of people's healthcare providers and were able to call on them when the need arose. For example, staff told us that a person complained about pain, so they asked them if they would like them to call the GP for them. Although the person declined we saw that the manager recorded this on the person's care documents.

Is the service caring?

Our findings

People we spoke with were positive about the service and the support received by staff. When we asked them if staff were caring towards them they said “they are not overly caring to the point of patronising, they are kind and respect me.”

People were free to make day to day decisions about their care and support. From our discussions with the manager/ carer we found that they cared about the people they were providing a service to. They told us that they tried to provide the person they supported with a bespoke service and one that they knew they could fulfil to a high standard. This was reflected in our discussions with people who used the service who told us that when they said things to the manager, they listened to them. They said the manager was, “Very kind and reliable.” The manager told us that due to the size of the service they were able to understand their clients’ needs and maintain a good relationship with them. We could see from discussions with the manager and the documents provided that they were dedicated to the people they supported. The manager told us that they had started the agency because they wanted to provide people with good care.

The manager told us that there was good communication and interaction with people they provided a service to and this was also evidenced. They told us that people were, “Always involved,” and that, “They tell us what their needs are.” People we spoke with also confirmed that the staff knew what their needs were and would carry out the service to a good standard.

Staff promoted people’s choices and encouraged their independence. For example we saw that they took one person to the local shopping complex and made sure the person was able to make their own way home before dropping them off. This gave them the independence they wanted.

Staff respected people’s privacy and did not enter their homes without express permission. They told us how, when they had clients that required personal care. They would respect people’s privacy and dignity when providing them with this. This was done by talking the person through the care that was to be provided and ensuring that curtains and doors were closed at all times.

Is the service responsive?

Our findings

The manager had a good understanding of people's individual backgrounds, ages, likes and dislikes. This information was taken from care plans and also when the initial service was agreed. The manager told us that they would visit the person and go through their requirements to ensure they could effectively meet their needs. They demonstrated that they knew the background of the people that they supported and how best they needed to support them.

The manager told us, "Everything we do is client led." they said, "The clients choose to work with us and have full control on how to change the support."

The support that had been provided to people recently by the service were for people with a variety of support needs and these had been assessed prior to them being supported by the service. The provider told us that they limited the number of people they supported because they did not want to commit to a package that they could not carry out to a high standard. The manager told us that for the packages they had recently taken on they were able to tailor them to the person they were supporting. They said that at each visit they would discuss with the person what their requirements were for the next visit and if they required staff to stay for a shorter or a longer period of time. This meant that they were able to respond directly to the person's needs. The manager told us that they were in regular contact with their clients so any changes in support needs could be initiated quickly. People we spoke with also confirmed this and told us that the provider would change the support according to their needs on the day.

We saw that appropriate support plans were in place so that people received the support they required which appropriately met their individual needs. The person using

the service said that they were involved with developing their support plans and because the manager was the person providing the service there would be an ongoing review. We saw that the support provided was person centred and that the support plans reflected people's needs, choices and preferences.

We saw that care plans and assessments changed regularly and the manager was up to date with all changes to people's care plans. A person using the service said that the service was "flexible" and if they needed staff to make changes they were accommodating.

People confirmed that they were involved in making decisions about their care through regular reviews, and contact with the manager. They told us "the manager is very amenable and is flexible with what I need." The care records we looked at showed that people were involved and supported in their own care, and decisions. People said that their views were listened to and they were supported in accordance with what had been agreed when planning their care.

The person who was currently being supported by the service had no complaints and said the service they received was good. The provider had a complaints policy and associated procedures in place. People were made aware of this when they joined the service and by way of regular feedback requests by the manager after support was provided. People using the service knew who they needed to talk to if they had any issues or concerns. They said that they would feel comfortable raising any concerns they might have about the support provided. We saw that the provider had not received any formal complaints but where small issues were raised these were addressed quickly and a record was kept of the outcome. The manager told us, "We always have a dialogue with clients and encourage them to ask questions."

Is the service well-led?

Our findings

The manager told us their motto was, “It’s what you want from life.” This meant that they aimed to give people support to live their lives on their own terms. The manager was also the only member of staff providing care to people. At the time of our inspection there was only one person receiving support from the provider although the provider had recently had some short term clients who no longer received support from the service. The person who used the service at the time of our inspection told us that from their experience the service appeared to be well managed.

People told us that communication with the manager was good.

The organisation was too small to fully demonstrate an open and transparent culture as there was only the one staff member, who was also the provider. However we found that, although the organisation was small and had only recently opened, the manager had already established policies and procedures to ensure that when staff were recruited all the information and policies that were required would be available to them. These included bullying and harassment, health and safety, Infection control, lone working, and consent.

The manager had induction, supervision and appraisal policies in place ready for when staff were appointed to the service. We saw from recruitment files that when people applied for a role they were provided with a job description so they knew what was expected of them.

The manager regularly sought people’s views about the quality of the care in order to identify ways in which the service could be improved. Questionnaires were sent to people at the end of their support periods in order to obtain their feedback on the service, although, as yet, none had been returned.

At present there were no formal audits in place, although the manager had regularly checked and updated people’s care documents, staff files and policies. The manager was however aware and prepared to implement a more formal process once they had more service users and employed more staff.

Although in discussion with the manager they demonstrated that they understood their responsibility to report to us any issues they were required to report as part of their registration conditions they had not always reported safeguarding concerns. Records were stored securely and were readily available when needed.