

Fari Care Ltd

Faricare Ltd

Inspection report

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Date of inspection visit:
31 October 2022
08 November 2022

Date of publication:
09 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Faricare Ltd is a residential care home providing accommodation with personal care for up to 6 people living with learning disability and autism. At the time of this inspection, 6 people were living at the service. People living in the home have their own bedrooms and there are shared communal spaces, including lounges, a kitchen and a garden area. The building was over 2 floors.

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

Right Support

Staff had completed mandatory training to perform their role effectively. Staff were supported through regular supervision. People were able to choose where they lived. The home was an ordinary house close to other residential and commercial properties, at the heart of the local community. People were supported to eat a balanced diet and were able to choose what they ate. People had access to health care professionals. Care plans were in place for people, which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

Right Care

Robust risk assessments were not in place to ensure people received safe care at all times and medicines were not always given as prescribed. People were protected from the risk of abuse. Steps had been taken to help ensure the physical environment was safe. There were enough staff working at the service. The provider had robust staff recruitment practices in place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. People told us staff were caring and that they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Right culture

Robust quality assurance systems were not in place to ensure shortfalls could be identified and action taken to ensure people were safe at all times. People were at the heart of what the service did. Relatives and staff told us there was an open and positive culture at the service. People were supported to express their views. People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 the service at the previous premises, Clayhall House was Requires Improvement, published on 27 March 2020. We identified breaches associated with risk assessments, premises safety, medicine management and good governance. As a result, we served a warning notice to ensure the home was compliant in these areas.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture and to check if the service had made improvements since our last inspection at the previous premises.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Faricare Ltd

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Faricare Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Faricare Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced and took place on 31 October 2022 and 8 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed the information we already held about the service and provider. This included their registration report, last inspection reports and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager, team leader, 2 staff, 3 people and 4 relatives. We also observed interaction between staff and people. We reviewed documents and records that related to people's care and the management of the service. We reviewed 3 care plans, which included risk assessments. We also looked at other documents such as medicine management, supervision and quality assurance records.

We continued to seek clarification from the provider to validate evidence found. We looked at policies and training records.

Is the service safe?

Our findings

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

This is the first inspection since the service moved to a new location. This key question has been rated 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.

Assessing risk, safety monitoring and management

At our last inspection at the previous premises, the provider had failed to ensure medicines were being managed safely, premises was safe and risk assessments were in place to ensure people received safe care at all times. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found concerns with medicine management and risk assessments. We found that people did not receive their prescribed medicines and protocols were not in place for medicine given when needed. We also found that risk assessments had not been completed for a person who had sustained an injury. The premises was not safe for people as we found fire risk assessment was not being followed and a COSHH policy was not in place. As a result, we served a warning notice with a deadline date to ensure compliance.

Enough improvement had been made at this inspection at the new premises and the service was compliant with the warning notice, however further improvements were required.

- Sufficient risk assessments were not in place to ensure people received safe care at the time of the inspection.
- There were risk assessments to ensure people were safe when being supported such as with positive behaviour support plans and mobility. The registered manager told us people's general health had improved since being admitted to the home. A relative told us, "I believe [person] had less hospitalisation since being there, less seizures"
- However, risk assessments had not been completed for one person who was at risk of skin complications. The person's care plan also included reference to their bath risk assessment when supporting them with a shower or bath. However, the bath risk assessment had not been completed to ensure the person was supported safely. This was completed after the inspection and we were shown evidence of this.
- Premises and fire safety checks had been carried out to ensure the premises was safe to live in. The registered manager told us that they changed location as the previous premises was not able to meet the needs of people. We found a COSHH policy was in place.

Using medicines safely

- Medicines were not being managed safely at all times.
- Medicine Administration Records showed that some medicines were not being administered as prescribed. Records for one person showed that two different types of topical cream was prescribed to be administered twice a day. However, this was administered once a day. The registered manager told us after

the inspection, a weekly medicine audit system had been introduced rather than monthly, to ensure this does not happen again.

- One person was allergic to penicillin, but this was not recorded on the MAR chart. The registered manager told us this was displayed in the kitchen and included in care plans so staff were aware, which we saw. However, they told us that this would be recorded on the MAR chart.
- Protocols were in place for people that were given medicines when needed, which included what the medicine was used for and its effects.
- Staff had also been trained in medicines management. We observed the medicines were securely stored.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse and incidents. Staff we spoke with understood their responsibilities to protect people's safety. A safeguarding and whistleblowing policy was in place.
- People told us they were safe. One person told us, "I am safe here." A relative commented, "I do feel [person] is safe."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- There had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place. We saw the template that would be used if there were accidents or incidents. The management team told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Staffing and recruitment

- There were appropriate numbers of staff on duty to support people safely. A staff member told us, "Yes, we do have enough staff here." A relative told us, "There's plenty of staff about, they keep an eye on [person] and look after [person]."
- We saw staff were available when people wanted them and they responded to people's requests quickly. Staff rotas confirmed there were enough staff to support people safely.
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection since the provider moved to a new location. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training to perform their roles effectively such as with learning disabilities or autism awareness.
- Staff had completed training in other mandatory areas such as on moving and handling, first aid and food safety. A relative told us, "I think they [staff] do a good job, they know [person] really well and they know all their habits. They understand them."
- Regular supervisions had been carried out. The registered manager told us that appraisals had not been carried out and this was scheduled to be completed this year. Staff told us they felt supported. A staff member told us, "I am supported here."

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

- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- One to one reviews were carried out with people regularly to ensure people received support in accordance with their current circumstances. The reviews discussed people's preferences and allowed them to make choices on their daily routines. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people would require with meals or drinks. People's weight was monitored regularly to check if they were in good health.
- People were included in menu planning and staff asked them what they would like for their meals. A person commented, "Food is very tasty here. There are always choices here." A relative told us, "The food is fine, they take turns in cooking and they involve them in making different things." Another relative commented, "Apparently the food is nice, anything [person] can ask for [person] can have."
- We observed that people were able to eat together and told us they liked the food. Staff engaged with people and also supported people with their food when needed.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed that people had been supported to access a number health of services to ensure they were in the best of health and annual reviews of their health were carried out. A health action plan and hospital plan was in place that recorded how people should be supported with upcoming health

appointments.

- People also had access to dental services and oral health care plans were in place. We observed that people had access to dental care products to ensure they were in the best of oral health.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- DoLS applications had been made in a timely manner to deprive peoples of their liberty lawfully for their own safety.
- Consent forms were in place to evidence people or their relatives had agreed to their care and support.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "We always ask for people's consent when we can to help them." Our observations confirmed this.

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

- The premises and environment met the needs of people who used the service and were accessible.
- There was a spacious communal area with a dining area. There was a garden that was maintained if people wanted to go outside. People's rooms were decorated according to their preferences. A relative told us, "What I've seen of his room, it's very nice."
- The premises was surrounded by both commercial and housing properties, close to good transport links and many other local amenities.

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.

This is the first inspection since the provider moved to a new location. This key question has been rated Good. This meant 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

- At our last inspection on the previous premises, we found people's cultural and sexuality needs were not being met. During this inspection, we found improvements had been made. People's cultural and sexuality needs were recorded and information included the support people may require in this area. We observed that ingredients had been bought to make meals in accordance to people's culture and background. People were also supported to ensure their religious beliefs were met.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.
- People told us staff were caring. One person told us, "Staff are nice." Another person commented, "I like it here." We observed that staff had a positive relationship with people and spoke to them in a caring way. People were well settled, happy and were able to speak to staff with ease. A relative commented, "[Person] already made friends already with the staff and with the people in there. I'm so happy [person] is there."

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

- People or their relatives were involved in decisions about their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. We observed that people were given choices such as with meals or if they wanted to go out and their decision was respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us that people always had privacy. We observed that people went to their rooms for some private time without being disturbed. A relative told us, "[Person] is definitely treated with dignity." Another relative commented, "They treat them [people] with respect and give them privacy."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently. We observed that people were able to eat their meals and complete activities independently.

Is the service responsive?

Our findings

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

This is the first inspection since the provider moved to a new location. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection on the previous premises, we found care plans had not been updated for a person who had sustained an injury. The person had recovered in full since the last inspection.
- Care plans were person centred. Care plans were personalised and included information on how to support people in a number of areas such as personal care, nutrition and activities. The registered manager and staff told us that restrictive practices were not used and this was reflected in people's care plans. A staff member told us, "Care plans are accurate and helps us to do our jobs."
- People were placed at the centre of their care plans and it was clear from how the care plans were written that people were involved as much as possible to develop the care plan. Care plans also included that people should be given choices when supporting them. The registered manager gave us examples of how people's daily living had improved with personalised care from when they were first admitted into the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported with activities. People's preferences with activities were recorded and they told us that they participated in activities such as playing games inside or going out in accordance to their preference. We observed that people participated with activities at the home. Photos showed that people participated in a number of activities, which included accessing the community. A staff member told us, "They are always doing some sort of activities. It's their choice on what to do." A relative told us, "[Person] goes to the park, [person] likes to go to the park."
- People were able to maintain relationships with family and friends. People visited their families and there were no restrictions on visitors coming to the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- Communication plans included if materials such as pictorial exchange cards should be used. We observed staff communicated with people well and people responded to staff well.

- The provider used various methods to meet people's communication needs, depending on the particular needs of each individual. Staff understood people's communication needs. A relative told us, "They're so respectful to [person], they speak to [person] all the time. [Person] will say things like 'Take me to my room' and they take [person] and they hold [person's] hand – it's lovely."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. No complaints had been received since the service had registered with us. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place and people's end of life wishes were discussed. The registered manager told us they ensured a policy was in place so they were prepared should they support people in this area.

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.

This is the first inspection since the provider moved to a new location. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection at the previous premises, the provider had failed to ensure quality assurance systems were effective to ensure shortfalls could be identified and action taken. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems would need to be made more robust to ensure good outcomes for people.
- During this inspection, we found improvements had been made with care plans, premises safety and meeting people's cultural needs. Some improvements had been made with risk assessments and medicine management though shortfalls still remained. Action was being taken to address this.
- Audits had been introduced and carried out on the running of the home such as for infection control, health and safety, and medicine management. The registered manager told us that medicines would be audited weekly to ensure any shortfalls were identified promptly.
- However, audits had not been completed on care plans to ensure shortfalls could be identified and action taken such as with our findings with risk assessments. The registered manager told us this would be introduced.
- People and relatives told us the home was well-led and liked living at the home. One person told us, "I do like living here." A relative commented, "I'm definitely happy [person] there with nice staff and I know [person] well looked after, that's the main thing." A relative told us, "The manager is very good, she always listens. I can always call her and I'm comfortable in calling her." We observed that the registered manager had a good relationship with people and staff.
- Staff were clear about their roles and told us the service was well-led. One staff member told us, "I have no concerns, everything is going well. People are happy."

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 was aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- There was an effective system to gather people's and staff feedback on the service.
- Systems were in place for the management team to share information and updates with staff. This kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain relative's thoughts about the home. This was recently completed and the results were positive. Feedback was sought from people during regular one to one meetings with them.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health. Records confirmed that people had access to a number of health services.