

FARJ Services Ltd

# FARJ Services Ltd

## Inspection report

University of Northampton, Innovation Centre  
1 Green Street  
Northampton  
Northamptonshire  
NN1 1SY

Date of inspection visit:  
01 September 2017

Date of publication:  
26 September 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

FARJ Services Limited provides personal care for seven people living in their own home.

This announced inspection took place on 1 September 2017.

There was a registered manager in post at the time of our inspection. 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.

Although the provider, registered manager and staff had received training in relation to the Mental Capacity Act 2005, the service had not applied the principles of the Act when delivering care to people who used the service, who may have lacked the capacity to make decisions about their care and treatment. Mental capacity assessments had not been completed where they may have been needed. We raised this with the provider who assured us that this would be looked at following our inspection.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. The service had enough staff to deliver the kind of care people needed. People's medication was managed safely and staff were recruited and checked to ensure they were safe to work with people who used the service.

Staff had a good understanding of people's support needs and had the skills and knowledge to meet them. Staff received a full induction into the service, had updates to their training and regular supervisions. Staff were clear about their roles and responsibilities in caring for people and described being well supported by the management.

Care records contained risk assessments and management plans to protect people from identified risks. They gave information for staff informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff and people's relatives were confident that if they had any concerns they would be listened and that they would be addressed.

The provider monitored the quality and safety of the service and staff performance was regularly monitored. There were systems in place to ensure that incidents and accidents were recorded and action taken as a result.

The provider's values and vision was clear and focussed on providing care that was person centred and that would enable people to remain as independent as possible.

Staff demonstrated a kind and caring approach to supporting people. People using the service had a consistency of care staff which meant that staff knew the people they cared for and understood their needs, likes and preferences.

## 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.

Staff were clear on their roles and responsibilities in order to safeguard people using the service.

Risk assessments were in place and were reviewed regularly. Staff had a good understanding of how to mitigate the risks associated with people's care and support.

Staffing levels ensured that people's care needs were safely met and staff were safely recruited.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Requires Improvement 

The service was not always effective.

People's mental capacity had not been considered or assessed as needed.

People received care from staff that had received training and support to carry out their roles.

People's nutritional needs were assessed and people were supported to eat and drink to meet their needs and preferences.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

Good 

The service was caring.

The provider and the staff working at the service were kind and caring.

People's privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences and knew the people they cared for well.

People and their relatives were involved in the planning and delivery of their care.

### **Is the service responsive?**

**Good** ●

This service was responsive.

People's needs were assessed prior to them starting to use the service.

People and their relatives were involved in this process which considered their personal preferences and how the service could support them in remaining as independent as possible.

There was a complaints system in place and people we spoke with were confident that any complaints would be responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led.

The provider and registered manager provided good leadership and were clear about the aims and objectives of the service.

Staff felt supported and their performance was monitored on an on-going basis.

Checks were carried out to monitor the quality of care being delivered.

There were systems in place to record any incidents and accidents that took place at the service.

# FARJ Services Ltd

## 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 announced inspection took place on 1 September 2017 and was undertaken by one inspector. This was the first inspection at the service since registration with CQC. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

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 took this information into consideration as part of our judgement.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with the provider and two members of the care team. We spoke with two people who used the service and the relatives of three people who used the service about how they felt about the care being delivered at the service.

We reviewed the care records of three people who used the service. We also reviewed records relating to the policies and procedures which supported the quality assurance of the service as well as staff records and training documentation.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. People and their relatives had not raised any concerns about the service and were able to describe positive relationships with staff who delivered care at the service. This included the provider and the registered manager. Staff we spoke with described people they supported in depth and knew how to keep people safe when delivering care to them. One person who used the service told us: "I've got very good people who come in." One relative said: "Really and truly, we have no complaints."

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff had received training in relation to safeguarding people who used the service. This training was reviewed and refreshed on an on-going basis. There were systems in place to log any incidents involving people who used the service so that these could be learnt from. Staff we spoke with demonstrated that they could identify signs of abuse and that they understood their responsibility to report any concerns or allegations in a timely way. Although the provider had not reported any safeguarding incidents to CQC to date, they understood their obligations to do so.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. We saw examples of risks assessed for people living in their own homes. For example, we saw that where people were at risk of falling, guidance had been provided for staff on how to minimise this risk. Risk assessments and care plans were regularly reviewed and updated to ensure that information was current and that staff understood the needs of people using the service. Staff we spoke with demonstrated they had a good understanding of people's care needs and any risks associated with the delivery of their care. Staff knew people well and saw the same people on a regular basis.

At the time of the inspection there was enough staff to keep people safe and to meet their needs. Staff we spoke with felt there were sufficient staff to meet people's needs and described having time to get to their care calls and said they were able to stay for the allocated time. None of the people we spoke with raised any concerns about staffing levels and people described getting their calls on time. One person raised with us that, at times, they felt their carer was rushed. We raised this with the provider who told us they would discuss this with the carer. Rotas we looked at demonstrated that care calls were planned to meet people's needs and to ensure people had their care delivered by consistent staff.

People could be assured that prior to staff commencing their employment at the service, all staff applied and were interviewed through a recruitment process. Records confirmed that this included checks for criminal convictions and relevant references. Staff were safely recruited and subject to the required checks.

People's medicines were safely managed. Staff had received training in the safe administration of medicines and had regular checks to ensure they were doing this safely. Staff recorded when they supported people to take their prescribed medicines on medicine administration records. Care plans and risk assessments clearly outlined people's medicines and any risks associated with them.

## Is the service effective?

### Our findings

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 people 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 registered manager and staff were aware of their responsibilities under the MCA code of practice and staff had completed training in this area of care delivery.

We asked the provider if they thought that anybody using the service may lack capacity to make decisions in relation to their care and treatment. The provider told us that they thought three people using the service may not have the capacity to understand and make decisions about their care. However, no mental capacity assessments had been completed at the service and no care plans we looked at contained assessments of people's capacity to make specific decisions about the delivery of their care. Decisions had been made by people's relatives in some cases and there was no documentation to support the implementation of the MCA at the service. We raised this with the provider who told us that this was an area they were looking at and that further training and advice would be sought prior to the service reviewing their position in relation to the MCA. As there were people using the service who may have lacked mental capacity, this had not been adequately considered by the service.

People's needs were met by staff that had the required knowledge and skills to support them appropriately. The service delivered an in-depth induction to staff and staff worked towards the Care Certificate as part of the induction and their on-going training. We reviewed the content of the induction and found it to be comprehensive and informative. We reviewed the training which had been delivered to staff and found that this was tailored to meet the needs of people using the service. Training was reviewed and refreshed as needed and checks on staff competency in specific areas were regularly completed. Staff completed assessments at the service to ensure they were adequately skilled and competent in carrying out their roles within the service.

Staff were supported to carry out their roles through regular supervision (one to one meetings with their line manager) that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff all told us they received regular supervision and they felt supported and records we looked at confirmed this. Staff also had regular performance reviews to enable the registered manager to review how effectively they were working at the service.

People were supported to have sufficient food and drink. People's nutritional needs, as well as their likes and dislikes were detailed in their care plans where appropriate.

People's health was monitored on an on-going basis to ensure their well-being. Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and daily records provided evidence that people's well-being was monitored by staff who delivered care to people.



## Is the service caring?

### Our findings

People received care from staff who were kind and caring and who knew them well. The service worked towards people seeing the same carers to make them feel comforted and safe. People who used the service and their relatives all described positive, caring relationships between staff who delivered care and people who received it. When we asked about the service and the staff working there, one person who used the service told us: "I can't fault them. They're very nice girls and they do the job." One person's relative said: "They are good. They agreed to come back to sort mum out when she was less tired. I was surprised and really impressed with that."

Staff spoke about the people they cared for in a kind and caring manner, they knew how best to support them and understood their personal preferences. Staff understood how to protect people's dignity and ensure their privacy when delivering their care. Staff had been trained in maintaining people's dignity and when we spoke with staff it was clear that they treated people with respect and gave them choices.

People's care planning and delivery was focused on them as an individual; their individual goals for independence were clear and related specifically to each person. Staff considered people's preferences in terms of how they spent their time and care records demonstrated a caring and thoughtful approach to care delivery. For example, in one person's care plan stated: "Please approach me calmly, reassure me and do not put yourself in danger." Care records talked about maintaining people's independence and treating them with respect.

Staff demonstrated their awareness of the need to maintain people's dignity. They were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. People were given their space when they needed it and staff were considerate of people's needs.

People and their relatives had been involved in the planning of their care and the service was in regular dialogue with people and their families to ensure they were getting the care they needed.

## Is the service responsive?

### Our findings

People were assessed before they received care to determine if the service could meet their needs. Care records clearly indicated that people's needs and preferences had been taken into account and care planning was individualised. People's needs were continually assessed and care plans were updated as people's needs changed.

Care was planned and delivered to keep people safe whilst considering their likes, dislikes, preferences and personal histories. There was an emphasis within the care documentation and within the aims and objectives of the service on assisting people to remain as independent as possible.

The service recognised where people may be at risk of social isolation and made staff aware of this risk. Staff described spending time getting to know people and the service ensured that people saw the same staff members wherever possible to allow them to feel safe and to form positive relationships with them.

The provider was clear about the objectives of the service and told us that this centred around people being given care and support in a kind and supportive way, whilst enabling them to remain as independent as possible. The provider told us: "You give them a chance to try and then you ask them if they'd like help." Care records clearly demonstrated that people set their own goals and carried out activities that they enjoyed. The focus of the service was to meet people's personal preferences whilst supporting them to live meaningful and fulfilled lives. Goal setting meetings were held with people who used the service and their families to ensure that people were getting what they wanted and needed out of their care and support. One person's outcome aspiration was to: "Maintain independence within my own home." People were being encouraged to remain active and independent where this was possible.

People or their relatives were involved in planning their care. During assessments discussions took place about how people wanted to receive their care, for example what care tasks they would need delivered to them and how they would want this to be done. Care was then planned to ensure people remained as independent as possible and staff were given detailed guidance on how to support people in the way that they would like.

People and their relatives said they knew how to complain and felt confident that their concerns would be listened to. There was a complaints policy and procedure in place and people who used the service had copies of these within their care records. The provider told us that they had not received any complaints in the last 12 months.

# Is the service well-led?

## Our findings

People and their relatives told us that they felt the service was managed well and that they could approach the provider and the registered manager should they need to. People knew the provider and the registered manager as they also delivered care to people. People described them as kind and caring. One relative we spoke with said: "They keep me updated. As far as I'm aware they're doing everything they should be." One person who used the service described the care being delivered to them and said: "I consider myself to be very fortunate."

There was a registered manager in post at the time of our inspection, however, they were not at the service at the time of our inspection. The provider was able to clearly tell us about the aims and values of the service and demonstrated how these were achieved through the individualised approach to people's care. They told us that they had a good staff team who knew how to support people safely and effectively.

Staff spoke positively about the service and described being supported to ensure that people received good quality care that met their individual needs. There were regular staff meetings where staff could speak up about any concerns or issues. There were regular meetings held with staff on a one to one basis to monitor their performance and support them in their development. Staff training was reviewed and updated on an on-going basis, depending on the needs of people who used the service. One staff member told us: "I like working for FARJ. I don't have to rush things." They went on to say: "You can easily contact the office and I feel like they want me working there."

There was an in-depth, comprehensive induction at the service which enabled staff to work towards the Care Certificate. Staff were supported throughout the induction process and their competency was assessed during the induction and on an on-going basis when they started delivering care to people. Training needs were continuously monitored and the provider was able to evidence how on-going learning and support was encouraged within the service.

There were systems in place to record any incidents and accidents which took place at the service. The provider was aware of the importance of recording these and of their obligations to notify certain incidents to the relevant authorities. There had been no notifiable incidents at the time of our inspection.

People were consulted in relation to their care and regular review meetings were held with people who used the service to obtain their views about how the service was being run. People contributed to these discussions wherever possible. Care records were regularly reviewed and updated as needed.

The service was continually monitored by the registered manager and the provider for the effectiveness in keeping people safe. Regular audits were carried out in relation to care planning and medication. Staff performance was continuously monitored. There were systems in place to monitor the quality of the service being provided.