

Fari Care Ltd

Clayhall Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 21 June 2018 and was announced. The previous inspection took place on the 22 August 2017. At that time, we had insufficient evidence to give the service a rating. We did not find any breaches of regulations at that time.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Two people were using the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. 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.

We have made one recommendation in this report, that the service seeks ways to provide people support with activities in line with their stated preferences and assessed needs.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Procedures had been developed to reduce the risk of the spread of infection. Medicines were managed in a safe way.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training and supervision to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. They were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity. We saw staff interacting with people in a caring manner. Steps had been taken to promote people's right to confidentiality.

Care plans were in place which set out how to meet people's individual needs. They were subject to regular review. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Systems were in place to monitor the quality and safety of support provided. Some of these included seeking the views of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments had been developed which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were implemented.

Medicines were managed in a safe way and the service had taken steps to ensure the premises were clean with a reduced risk of the spread of infection.

Is the service effective?

Good ●

The service was effective. People's needs were assessed before the provision of care to them.

Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

The service operated within the principles of the Mental Capacity Act 2005 and people were able to make choices about their care.

People were able to choose what they ate and drank and people told us they enjoyed the food.

People were supported to access relevant health care professionals as required.

Is the service caring?

Good ●

The service was caring. People told us they were treated with respect by staff and they were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

People's right to confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. They were subject to regular review.

The service had an appropriate complaints procedure in place and people knew how to make a complaint.

We have recommended that the service seeks ways to provide people with more community based activities.

Is the service well-led?

Good ●

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

Clayhall Lodge

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 21 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a small supported living service for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of serious incidents the provider had sent us. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with one person who used the service and five staff. This included the registered manager, deputy manager, a support worker, the care coordinator (who was one of the owners of the business) and a director. We reviewed two sets of records relating to people including care plans, risk assessments and medicines records. We looked at minutes of various meetings and sampled some of the policies and procedures. We examined the quality assurance and monitoring systems used at the service.

Is the service safe?

Our findings

Systems were in place to help protect people from the risk of abuse. The service had a safeguarding adult's policy in place which made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission (CQC). There was also a whistle blowing policy in place which made clear staff had the right to whistle blow to outside agencies if appropriate and staff were aware of issues related to whistle blowing. Records showed that allegations of abuse had been responded to in line with the policy. Staff understood their responsibility for reporting safeguarding concerns. One staff member said, "I would report it to the manager." Another staff member said, "If I suspect somebody is been abused I will talk to my manager about it. We have CQC and the safeguarding team [at the local authority] which I can talk to."

Policies were in place to help protect people from the risk of financial abuse. Staff were not permitted to be involved in supporting people to make a will. Staff were able to accept a small gift from people of a value of up to £5 (excluding a cash gift) and were expected to report any such gift to the registered manager. The registered manager told us that no staff had been offered any gifts. They also mentioned the service did not handle money on behalf of people or have access to their bank accounts. This helped to protect people from the risk of financial abuse.

Risk assessments were in place. These set out the individual risks people faced and what action to take to mitigate those risks. Risk assessments covered risks associated with falls, isolation, mental and physical health, self-neglect and self-harm. Risk assessments were personalised around the risks individuals faced. For example, one person was at high risk of falls, and their risk assessment stated, "Bathroom floor to be kept dry at all times. Bath mat to be placed right outside the shower."

The registered manager told us no one using the service at the time of our inspection exhibited behaviours that challenged the service and that staff did not need to use any form of physical restraint when working with the people. Staff confirmed this was the case.

The director told us although the care provider was not the landlord, they nevertheless had some responsibility for managing the safety of the premises. This was particularly relevant to the management of fire safety. Records showed the service carried out fire safety checks including testing the fire alarms and emergency lighting each week. Fire extinguishers were situated around the service and were serviced by a qualified person in January 2018. Personal emergency evacuation plans were in place for people. However, these were not person centred. They did not provide detailed guidance on what action to take to support each individual using the service in the event of a fire. We discussed this with the registered manager who told us they would ensure that emergency evacuation plans were developed that were more detailed.

People told us staff attended to their needs in a prompt manner. One person used an emergency alarm call to summon staff and told us when they used it staff always came straight away. Staff also said they had enough time to meet people's needs. However, the registered manager told us they did not have enough staff hours to support one person with community participation as much as they would like. See the responsive section of this report for more details about this.

Staff told us and records confirmed that the service carried out checks on prospective staff before they commenced working at the service. One staff member said, "They did the DBS check and I gave them two references." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed the service carried out checks including DBS, employment references, proof of identification and proof of right to work in the UK.

Medicines were stored securely in a locked cabinet. Where staff supported people to take medicines they completed medicine administration record charts which included the name, strength, dose and time of each medicine to be administered. Staff signed these after each medicine was given and medicine records were checked and audited by the registered manager. We checked medicine records and found them to be completed accurately and to be up to date.

Safe infection control practices were implemented. Cleaning schedules were in place which staff signed after they had completed a cleaning task. We noted the service was visibly clean on the day of inspection and free from offensive odours. Staff wore protective clothing such as gloves and aprons when providing support with personal care to help reduce the risk of the spread of infection.

Records were maintained of accidents and incidents which included details of follow up action taken by the provider to help reduce the likelihood of re-occurrences of similar incidents. For example, one person was prone to falls. Consequently, the service had arranged for them to have a wheelchair, made a referral to the falls clinic and updated their risk assessments so staff supported them when they were walking.

Is the service effective?

Our findings

The registered manager told us after receiving an initial referral, two of the three senior staff met with the person to carry out an assessment of their needs. This was to determine what the person's needs were and also if the service was able to meet those needs. The care coordinator told us on occasions the service had declined to take referrals because they were not equipped to manage the person's needs. For example, they told us as they were a supported living service they did not have the necessary staff resources to support people with very high needs in relation to behaviours that challenged the service.

Staff were supported to develop knowledge and skills to help them in their role. New staff undertook an induction training programme which included shadowing experienced staff to learn how to support individuals. One staff member said, "I did five days shadowing on induction." The registered manager told us that all of the staff recruited since the service was registered had previously worked in the care sector. They told us if they recruited any staff that were new to working in care they would be expected to complete the Care Certificate. This is a training programme designed specifically for staff that are new to working in care.

On-going training was provided and the director told us, "If staff need training we do it straight away for them, we don't wait for the time it is due." Staff confirmed they received training. One staff member said, "I've done first aid, health and safety, food hygiene, epilepsy, medication, challenging behaviour and safeguarding [training]." Records showed staff received regular training including training about working with people who exhibited behaviours that challenged the service, fire safety, report writing, diabetes awareness, the principles of person centred care, raising concerns and whistle blowing and death, dying and bereavement.

Staff told us they had regular one to one supervision meetings with the registered manager. One staff member said, "I just had it recently. [Registered manager] asked if I'm having any problems or issues with service users or staff. If I need help with anything. Sometimes I ask if I can have supervision without [registered manager] bringing it up and they always say yes." Staff supervision records showed it included discussions about safeguarding, the Mental Capacity Act 2005, the staff rota, health and safety and issues relating to people who used the service.

People told us they liked the food at the service and they were able to choose what they ate and drank. We saw one person enjoying the lunch that was served during our inspection and they told us it was what they had chosen to eat. People were seen to help themselves to drinks, with staff support where required.

Care plans included contact details of people's relatives and GP's, which meant staff were able to contact them if there was a health issue. During the inspection we spoke with a visiting professional who informed us that the service had made referrals to the falls clinic and the Speech and Language Therapy Team for a person they worked with. Records showed the service supported people to access health care professionals including GP's, dentists and opticians.

'Health Passports' were in place for people. These provided information about the person to hospital staff in

the event that a person was admitted to hospital. They included information about the person's medical condition, their communication needs and what support was required with eating and drinking. 'Health Action Plans' were also in place which provided guidance and information about how to support people to live healthy lifestyles.

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 registered manager told us they supported people to make decisions over their daily lives, telling us, "Everything you do, you have to ask for their permission." Care plans covered 'making decisions'. One person had capacity to make all decisions for themselves. The care plan for the other person stated, "I can make simple decisions myself. Staff need to support me in making complex decisions in my best interests. Currently my [named relatives] are involved in my decisions." People told us they were able to make choices, for example, one person told us they chose what clothes they wore.

Is the service caring?

Our findings

People told us they were treated in a respectful manner. One person replied, "They do" when asked if staff treated them well.

Care plans included information about people's past life history, such as where they lived, details of their family, their employment and education. Care plans also included information about people's likes and dislikes. This information helped staff to get a full picture of the person which in turn helped them to develop good relations with them.

The service sought to promote people's independence. Care plans included information about what people could do for themselves and what they required staff support with. For example, the care plan for one person stated, "I need staff to remind me to brush my teeth as I will forget to do this." We observed staff supporting people in a way that promoted their independence. For example, we saw a staff member ask a person if they wanted an apron on to eat their meal. The staff placed the apron over the person's head and the person was able to fasten it themselves. We also saw staff supporting a person to make their own cup of tea. Staff told us they supported people to be as independent as possible. One staff member said, "[Person] can normally shower themselves but we have to wash their back and hair. We give them the choice if they want help or not. Sometimes [person] will say they are ok and other times they will want help." The same staff member added, "Sometimes clients can be slow in doing things and staff might want to do it for them, but that is not right. We had an agency staff that wanted to feed [person] but I said they can do it, even though it takes a long time."

Care plans also made clear people were to be supported to make choices. For example, the care plan for one person stated, "Staff should involve me in choosing the clothes to wear every day." Staff told us how they supported people in a way that was respectful and promoted people's dignity and privacy. One staff member said of supporting a person with personal care, "When [person] is on the toilet we go outside and close the door and when they are finished they will call." Another member of staff said, "You have to close the door after them" and "You can't touch somebody without their permission."

The service met people's needs in relation to communication. People using the service all spoke English as a first language which helped staff to be able to interact with them. Communication needs were covered in care plans. For example, the care plan for one person stated, "It is easier for me to understand if staff speak slowly and look at me when talking, i.e. maintain eye contact. I may find it difficult to understand what is been said if someone speaks too fast. I respond through sign, whispering and written communication."

Confidential records were stored securely and staff understood the importance of respecting people's privacy. A member of staff said, "I was on a bus and two staff were talking about what happened in their care home, that was not right. We should not discuss what happens here outside of work. If a client tells you something, if it does affect somebody else [in relation to their health, safety and wellbeing], that should be confidential." The service had a confidentiality policy in place which made clear staff could not share information about people without proper authorisation to do so.

The registered manager told us none of the people using the service at the time of inspection followed a religion. They also said no-one identified as LGBT but added if they did, "Everybody would be treated equally." People were supported to maintain relationships with their family members.

Is the service responsive?

Our findings

Care plans were in place which set out how to support people in a personalised manner. They covered people's needs in relation to health and wellbeing, personal care, dressing/undressing, mobility, finances, eating and drinking, mental health and emotional wellbeing, communication and hobbies and interests.

Information in care plans was based on the needs of the individuals. For example, the care plan for one person stated, "I like watching sport on television, especially boxing." The care plan for another person stated, "Staff need to support me when I am putting on my clothes. I may not notice if my clothes are inside out or back to front." Staff told us they were expected to read people's care plans and they demonstrated a good understanding of the individual needs of people. A staff member told us, "We read through their care plans and ask family members and talk to them. As you go on you get to know what they like and dislike."

People were involved in developing their care plans. The registered manager said, "We sit down and develop it with them and if they are happy they sign it." Records showed people had signed their care plan.

Care plans were subject to regular review. The registered manager told us, "We have a monthly care update. Each client has their own keyworker and if there is anything to update we do it." Records showed there were 'Monthly Care Plan Evaluations' which looked at the various elements of the care plan and progress made to achieving goals. This meant care plans were able to reflect people's needs as they changed over time.

One person told us they would like to be supported to access the community more and engage in more activities. We spoke with their social worker who told us they had raised this issue with the registered manager, and the registered manager confirmed this. The care plan for this person stated, "I like to go on daily journeys into the community; cinema, window shopping, going to the park." The registered manager told us the person's funding had been cut by the local authority so they did not have the staff resources to support the person to access the community as much as they would have liked. Daily care records showed that over the period of the 33 days prior to our inspection, the person had only been supported to access the community on two occasions, even though their care plan stated they wanted to do this 'daily'. Records confirmed that the level of support funded by the local authority had been cut. However, the service was not meeting the person's assessed needs according to their care plan and what they told us on the day of inspection. We recommend that the service uses time in a more flexible way so that they are able to support the person to access the community more frequently.

The service had a complaints policy in place which included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. People were aware of who they could complain to, one person told us they would talk to the registered manager. The registered manager told us the service had not received any complaints since it was registered and we found no evidence to contradict this.

Although none of the people using the service at the time of inspection were in the end of life care stages, staff had undertaken training about death, dying and bereavement. Care plans did not include information

about end of life care. We discussed this with the registered manager who told us they would develop these within a week of our inspection.

Is the service well-led?

Our findings

The service had a registered manager in place and staff spoke positively about them. One staff member said the registered manager was, "Very good, they have provided all the help and assistance I need. They have given me time to help me learn." Another staff member also told us they found the registered manager to be approachable and available for support outside of their normal working hours. They said, "The first time I met them I felt comfortable. They are always there, I can call them if I need to." They added that they thought there was a good team ethos and teamwork at the service, saying, initially we had a problem, but now I think the staff are really pulling their weight, people work as a team.

The registered manager was supported in the running of the service by a deputy manager who had responsibility for many of the administrative tasks required such as staff rota and holidays, invoices, salaries and timesheets.

Systems were in place for monitoring the quality and safety of the support provided. The director carried out unannounced audits of the service, telling us, "I try to come a minimum of once a month. I try to talk to the service users, see if they are happy. I look at the cleanliness of the home. I speak with the staff and see if they are getting their supervisions on time." Records of these audits showed they included checks of care plans, medicine records, health and safety records and cleanliness of the premises.

The care-coordinator told us they carried out unannounced night spot checks. They said, "I want to know how quickly they [staff] answer the door, make sure they are alert. Make sure they have done the laundry and other night duties." Records confirmed that night spot checks were carried out. The registered manager told us and records confirmed that they carried out various audits. These included audits of staff files, infection control and health and safety.

The service held staff meetings. A member of staff said, "We have staff meetings, we talk about how the staff can upgrade themselves." Minutes of staff meeting confirmed they took place and that they included discussions about policies and procedures, confidentiality, shift handovers, the staff rota and the use of persona phones whilst on shift. These meetings gave staff the opportunity to raise and discuss issues of importance to them and the registered manager had the opportunity to share relevant information.

Systems were in place to seek the views of people on the service. Service user meetings were held. Minutes of meetings showed these included discussions about personal care, menus and activities. Surveys were carried out of people and their relatives. These asked people for their views about how friendly and helpful staff were, if people's independence was promoted, if choices were offered and if people's privacy was respected. Completed survey forms contained mostly positive feedback.

They registered manager told us they worked with other agencies to foster good relations and develop knowledge. They said they had good relations with local authorities who commissioned care from the service. They had also signed up to Skills for Care. The registered manager said they provided helpful information, for example in relation to regulation.

