Falcare Community Interest Company

Falcare

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

Falcare is a domiciliary care agency that provides personal care and support to younger adults and older people in their own homes. At the time of our inspection 36 people were receiving a personal care service. Some people had short visits at key times of the day to help them get up in the morning, go to bed at night and give support with meals. Other people received longer visits to support them with their daily lives and other people received a 24 hour supported living service. A supported living service is one where people live in their own home and receive care and support to enable people to live independently. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 carried out this inspection on 19 October 2015. The service was last inspected in October 2013 and was found to be meeting the Regulations.

People we spoke with told us they felt safe using the service and said they trusted the staff who supported them. People said about the service, "They [staff] arrive on time" and "Good service - no problems".

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service currently had staff vacancies and these hours were being covered by the registered manager, the team leaders and existing care staff until new staff were recruited and ready to start working.

People were supported to take their medicines by staff who had been appropriately trained. People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, comments included, "They [staff] look after me well", "Staff are very good and helpful" and "Staff are kind to me".

Care plans provided staff with clear direction and guidance about how to meet people's individual needs and wishes. The service was flexible and responded to people's needs. People told us about how well the service responded if they needed any changes to their hours. For example, the relative of one person told us how the service had split one of their duties into two shorter visits. This had been requested to give the person an additional visit to meet their needs and provide another safety check during the day.

People living in the supported living service told us staff supported them to access the local community and take part in activities of their choosing. Individual risk assessments for when people took part in activities detailed the action staff should take to minimise the chance of harm occurring, while still enabling them to be independent. A relative said, "The service has supported [person's name] to work and socialise safely in the local community".

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf; the decision had been made in their 'best interest'.

People said they would not hesitate in speaking with staff if they had any concerns. One person said, "I would tell them [staff] if I was unhappy about anything". People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. A relative told us, "The manager is very approachable, she comes regularly to cover duties so any issues can be raised with her as they occur".

There was a positive culture in the service, the management team provided strong leadership and led by example. Staff said, "Best company I have ever worked for, an amazing team", "Management are easy to talk to, always make time for you" and "I am proud to work for them".

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager and directors were visible in the service and regularly sought people's views of using the service. One person told us, "The manager and one of the managing directors come to visit me regularly to ask me if I am happy with the service".

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?

Good

The service was safe. Risk assessments supported people to develop their independence while minimising any inherent risks.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff encouraged people to be independent and people were able to make choices and have control over the care and support they received.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported. There were systems in place to help ensure staff were up to date about people's needs.

Staff supported people to access the community and extend their social networks.

People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.

Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

Summary of findings

People, their families and staff were consulted and involved in the running of the service, their views were sought and acted upon.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Falcare

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.

The inspection of Falcare took place on 19 October 2015. The service was given 48 hours notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. One inspector undertook the inspection.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager, two directors, a team leader and the quality assurance supervisor. We also met three staff at the provider's premises, a relative and two people who used the service. Four people were visited in their own homes and we spoke with two people over the telephone. Two members of staff, two relatives and one healthcare professional were also spoken with over the telephone. We looked at four records relating to the care of individuals, staff records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service and said they trusted the staff who supported them. People said about the service, “They [staff] arrive on time” and “good service -no problems”.

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were available for staff to either access in the office or on-line. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people’s homes and any risks in relation to the care and support needs of the person. Staff supported people to develop their independence and normalise their lives. For example people who lived in the supported living service were supported by staff to access the local community for social activities and volunteer work. Individual risk assessments for when people carried out these activities detailed the action staff should take to minimise the chance of harm occurring, while still enabling people to be independent. A relative said, “[Person’s name] is 99% safe when they go to work. That is fine because there is always some risk for everyone and it means that they are living a normal live with some risk”.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. At the time of the inspection the service had vacancies as six staff had recently left, five to start full-time studying for new careers. The registered manager, the team leaders and existing care staff were filling these hours until new staff were recruited and had completed their induction period. People and their relatives told us they had no concerns about the numbers of staff available and all their agreed visits and hours were always covered.

The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. For the supported living service staff were allocated to work 24 hour shifts. The registered manager or team leaders were on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours. Everyone told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. One person told us, “The office rings if staff are running late and I have the office number to ring them”.

Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out. People and their relatives were involved in the recruitment of their staff and told us they were able to decide if they did not want a particular member of staff working with them.

The arrangements for the prompting of and administration of medicines were robust. Support plans clearly stated what medicines were prescribed and the support people would need to take them. People told us they were reminded when to take their medicines when they needed them. Records were kept of when people took their medicines were completed appropriately and checked weekly by the service manager. Staff were given additional training by community nurses to complete some specialist tasks, for certain health conditions, in line with people’s individual needs. All staff had received training in the administration of medicines.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People told us; "They [staff] do everything for me that I need" and "They [staff] help me to wash and do it very well".

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. Most people using the service required one member of staff to work with them so this meant that staff were lone workers. As a result of this the service arranged for new staff to work alongside more experienced staff until they felt ready to work on their own. Staff who were new to care worked for anything up to 12 weeks with other staff to ensure they had the skills and knowledge to meet people's needs. Staff were recruited to work with specific people and any specific training needed to support the individual was provided for staff.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff said; "Very good training" and, "We have all the training I need". All staff had had attained a Diploma in Health and Social Care at either levels 2, 3 or 4. One member of staff told us, "I have level 2 and 3 qualifications and I have asked to complete level 4 and this is being arranged for me". Staff received regular supervision and appraisal from the registered manager and service manager. This gave staff an opportunity to discuss their performance and identify any further training they required. One care worker told us, "We can come into the office at any time and talk with management".

Some people were supported at mealtimes to access food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. People living in the supported living service told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. One person told us, "We plan our meals together and staff help us to go shopping". Staff confirmed that before they left their visit they ensured people were comfortable and had access to any food and drink they required.

The service worked successfully with healthcare services to ensure people's health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. A relative told us the service had referred one person to the dementia liaison nurse and this had been very supportive to them and the person. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care. Care records showed that people signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Discussions with management and staff confirmed they understood the type of decisions each person had the capacity to make. Also, when people might require support to make decisions and understand the consequences of those decisions. Not all care plans recorded this information. However, in one person's care plan we saw a good example of a written record of the person's decision making abilities. We discussed this with the registered manager and one of the team leaders at the inspection. The registered manager advised us two days after our visit that information about people's capacity to make certain decisions had been added to all the appropriate care plans.

Good

Is the service caring?

Our findings

People received care and support, as much as possible, from the same care worker or team of care workers. They told us they were very happy with all of the staff and got on well with them. People's comments about the staff who supported them included; "Staff are very good and helpful" and "They [staff] are as good as gold, no complaints at all". Relatives said, "I don't think there is anything more they can do" and "[Person's name] is very fond of their support workers".

Staff had a good knowledge and understanding of people. There was a stable staff team with several staff having worked for the service for many years. Any impact on people as a result of the recent staff vacancies had been well managed as visits were being covered by existing staff or management. This meant people continued to receive care and support from staff they knew. Staff were motivated and clearly passionate about making a difference to people's lives. Staff told us their work and said, "It's great", "Brilliant" and "People are well looked after".

When we visited people's homes we observed staff providing kind and considerate support appropriate to each person's care and communication needs. Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. One person told us, "They [staff] make me another cup of tea before they leave". For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People told us staff were kind and caring towards them. Comments about how staff treat people included, "Staff are kind to me" and "They [staff] look after me well". Staff respected people's dignity and people's care plans including information for staff on how to protect people's dignity while providing support. For example, the care plan for one person stated, "Staff to support [person's name] to wear clothes that don't ride up when they bend down to save their embarrassment".

People told us they knew about their care plans and the registered manager and team leaders regularly asked them about their care and support needs so their care plan could be updated as needs changed. Where appropriate people's families were involved in developing the person's care plan. One relative told us, "We have regular meetings to discuss [person's name] support and I am involved in these meetings".

Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname. People told us staff always called them by the name of their choice.

Good

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service the registered manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. This included what people were able to do for themselves and what tasks staff needed to complete for them. For example, for one person their care plan described their personal care routine, recording that they needed support from staff to wash but they could wash their own hair. Details of people's daily routines were recorded in relation to each individual visit they received. This meant staff could read the section of people's care plan that related to the visit or activity they were completing. This was particularly helpful when staff were carrying out short visits for specific tasks.

Care plans were reviewed monthly and updated as people's needs changed. A complete re-assessment of the persons' needs and wishes was carried out annually with people and their families. People, and their relatives, told us the registered manager or a team leader visited them regularly to discuss and review their care plan. Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled staff to provide a personalised service.

Staff told us they were given detailed information about people's needs and the duties they needed to carry out for the person prior to starting to work with them. One member of staff said, "you are given good information about people before you carry out the first visit with someone".

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed any changes to their hours. For example, the relative of one person told us how the service had split one of their duties into two shorter visits. This had been requested to give the person an additional visit to meet their needs and provide another safety check during the day.

People living in the supported living service told us staff supported them to access the local community and take part in activities of their choosing. One person told us, "I have been to work today and we are all going shopping and out for a meal at the weekend". A relative said, "The service has supported [person's name] to work and socialise safely in the local community".

People said they would not hesitate in speaking with staff if they had any concerns. One person said, "I would tell them [staff] if I was unhappy about anything". People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. A relative told us, "The manager is very approachable, she comes regularly to cover duties so any issues can be raised with her as they occur".

A relative told us they had spoken with the registered manager about not always knowing the times of the visits and the manager had from that point informed them of any changes. People told us they were able to tell the service if they did not want a particular care worker. The service respected these requests and arranged permanent replacements without the person feeling uncomfortable about having made the request.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. The service had a board of directors, which consisted of five directors, all from different backgrounds and with different areas of expertise and interest. Any decisions about the development of the business were made collectively by the board. The registered manager was also on the board and took any major operational decisions to board meetings. The registered manager told us it was good to have the scrutiny and challenge of the board as it ensured that robust business and operational decisions were being made about the service.

The registered manager was supported by two team leaders who were field and office based. As well as an administrator and IT person, who worked in the provider's office. There was a positive culture in the service, the management team provided strong leadership and led by example. The directors regularly visited the service and staff told us they knew who they were and how to contact them. People and relatives all described the management of the service as open and approachable. People told us, "I have every faith in the management of the service".

The registered manager, directors and team leaders were clearly committed to providing the best possible care and support for people. Staff were enthusiastic about working for the service and felt supported in their role. Staff had the opportunity to be involved in the running of the service and feedback their ideas and views. There were regular staff meetings, both in small groups for staff teams that worked with particular people and staff meetings for the team as a whole.

We saw notes of a recent staff meeting where the registered manager had discussed the staff shortages and the arrangements put in place to manage it. Some staff told us they were working extra shifts but they had not been pressurised into doing them. Other staff told us they were unable to take on extra work and this was accepted. Staff said, "Best company I have ever worked for, an amazing team", "Management are easy to talk to, always make time for you", "I am really glad that I work for this company" and, "I am proud to work for them".

From conversations with the registered manager it was clear that they were concerned by the recent staff shortages and the effect this might have on people. However, we found suitable and robust arrangements had been put in place to manage the situation. People we spoke with were unaware of the staffing issues as it had not had any impact on the quality of their care and support.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager and directors were visible in the service and regularly sought people's views of using the service. One person told us, "The manager and one of the managing directors come to visit me regularly to ask me if I am happy with the service".