

Featherbed Care Ltd

Featherbed Care

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

About the service

Featherbed Care is a domiciliary care agency. It provides live-in companion and personal care services to adults who live in their own home. At the time of the inspection one person was receiving support with personal care from the agency.

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

Care and treatment supported people to maintain their independence and quality of life. People and relatives were supported to express their views and preferences, and were treated with dignity and respect. Staff were motivated to deliver person-centred care which focused on getting positive outcomes for people. All feedback we received about staff and the organisation was positive.

People were supported to have maximum choice and control of their life 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.

People's needs and preferences were assessed before they received support from the service and these were regularly reviewed. Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

People were safe and were protected from avoidable harm or abuse by staff who were trained and supported by effective policies. Individual risks were assessed and controlled, and staff were confident in safely managing medicines. The recording of medicines administration had recently been improved.

People were supported to eat and drink enough to meet their individual needs and preferences. People had access to routine and specialist healthcare services.

Staff had been safely recruited to ensure they were suitable to work with people. Staff received supervision and support. This meant they had the skills and knowledge to effectively support people. Staff praised the availability of managers for support, advice and guidance at all times.

Staff were clear about their responsibilities, and the service was consistently managed and well-led. Effective systems were in place to monitor and review quality and performance, and actions were promptly taken when shortfalls were identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with CQC in July 2018 and this was their first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Featherbed Care

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides live in support and personal care to people in their own houses and flats. The service can provide support to adults of all ages, people with dementia or mental health problems, and people with physical disabilities or sensory impairment.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it was a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure that the person using the service would be happy to speak with an inspector.

Inspection activity started on 18 June 2019 and ended on 19 June 2019. We visited the office location on 18 June 2019. We spoke with people, relatives and staff on 19 June 2019.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is legally obliged to send us within required timescales. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager, training manager and care staff.

We reviewed a range of records including two people's care records, medication records and one staff file. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who had regular contact with the service.

Is the service safe?

Our findings

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

This was the first rating for this service. At this inspection, this key question was rated as Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place and staff had received safeguarding training to ensure they knew how to keep people safe from abuse or harm.
- Staff were aware of when and how to report concerns and were confident these would be dealt with. The carer explained that staff were encouraged to seek support or guidance from managers at any time, adding, "Their advice is good. They always tell us to ask if we have concerns."
- People using the service told us, "[Featherbed Care] are good at looking after their patients. They always make sure we're safe."

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure people were safe whilst being as independent as possible. For example, where people were at risk of falls, this was assessed and plans were in place to reduce and manage the risks. We also saw individualised risk assessments for skin care, the use of hoists and mobility aids.
- Environmental risk assessments of people's homes were carried out by the provider. These included checks of security, hygiene and moving and handling arrangements.

Staffing and recruitment

- The agency directly employed one member of care staff. Additional staff worked on a self-employed basis. This meant there were enough staff to support people according to their needs and preferences.
- Staff were recruited safely and effectively. Staff files contained pre-employment and other checks which confirmed staff were suitable to work with people.

Using medicines safely

- Systems were in place so that people received their medicines as prescribed. Some medicines administration records (MARs) had not been accurately completed in recent months, however this had been identified during an audit and action taken to improve practice. For example, gaps had been left when a person was admitted to hospital, and correct codes were not always used. There was evidence of improved recording in the more recent MARs we reviewed.
- Medicines audits were carried out regularly.
- Staff were able to describe what they would do if they identified a medicines error. They also explained how medicines were received, stored and disposed of.
- Staff had received training in the management of medicines and competency was checked.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training.
- Personal protective equipment such as aprons and gloves were available for use when staff supported people with personal care tasks.

Learning lessons when things go wrong

- Staff were able to describe what they would do if there was an accident or incident while they were supporting a person in their home.
- Systems were in place to record and review accidents and incidents. Audits ensured reporting standards were met and identified any patterns or concerns relating to incidents and accidents.

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 was the first rating for this service. At this inspection, this key question was rated as Good

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed before they started using the service.
- Assessments considered people's physical, emotional and social needs and ensured needs and expectations could be met.
- People's care and support needs were regularly reviewed, and changes made where needed to achieve effective outcomes.

Staff support: induction, training, skills and experience

- New employees completed training and an induction when they joined the service.
- Training provided met the needs of people using the service. Staff told us that they had recently attended some training, which they had found useful.
- The registered manager carried out regular spot checks when staff were supporting people in their home. This was an opportunity to check staff's competency and any areas for development.
- The carer we spoke with had only been directly employed by the service for around three weeks and had not yet had supervision, although this was planned. Supervision gives staff time to talk about their work, raise any issues or matters which are important to them. The staff member told us they felt well supported, stating, "I know that if I was struggling, they would come [to give support]. They wouldn't just be at the end of a phone."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People were encouraged to make decisions about the meals and snacks they ate. This included routines and preferences regarding meals and shopping.
- Staff were aware of people's individual preferences. For example, they knew what meals a person liked to have, when and where.
- Records showing what food and fluid a person had consumed throughout the day were clear and up to date.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access routine and specialist healthcare services.
- Staff explained how they would be able to identify when a person's health needs changed. They described the actions they would take to involve health professionals as needed.

- Health and social care professionals told us the service worked in partnership with them and information was shared to ensure the support provided was effective. One professional said, "It's been difficult because it's not permanent, but [Featherbed Care] have been exceptionally helpful and understanding."
- When care staff took over from each other, they carried out an effective handover to ensure care remained consistent and effective.

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 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.

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.

We checked whether the service was working within the principles of the MCA.

- No-one using the service at the time of the inspection was subject to any Deprivation of Liberty Safeguards or Court of Protection orders.
- An up to date policy was in place and staff received training about the Mental Capacity Act and DoLS.
- Staff clearly understood the importance of seeking verbal consent when supporting people.
- Written consent to care and treatment was recorded, and care plans and documents had been signed by the person.

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 was the first rating for this service. At this inspection, this key question was rated as 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; respecting equality and diversity

- People and relatives were positive about staff, and appeared relaxed in their company. Comments included, "They're fabulous," "They're excellent," and "It's all grand."
- Staff were caring towards people they supported and were compassionate. Comments from staff included, "I like this job so much," and, "I am proud of what we've done to support people and get things right for them."
- Staff knew people well, including their likes and dislikes, preferred routines and activities. We were told, "[Name] has only been with us two weeks, but we understand each other."
- The provider respected people's needs under the Equalities Act 2010. For example, assessments and care plans included information about issues such as cultural, dietary and gender needs. Staff told us that this was addressed in training and induction.

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

- People were encouraged to make decisions about their day to day care and routines. Staff
- respected people's choices. Staff told us, "I always check with them," and, "I'm proud that we can provide the care that people want."
- Care plans were signed by the person, and there was evidence that they had been involved in decisions about their support needs. One relative confirmed they had been part of reviewing the person's care needs and any decision making.
- The registered manager regularly met with people to gather their views about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and gave people privacy during their daily routines.
- Care plans contained guidance for staff to follow about what people could do for themselves and how best to provide support. One care plan stated, "Support [Name] to maintain their routine, respecting choices for whether they wish to wash or shower, maintaining their dignity and safety throughout."
- People were supported to be independent where possible. One member of staff confirmed they promoted people's independence in all aspects of their support and care needs. They told us, "I always do it the way [they] want. I try to see things the way they see them."

Is the service responsive?

Our findings

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

This was the first rating for this service. At this inspection, this key question was rated as 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

- People received personalised support which met their needs and preferences.
- Care plans contained person-centred information and identified what was important to individuals. One care plan stated, "Carer to put [Name's] wishes at the forefront of all support required." One relative told us, "We choose what we're doing. We have control over everything."
- Care plans were regularly reviewed and updated. The carer told us, "Care plans are very good. If there are any changes with the person, I just tell the office. They come and change the care plan really quickly."
- Daily notes recorded what people had chosen to do each day, as well as information about their physical health and general wellbeing. A recent audit had identified that daily notes needed to include more detail about people's choices and preferences. There was evidence of improvement in the more recent entries we reviewed.

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.

- The service identified people's information and communication needs by assessing them. These were identified and recorded in care plans as necessary. The service understood and highlighted people's communication needs.

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 to follow their interests and use local community facilities.
- Care records contained up to date information under headings such as daily lifestyle activities, social needs and relationships. These gave guidance to staff about how they could support people to be involved in meaningful activities and reduce social isolation.

Improving care quality in response to complaints or concerns

- There were no ongoing complaints at the time of our inspection.
- Individuals we spoke with told us they would be happy to speak with staff or the registered manager if they wanted to raise any concerns.
- A complaints policy and management systems were in place for recording and dealing with complaints.

End of life care and support

- The service was not providing end of life care at the time of the inspection.
- The provider discussed people's preferences and choices in relation to end of life care as part of their overall assessment. These were documented in care plans about culture, region and beliefs.

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 was the first rating for this service. At this inspection, this key question was rated as Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback about the service from everyone we spoke with. Comments included, "Everything about Featherbed has been very, very good," and, "Featherbed do things the right way."
- When we asked if the service was well led, comments included, "The communication is excellent. The office are always in touch. [Registered manager] is nice," and "[Registered manager] is number one."
- The registered manager was aware of people's changing needs, and took these into account when planning and providing services. A professional who had contact with the service said, "They've been very accommodating and flexible."
- A staff member told us, "We think about people as individuals and work out how to give them the best service." This reflected the provider's values and aims.

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 provider understood their responsibilities about informing families or different bodies when incidents occurred. There had not been any significant events, but the provider communicated with people and their families at all times.
- Incident records and associated action plans showed the registered manager had been open and honest with people and their relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was organised, and staff were clear about what was expected of them.
- Staff were confident that concerns or performance issues would be reviewed in supervision.
- Systems were in place to monitor and review quality and performance and to ensure risks were managed. For example, an audit highlighted areas for improvement in some documentation; a plan detailed the actions required and updates and completion information was recorded.
- There were regular visits to people's homes by members of the management team. This was to check performance and support staff, people and relatives. These visits were recorded in the person's care file, and recommendations and expectations were clear.
- The registered manager made notifications to CQC appropriately.

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

- Feedback was regularly requested from people, relatives, staff and other professionals. Questionnaires asked about staff performance, service management and administration. Feedback was positive. Comments included, "You have been so helpful with all you have done for us."
- Staff had regular meetings. Issues discussed at a recent staff meeting included people receiving support from the service, staff training and business plans.

Continuous learning and improving care

- The registered manager was open and honest about ongoing improvements and developments to ensure staff provided safe and effective care to people. For example, when managers found gaps had been left in medicines administration records, staff were told clearly what was required, additional training and coaching was provided, and the frequency of checks increased. In the medicines administration records we reviewed, there were no gaps and forms were being correctly completed.

Working in partnership with others

- Staff worked in partnership with other professionals such as local authority, re-ablement and hospital teams.
- Records showed that, when required, people were supported by district nurses, GPs, occupational therapists and physiotherapists.