Fawaz Homecare Limited

Fawaz Homecare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Fawaz Homecare is a domiciliary care service providing personal care and support to people of all ages living in their own homes. At the time of our inspection there were two people using the service.

People's experience of using this service and what we found
During the inspection we identified risk assessments and care plans did not always have relevant information to help mitigate risk and provide care workers with appropriate guidance. Additionally, care plans lacked background information such as people's cultural and religious needs.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We found that the provider did not complete best interest decisions for people who did not have the mental capacity to consent to their care, and that relatives had signed consent forms without the legal authority to do so.

The provider had some quality monitoring process in place, but these had not always been effective as they had not enabled the provider to identify and address the issues we found during the inspection.

Safe recruitment practices were followed but not always recorded correctly, for example gaps in employment history. Staff received appropriate training to meet people's care needs.

The provider had appropriate systems to help safeguard people from abuse, and relatives confirmed they felt care was provided in a safe and caring manner.

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

Rating at last inspection and update
This service was registered with us on 12 March 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care, consent to care, person centred care and good

governance.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Fawaz Homecare

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2022 and ended on 6 July 2022. We visited the location's office on 16 June 2022.

What we did before the inspection
We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this

inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We met with the registered manager. We looked at records the provider used for managing the service, including the care records for two people who used the service, three staff files, and other records used by the provider for monitoring the quality of the service. We spoke with two relatives after the inspection. We also tried to contact two care workers but did not receive a response from them.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
• Risk assessments and mitigation plans were not always detailed or personalised enough to help reduce the risk of avoidable harm to people. We identified one person's falls care plan was an example template that had not been changed to reflect the persons' needs and the action taken. This included the wrong name, using a falls diary and having a sensor mat in place, neither of which was used for the person. Therefore, the care workers did not have appropriate guidance to help mitigate the specific risk of falls for the person.
• The same person's diabetes risk assessment and care plan was also a template that had not been personalised to reflect the risks specific for the person. It had statements such as 'Know diabetic related complications and know how to monitor', 'Know agreed range for blood pressure and blood sugars' and 'Know what action to take if person is unwell' but did not record what the complications were, how to monitor, what sugar levels were acceptable or what action to take if the person became unwell. The lack of relevant information meant the provider was not taking the necessary action to help ensure the person supported in a safe way that reduced the risks to their health and wellbeing.

Systems had not always been used effectively to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Risk assessments had been carried out in people's homes around health, safety and the environment to help protect people and staff who provided care.

Systems and processes to safeguard people from the risk of abuse
• The provider had appropriate systems to help safeguard people from abuse. This included safeguarding adult and whistleblowing procedures. Relatives told us they felt people were cared for safely. One relative said, "The carers speak the same language as [person] so [person] feels safe when talking to them."
• Staff had completed safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of abuse and how to respond to help ensure people remained safe.
• No safeguarding alerts had been raised since the service had become operational. However, there were systems were in place to manage these appropriately if needed. The registered manager understood their role around safeguarding and knew how to raise a safeguarding alert.

Staffing and recruitment

• The provider generally followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. However, we noted gaps in employment were not clearly recorded. We raised this with the registered manager and found it appeared to be a recording issue.
• Staff recruitment records included application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
• There were enough care workers to support the people using the service and to help keep them safe. Relatives told us care workers arrived on time and stayed the correct length of time. However, in some cases, there was not always consistency around the same care workers providing care.

Using medicines safely
• At the time of the inspection, care workers did not administer medicines to either of the people using the service as this was managed by their relatives.
• The provider had a medicines policy and care workers had completed medicines training in preparation for when this support was required.

Preventing and controlling infection
• The provider had infection prevention and control policies and procedures and staff were trained in infection control.
• The provider had COVID-19 risk assessments in place for people and staff to help reduce the risk of infection.
• Care workers were provided with personal protective equipment (PPE) such as gloves and masks to help protect people from the risk of infection.
• The provider completed spot checks for care workers to help ensure they were following infection control guidelines and using PPE correctly.

Learning lessons when things go wrong
• Records indicated there had been no incidents or accidents, complaints or safeguarding alerts raised since the provider began operating. However, there were policies and procedures in place to record these events when required.
• The registered manager told us they had learned since becoming operational, that it was important to communicate with people using the service and staff to help ensure they are safe and happy with the service.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

• We found that the provider was not always working within the principles of the MCA. The consent to care forms and the forms for consenting to share information, indicated both people using the service had given their verbal consent for their relatives to sign their consent forms. However, neither person had the mental capacity to consent to their care, and neither relative had the legal authority to make decisions on the person's behalf. This meant when people lacked the capacity to make a specific decision, the provider was not carrying out mental capacity assessments or best interest decisions as required by the MCA.
• There was no evidence in the training records care workers had completed training around the MCA.

Consent forms signed by people without legal authority and an absence of best interest decisions for people who lacked the mental capacity to agree to their care meant there was no consent for people to receive care from the provider. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The provider did not complete an initial assessment form for people, prior to agreeing a package of care, to determine if they could meet people's needs and support them safely. The registered manager told us they did visit with the person and their family prior to taking on the package of care and said, "After I speak with them I know how they want things to be done and train staff to know that's how they need to do it."
• Care plans were not always consistently updated when there was a change in need. For example one

person's 'Person centred risk assessment' which covered a number of areas, indicated in one section they needed a walking frame and in another section indicated a different piece of equipment was required for transfers as the person no longer had the mobility to use a walking frame.
• The risk assessment was dated over a year ago in May 2021, which meant it was not being updated regularly to reflect current needs.

Commencing care packages without a written initial assessment and not updating and reviewing care records put people at risk of not getting the care they required. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
• Care workers received training and completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
• Feedback from relatives indicated that overall they felt care workers had the skill and training to care for people, but there were instances when they felt some care workers lacked the necessary skill to provide the required level of care to people.
• Care workers received supervision, and spot checks were undertaken while they were providing care in people's homes to help promote good practice when supporting the people they cared for.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have enough to eat and drink. Both people using the service lived with family members who looked after their dietary needs. Care workers did not prepare any meals but warmed up food for people if required.
• Care plans included some information about people's dietary needs. For example, one person's care plan stated to, 'Leave a drink of choice within reach for later.'

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People received support to maintain good health. As the people using the service both lived with their families, families mainly liaised with other healthcare professionals.
• However, the register manager said if required, they would contact healthcare services on behalf of the people they worked with.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
• Relatives generally spoke positively about the care the person received. One relative said, "Carers have the right attitude when they come to the home. They ask how [person] is and tell them what they are going to do."
• However, individual needs such as people's religion and personal history were not recorded in the care plan. This meant care workers did not have guidance to help ensure people received care according to their wishes and needs. For example, it was not recorded if they were given the choice of a male or female care worker.
• Preferences for how people liked personal care was recorded.
• The provider had an equality and diversity policy and staff respected people's cultural needs. Relatives confirmed care workers who spoke people's first language were matched with the person to provide care and support.

Supporting people to express their views and be involved in making decisions about their care
• Relatives told us they were part of the care planning process.
• People were offered choices and care plans prompted care workers to give people choices, for example when they were being supported to eat or dress.

Respecting and promoting people's privacy, dignity and independence
• The provider supported people in a way that maintained their dignity. Relatives indicated people were cared for respectfully and with dignity. One relative said, "Absolutely they treat [person] with dignity. I am very aware what they are doing with [person]."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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.
• Care plans did not have a specific section for information about people's communication needs, for example the language they spoke of if they needed assistive aids such as glasses or a hearing aid.
• One person's care plan did not say how they communicated, but the relative of this person confirmed, "The main thing is [person] has a [specific language] speaker because they don't understand English."
• The other person had recorded within the body of their care plan, 'I use gestures such as facial expressions, humming noises, eye contact and body language to communicate', but no examples of these for care workers' guidance.
• Care plans did not include details of people's background history and preferences, or people's cultural and religious needs. After the inspection, the registered manager sent us one person's care plan they had updated to include their social background.
• The provider used various templates and had left in the template examples instead of personalising them to the needs of the people using the service.

People's care plans were not always person centred and detailed enough which meant there was a risk they might not receive appropriate care according to their needs and preferences. This was a further breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Relatives told us they were involved in discussions about people's care and how it was provided.

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
• Both people using the service lived with their families which helped to reduce their social isolation.
• At the time of the inspection, neither person required support around activities in the community.

Improving care quality in response to complaints or concerns
• The provider had suitable systems for addressing complaints but had not had any complaints since they had become operational.

• Relatives said they knew how to make a complaint but had not had to. One relative confirmed, "If I want to complain, I will call the manager, but I haven't had to make a complaint."
• Due to the small number of people being supported by the service, the registered manager had regular contact with people and their relatives and was able to address issues before they escalated.

End of life care and support
• People's end of life care wishes were not part of the care plan which meant care workers were not provided with guidance on how the person wanted to be supported at that time.
• However, the registered manager told us no one using the service was receiving end of life care at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The provider undertook several checks and audits. However, systems in place to monitor service delivery were not always effective, as they did not always identify the quality of the information input or the areas requiring improvement we identified during the inspection. We found care plan audits did not identify incorrect MCA processes completed around consent to care. Care plans also lacked background information such as people's cultural and religious needs.
• The provider did not always deliver person centred care. We found that some people's identified risks did not have a relevant plan in place to mitigate risk, for example diabetes. This meant care workers did not always have relevant information and guidelines to provide safe care.

The provider did not always ensure guidance was in place to identify how to mitigate risks and ensure care plans reflected the most up to date information. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The service was small, and the registered manager had regular contact with people using the service, their relatives and care workers which helped them to monitor service delivery.
• The registered manager completed unannounced checks on care workers to help make sure that care was provided to people appropriately and safely.
• There was an open culture within the service and relatives confirmed they felt comfortable approaching the registered manager. One relative said, "If I need anything, I can say to them anytime, they always listen."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• There was an open culture within the service and relatives confirmed they felt comfortable approaching the registered manager. One relative said, "If I need anything, I can say to them anytime, they always listen."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The registered manager was aware of their responsibilities under duty of candour including the requirement to notify appropriate agencies including CQC if things went wrong.
• People and their relatives knew who to contact if something went wrong, however at the time of the inspection, no complaints had been raised. One relative confirmed the registered manager responded when concerns were raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Managers and staff understood their roles and responsibilities.
• The provider had quality assurance checks in place to help monitor the quality of service. These included feedback from people and audits on care workers' performance through spot checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and staff engaged with the service and the provider worked in partnership with other agencies to provide good outcomes for people.
• Relatives confirmed the provider asked for their feedback through phone calls and home visits. One relative told us, "They came the first week and they call and ask if I am happy or if we need any changes."

Working in partnership with others
• The registered manager told us that all the people using their service lived with relatives, and it was mainly they who provided support with appointments.
• However, the provider did liaise with social services when necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not always ensure that care was delivered to people with a view to achieving their preferences and ensuring their needs were met. Regulation 9

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not always seek consent for care and treatment from the relevant person and did not demonstrate they always acted in accordance with the Mental Capacity Act 2005 where a person did not have the mental capacity to make an informed decision. Regulation 11

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users. Regulation 12

Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person did not always have effective systems to assess, monitor and improve the quality and safety of the service.

Regulation 17