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Felicity 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?	Requires Improvement

Summary of findings

Overall summary

We carried out this inspection on 9 May 2017. The inspection was announced. We gave the provider 48 hours' of this inspection because we needed to be sure that someone would be available to support us with the inspection process.

At the last inspection in February 2016, the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

We carried out this inspection due to high number of safeguarding concerns that we had received about the service and how it was being managed.

Felicity Care provides home care services to people living in their own homes. At the time of the inspection the service provided personal care and support to 56 people.

People and relatives told us that they felt safe and happy with the care and support that they received from care staff from Felicity Care.

Care staff understood the term 'safeguarding' and were able to list the different types of abuse that people could experience. Care staff clearly demonstrated the actions they would take if they suspected that people they supported were being abused.

The provider had a variety of systems in place to ensure people were kept safe and free from harm. This included individualised risk assessments, robust recruitment procedures and safe processes to ensure the safe administration of medicines.

Sufficient staff were available to meet people's needs. People and relatives confirmed they received care from regular and consistent staff with whom they had established positive and caring relationships.

Staff received induction and regular training to enable them to carry out their role effectively. In addition to this, staff confirmed that they also received regular supervision and an annual appraisal which supported them in their role.

Care plans contained consent forms that had been signed by people and relatives consenting to the care and support that they received from Felicity Care. Where possible, people were encouraged and supported to make choices and express their preferences in the least restrictive way possible. Policies and systems in place supported this practise.

People were supported with their nutritional, hydration and health care needs where this had been identified as an assessed need.

Care plans were detailed and person centred and clearly outlined the person's needs and requirements as per their choice and preference. However, we did note that the provider did not always follow a consistent approach with all care plans that we saw. Care plans did not always include records of people's likes and dislikes as well as some background information..

People and relatives knew the registered manager and felt able to raise any concerns or complaints and were confident that these would be dealt with and resolved appropriately. However, some people and social care professionals had raised concerns about the registered managers approach when issues or concerns were raised.

The registered manager had a number of systems in place which enabled the service to assess, monitor and improve the quality of care provision. This included spot checks of staff whilst at work and customer satisfaction surveys. However, some feedback from social care professionals that had been received and feedback from one person suggested that the registered manager was not always positive in their approach.

Further information about our findings is detailed in the sections below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well-led. Satisfaction surveys had not been analysed or responded to where concerns or issues had been noted in order to learn from and make improvements.

Quality checks carried out by the registered manager were not always formally recorded so that these could be analysed in order to identify any emerging trends and patterns and as a result learn from and make improvements.

Most people and relatives were very positive about the registered manager and the service that they received. However, some feedback from social care professionals that had been received and feedback from one person suggested that the registered manager was not always positive in their approach.

Care staff told us they were well supported by the registered manager who was always available whenever they required.

Felicity Care

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 checked 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 was a comprehensive inspection following a high number of concerns received from social care professional about the service and how it was being managed.

This inspection took place on 9 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with the inspection process.

One inspector carried out this inspection.

As part of the inspection we spoke with the registered manager, one administrator, one field supervisor, one care co-ordinator and four care staff. We also spoke with six people who used the service and five relatives. We looked at eight care plans, eight staff and training records and records relating to the management of the service such as audits, complaints, satisfaction surveys and policies and procedures.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe with the care and support that they received from Felicity Care. One person told us, "Yes, I do feel safe." Comments from relatives included, "I know he [relative] is going to be looked after" and "Yes she [relative] does feel safe, we have a regular carer."

Staff were able to describe what safeguarding and whistleblowing meant and the actions they would take if they suspected people that they were supporting were subject to abuse. Comments from care staff included, "I would tell the office and the office would report to social services", "When you are dealing with vulnerable people you have to make sure that they are safe" and "I would report my concerns to the council of the Care Quality Commission (CQC)." Records confirmed that all staff had received training on safeguarding which was refreshed on an annual basis.

The service completed risk assessments as part of the care planning process. Each person's risk assessment that we looked at was based on the individual risks associated with each person's care and support needs. Risk assessments seen covered environmental and health and safety risk factors and individualised risks such as risks of falls, pressure care, mobility and risks associated with a variety of health conditions including diabetes and epilepsy. Risk assessments detailed the risk and proposed solutions on how to mitigate or reduce risks. Risk assessments were reviewed every four to six weeks or sooner where changes had been noted.
The service also completed Waterlow assessments. Waterlow assessments assess the level of risk of a person developing a pressure ulcer. However, we found that some assessments did not always detail the support mechanisms in place to reduce the risk of pressure ulcers and how care staff were to support the person with the risk. We highlighted this to the registered manager who stated that they would ensure that this information was consistently available on all Waterlow assessments going forward.

People and relatives confirmed that they received care and support from a regular team of care staff. We were told that timekeeping of care staff was generally not an issue and that if care staff were running late they always got a phone call from the service informing them of the delay. Comments from people included, "I get a regular person who is normally on time. She always calls me to let me know what's going on" and "In the morning always on time." Feedback from relatives included, "I get the same carers and they call me to let me know if there is any change" and "They always arrive on time and they always have a smile."

The service did not have a formal rota management system but the registered manager told us and staff confirmed that each care staff member were allocated regular people to support and therefore their rota never changed unless people or care staff themselves required changes to be made. Where changes were made, care staff were sent emails or text messages confirming the changes on a weekly basis. Care staff confirmed that appropriate travel time was incorporated into their rotas as due to the regularity of the people they supported, care calls were set at a time which was as per the person's wishes and which allowed them to ensure that sufficient travel time was allocated according to the distance between each care call. The registered manager confirmed that they had not incurred any missed visits since the last inspection.

The provider had recently installed an electronic monitoring system which monitored care staff in the community to ensure that they were arriving at the allocated call on time and spending the full allotted time before leaving. This included care staff logging in and out by use of their mobile phones. The system would also send the provider live alerts if care staff had not logged in within a 15 minute timeframe from the time of the call. This would allow the provider to inform people of lateness or make alternative arrangements to ensure people received their allocated care call.

Appropriate systems were in place to ensure the safe recruitment of staff. Records confirmed that each staff member recruited had to undergo a number of checks which included a criminal records check, reference requests to check the staff members past performance in previous employments, identity checks and checks to confirm that the staff member was eligible to work in the UK.

The service provided support and assistance with the administration or prompting of medicines where this was an identified need. The registered manager confirmed that currently care staff only supported people with the prompting of medicines to ensure that people were reminded to take their medicines as per the prescribed time. There were no available medicine administration records (MAR) completed by care staff due to them only prompting people with medicines however, care staff were required to sign a form to confirm that medicines had been prompted and taken during each care call. People and relatives confirmed that they received the appropriate level of support with medicines from care staff where required. One person told us, "I have pills to take and they make sure that I take them in the morning and evening."

All care staff had received training in safe medicines management. Once staff had completed the training, the registered manager and field care supervisors carried out spot checks on each staff member which included assessing each staff member's competency in prompting or administering medicines to ensure that staff were observed to be competent in carrying out the task safely.

The service recorded all accidents and incidents that were reported as part of the person's care plan. The accident and incident form detailed the incident and the actions that had been taken to support the person to ensure they were kept safe and attended to where medical assistance was required.

Good

Is the service effective?

Our findings

People and relatives were of the opinion that care staff were appropriately trained and skilled to care for people. Comments from people included, "I do feel that they are trained" and "Some of them are quite competent." Feedback from relatives was, "They [care staff] are very good, good training" and "They [care staff] are very well trained. Very professional especially when they do the hoisting."

Each staff file that we looked at had records confirming that each staff member had attended a two day induction programme prior to starting work. The induction programmed followed the Care Certificate which is a set of minimum expected standards that care staff should hold in relation to the delivery of care and support. Following induction all staff received regular training on topics such as first aid, moving and handling, safeguarding, medicines management and the Mental Capacity Act 2005 (MCA). Records confirmed that training was refreshed on an annual basis.

Care staff confirmed that the provider made sure that they all received appropriate training required to deliver effective care and support. Care staff told us, "I already have a NVQ Level 5 qualification in care and she [registered manager] plans to put me on a leadership course" and "I was required to buddy up with another carer before I started and I also received all the training I needed."

Records seen confirmed that staff received regular supervisions and an annual appraisal. Care staff told us that they were appropriately supported and were able to approach the registered manager at any time when needed. Supervision sessions discussed topics such as timekeeping, training and safeguarding. Comments from staff around support and supervision included, "I have had two supervisions and spot checks when [registered manager] turns up unexpectedly to check on us" and "I definitely feel supported. If I have a question I ask and I am able to reach the manager and senior carers whenever I need them."

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.

Care staff that we spoke with were able to describe their understanding of the key principles of the Mental Capacity Act 2005 and how these were to be applied when supporting people. One staff member told us, "Mental Capacity is about whether a person has capacity and where people lack capacity this is assessed on a day to day basis as this can change." Another care staff said, "The MCA is about people having the capacity to make decisions. We check on that and if there are any concerns we can report it to the office, social worker, GP or family." People were asked to consent to the care and support that they received by signing a consent form. Where people lacked capacity and the ability to understand what they were signing, we saw evidence that relatives had been involved and had been asked to sign on the person's behalf. People and relatives also confirmed that care staff always explained to them what they were doing and sought their consent before supporting them.

Support with nutrition and hydration was only provided if this was assessed as an identified need. Care staff were not involved in menu planning for people and were not always involved in monitoring people's nutrition and hydration as they would only be present at the person's home at certain times throughout the day for a specific time period. Most people receiving care and support from Felicity Care required only minimal assistance with meals which included preparing a ready meal or assistance with making snacks and drinks. The support required had been documented within the person's care plan including any special needs associated with the person's health and medical conditions.

Felicity Care only supported people with their health and medical needs where this was required. Most people were able to manage their own needs independently. People's care plans listed details of health professionals such as GPs, social workers and also listed their current health conditions. The registered manager told us that people required limited support with health appointments and people confirmed this. However, support was provided when needed. For example we saw records where the provider had commissioned the support of a nurse consultant, where concerns had been noted about a person's health condition. We also saw records confirming that care staff had called appropriate healthcare services especially where emergency situations had arisen.

Good

Is the service caring?

Our findings

People and relatives told us that they received care and support from regular carers who had become part of their family. Comments from people included, "The carers are very nice", "The carers that I currently have are very, very good" and "They [care staff] are very good and I always know who will replace her [carer] when my regular is off." Relatives told us, "They are good, caring. They [carers] are loving towards him, talkative and they do care for him very gently", "They have become like our family members" and "The carers have been so wonderful, they are so nice and professional."

People and relatives confirmed that the care plan had been compiled with their involvement and that they had been able to list their needs and requirements prior to the delivery of care. People and relatives confirmed that the registered manager had visited them prior to the start of the care package in order to obtain all their details. One relative told us, "[Registered manager] initially came to do the care plan."

People and relatives confirmed that they received care and support from regular care staff and that this very rarely changed. Where care staff were on leave or had taken sick, people and relatives had been made aware of the changes and details of the replacement care staff. People and relatives told us that they had established caring relationships with the care staff, who had got to know them well. Some people went as far as to tell us that they would be very unhappy if any changes were made to their regular carer. One relative told us, "Our carers have become like our family members. If she changes I won't be happy." Another relative stated, "I am really happy, content. They have become part of the family. When I leave the house I don't worry as I know they [care staff] are there with my [relative]."

Care staff knew the people they supported and were aware of their likes and dislikes, needs and requirements. Care staff confirmed that although care plans gave them some information about the person and their care needs, this was subject to change as people's preferences could change and therefore they adapted care and support based on people's choices and wishes. Care staff also confirmed that any changes noted were always shared with the team so that care plans could be amended and updated.

People and relatives told us that care staff always treated them with dignity and respect. Care staff were able to clearly demonstrate how people's privacy and dignity was to be maintained and gave a variety of examples. These included, "I discuss everything with the person and the family. I always ask for consent as she [person] has the capacity to choose what they want", "For example when I take a person to the toilet I always shut the door so that they don't feel exposed" and "I always explain what I am going to do. I like talking to people."

Good

Is the service responsive?

Our findings

People and relatives told us that care staff listened to them and were responsive in how they supported them. One person told us, "They do listen to me. I am happy with the care and I know they are going to come." Pre-service provision assessments had been completed by the registered manager as soon as a referral for the provision of care was received by the service. This allowed for the service to ensure that the package of care was in response to people's needs, choices and wishes.

Care plans provided information about the care and support that people required and were reviewed every four to six weeks or sooner where significant concerns had been noted. Most care plans were person centred and also contained basic information about the person and their background history. However, there were some care plans that did not contain this level of information and only provided care staff with basic details of the care and support that was to be delivered. We also noted that people's likes and dislikes were not always recorded. We highlighted this to the registered manager who explained that occasionally some people and relatives did not want to divulge a lot of personal information about themselves and only provided sufficient detail in order to be able to deliver the basic package of care.

Care staff demonstrated a high level of awareness around how to support people positively in order to support them to maintain their independence. Comments from care staff included, "I always ask them [people] to try first. I always respect their independence" and "It's all about promoting independence, getting them back to their normal life." People and relatives confirmed that they were always supported in the way they wished to be. One person told us, "They are so used to me now. They know exactly what and when to do things."

Care staff completed daily records each time they attended to a care shift. Records included details of the support provided and any concerns or significant observations where appropriate. This ensured that significant information was communicated effectively to all staff members involved in people's care.

People and relatives felt confident about raising a complaint or concerns to the service. People and relatives knew who to speak with and were assured that their complaints or concerns would be dealt with appropriately. One person told us, "Well if I did have a complaint I know who to speak to but I haven't had the anticipation as yet." A second person said, "I am confident about calling her [registered manager] if I am unhappy. I would call to let her [registered manager] know." Feedback from relatives included, "If I have a problem I know I can talk to her [registered manager]. She is very, very good and she knows her stuff" and "When I feel there is a complaint I call and message her [registered manager] and yeah it is always sorted."

The registered manager confirmed that they had not received any complaints since the last inspection. The provider had a complaints policy which was made available to people and relatives as part of their care plan that detailed the processes which would be followed if a complaint was received.

Records of all compliments received were kept as part of the relevant person's care plan. We saw a number of compliments that the service had received from people, relatives and healthcare professionals, in

recognition of the care and support that people received. One relative had commented, 'When I did raise issues about her [person's] care you always responded promptly and checked details thoroughly so that I could be assured' and 'I visited two people last week. They both say staff are punctual, friendly and hardworking and they are very happy with the service.'

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In order to monitor the quality of care, the registered manager completed monthly spot checks of all care staff which were recorded and, where issues or concerns were identified, this was addressed as part of the staff member's supervision. The registered manager told us that in addition to the spot checks, they regularly visited all the people receiving care and support to review the quality of care. However, these were not formally recorded and had only been informally noted within their own note book. We highlighted the importance of recording all checks and audits to the registered manager so that any emerging issues or concerns could be monitored and where required learning and change could be implemented.

In addition to the checks and audits, people were encouraged to regularly complete satisfaction surveys continuously throughout the year. The registered manager told us that this was not compulsory to be completed on an annual basis but was left up to the person or relative to complete as and when they chose to. Records were seen of surveys that had been completed since the last inspection and whilst the majority of the surveys were positive there were one or two that had made comments about training and timekeeping. However, the registered manager was unable to action or respond to these concerns as the surveys had been completed anonymously. In addition no formal analysis or response had been sent to people or relatives, in response to the surveys, outlining not only the positive comments but also any negative comments and the actions that the provider planned to take in order to learn and drive forward improvements to the quality of care service provision.

People and relatives told us that they knew the registered manager and had either met them or spoken to them over the phone. One relative told us, "I have met [registered manager] who initially came to do the care plan." A second relative said, "The registered manager is very approachable. She is available 24 hours a day and sorts out our problems. I would highly recommend the service."

However, one person out of the six people we spoke with told us that the responses they received from the registered manager was not always positive and did not encourage openness and confidence when raising concerns or giving feedback. In addition, feedback from some social care professionals was that the registered manager's approach was not always positive. These comments were fed back to the registered manager who acknowledged that there had been times where their approach had been misunderstood. The registered manager told us that any feedback given would be used in order to learn, improve and establish better working relationships with people, staff and other stakeholders.

Care staff were positive about the registered manager and felt well supported in their role. One staff member told us, "The registered manager is carrying me along and taking me to meetings so that I can gain more experience." A second care staff member said, "Oh my god! She is amazing. I love her and she is so

experienced." Alongside regular supervisions, care staff were also required to attend quarterly staff meetings. Records confirmed and staff told us that staff meetings took place as stated. Topics discussed included update on uniforms, timesheets, staffing levels, staff conduct, safeguarding, medicines administration and people's care needs. Care staff told us that the meetings were helpful and that the manager listened to their ideas and suggestions in order to make improvements.