

Falcon Care Agency Ltd Falcon Care Agency Ltd

Inspection report

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Ratings

Overall rating for this service

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 •

Date of inspection visit:

Good

26 October 2021

Date of publication:

08 December 2021

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Summary of findings

Overall summary

About the service

Falcon Care Agency Ltd is a small domiciliary care service providing support and personal care to people in their own homes. The service is registered to provide care to people living with dementia, mental health conditions, sensory impairments and younger adults as well as those with a physical disability.

Not everyone who uses the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was providing support to 9 people with personal care needs at the time of our inspection.

People's experience of using this service and what we found People and their relatives told us the service enabled them to feel safe and staff were reliable. Relatives said any concerns were immediately addressed. People liked having a known group of staff to look after them.

Professionals told us staff were proactive and worked positively with other agencies to promote and maximise people's outcomes. They had achieved positive outcomes where this had not been thought possible.

People told us care was always delivered in a person-centred way. Care was tailored to the needs of the person and updated when required with relative involvement, so everyone knew what was happening.

People, relatives, staff and professionals were all very positive about the engagement the manager had with everyone. Communication with the registered manager was described as "great" by relatives and staff.

Staff told us they had enough time to travel in between visits and they felt they could discuss with the manager if they needed further time. Staff had received relevant training in relation to their role and told us they were offered opportunities for further training

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

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

Why we inspected

This service was registered with us on 03 January 2020 and this is the first inspection.

This was a planned comprehensive inspection prompted by our data insight which assesses potential risks at services, concerns in relation to aspects of care provision and as the service had not been inspected since

registering with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?	Good ●
The service was safe.	
Details are in our safe findings below	
Is the service effective?	Good •
The service was effective.	
Details are in our effective findings below	
Is the service caring?	Good 🔍
The service was caring.	
Details are in our caring findings below	
Is the service responsive?	Good 🔍
The service was responsive.	
Details are in our responsive findings below	
Is the service well-led?	Good 🔍
The service was well-led.	
Details are in our well-Led findings below.	



Falcon Care Agency Ltd

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 personal care to people living in their own houses and flats.

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 24 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 October 26 and ended on November 23. We visited the office location on October 26. The remaining days were spent speaking to people, relatives and professionals about their experiences.

What we did before the inspection

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.

During the inspection

We spoke to the registered manager who is responsible for supervising the management of the service. In this case they are also the provider.

We reviewed a range of records. This included five people's care records and a variety of records relating to the management of the service including rotas, policies and procedures. We looked at three staff files in relation to recruitment and staff supervision. We looked at training data and quality assurance records.

After the inspection

We spoke on the telephone with two people who used the service and two relatives about their experience of the care provided. We spoke with three care staff, and two social workers who commissioned care packages from 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 is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from abuse. People told us they felt "comfortable" with staff. Relatives and professionals agreed with this.
- A social worker told us care plans followed on from comprehensive assessments by staff.
- Staff had completed training in safeguarding vulnerable adults. Staff said they would raise any concerns directly with the registered manager. The registered manager gave examples of when she had raised concerns .
- •There were systems and processes in place regarding safeguarding processes and staff were clear about when these should be utilised.
- Staff told us training was thorough and a mixture of e-learning and face to face modules which give them confidence in their role. The registered manager put everyone through the Agency's preferred training programme, irrespective of their previous knowledge to ensure everyone worked to the same standard.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support. Everyone we spoke too commended the staff on being pro-active in their approach, which meant risks were identified and mitigated against and referrals to external agencies were made in a timely manner.
- Social workers said "the registered manager and staff are so pro-active and so well-trained, they find solutions before the problem has even become a problem."
- Social workers told us the agency had worked really well to manage a complex situation in a way which kept everyone safe and improved outcomes that hadn't been thought possible.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff never let them down and they were always on time. One relative said, "I can rely on them." The registered manager told us they had never missed a call. No one we spoke to could remember staff being late, but there were many instances where staff had stayed longer to assist with a specific situation.
- The registered manager only accepted new people if they had enough staff to provide a stable, flexible service. When staff were unavoidably absent there was always a contingency available. All staff told us they felt valued and supported, which benefitted the people they looked after.
- Staff had been recruited safely with robust pre-employment checks completed before they started shadowing more experienced staff and working independently.
- Staff told us they had enough time to travel in between visits and they felt they could discuss with the manager if they needed further time.

Using medicines safely

- People received their medicines as prescribed. Staff were trained to administer medicine safely. The manager assessed their skills to ensure they were competent.
- Staff clearly recorded when medicine was given to people. Administration recordings were also checked at regular intervals by family and the registered manager.
- There were clearly defined medication protocol for family and staff depending on the people's needs. This meant where a person had family participating with their medication administration there was a clear formal understanding about responsibilities to ensure there was no duplication and medication was administered safely.
- There was daily oversight of the electronic medication administration by the registered manager to ensure people had not missed their medication.

Preventing and controlling infection

- People were protected from the risk of infection. We were assured that the services' infection prevention and control policy was up to date.
- During the Covid-19 pandemic as far as possible, the same staff visited the same people to reduce risk.
- Staff had good access to all PPE and were testing for Covid-19 weekly, this provided a good degree of protection to people.
- As an additional precaution at the height of the pandemic the registered manager provided taxi's so that staff were not travelling together .

Learning lessons when things go wrong

- Lessons were learned from incidents to improve care. The registered manager was always looking for ways to improve care, and this was evident in people's feedback. Equally if the registered manager felt the care package was becoming unsafe or putting staff at risk, they were confident to discuss this with professionals before things escalated.
- Where an incident had occurred, lessons had been learnt and action was taken to mitigate further risks.

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 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

- Peoples needs were assessed and written in detail, prior to them starting using the service with relatives and /or professionals being involved in them. This ensured care plans captured people's likes and dislikes as well as their needs and any risks.
- Care plans included reference to national tools for assessing people risk factors regarding skin integrity, malnutrition and hydration, and reference to pain scale charts where appropriate. This allowed care to be delivered in line with standards and guidance.

Staff support: induction, training, skills and experience

- Staff spoke of having had good training from the beginning, even if they had previously worked in care, so they felt confident and competent in what they were doing training records supported these statements
- Social Workers told us, "The staff are well trained, and well supported in their roles, they think laterally and promote solutions to problems no one else has spotted."
- Staff told us that supervisions were regular and constructive, and records supported this.

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

- People were supported to eat and drink and maintain a balanced diet and relatives told us food preparation and delivery were always part of their care plans. Staff were able to cook meals which supported people's cultural diets.
- When there were concerns about people's nutrition or hydration these were built into the care plan and daily recordings kept.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies to provide consistent, effective and timely care. Relatives and professionals all described the staff as being proactive.
- One care professional said, "Throughout our engagement with Falcon Care they have demonstrated professionalism in different ways. They are very aware of professional boundaries, and even where they have taken on packages where people have changed service providers many times families have appreciated the way their care and support were organised. Their involvement has made a huge difference to the family's wellbeing."

Supporting people to live healthier lives, access healthcare services and support

•People were supported with all aspects of their health and well-being. Care plans included full information about people's medical history, conditions and ongoing medical needs.

•People and relatives told us staff supported them to gain access to services by attending appointments with them if required.

•Relatives told us staff were skilled and proactive in identifying people's changing needs and responding to them by seeking out the appropriate service. People, relatives and professionals all told us this attitude meant people could continue to live safely and happily in their own homes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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.

• The registered manager understood their responsibilities under the Act. Several people had a diagnosis of dementia and lacked capacity in some areas of their lives. They were supported by staff to make decisions about their day to day lives.

• Where appropriate those who had relatives or others who held Powers of Attorney, the registered manager ensured they were consulted in taking best interest decisions.

Is the service caring?

Our findings

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 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

- Staff told us the registered manager had set clear standards and expectations of providing a service fully respected equality and diversity. The service itself had a multicultural staff team and worked in a culturally diverse neighbourhood. Staff told us, "everyone is different, we work with that".
- One person told us staff, "always respect my culture and preserve my dignity" . Relatives told us people were treated kindly and respectfully.
- One staff member told us, "The registered manager displays moral, ethical behaviour towards people and us. So, we feel supported and valued." and spoke of many occasions where the registered manager had gone above and beyond to support them to support a person. This trust was reflected in their confidence and attitude at work.
- One staff member said, "I Love to spend my time with them, and look after people like I used to look after my mum."

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

• People were supported to express their views and were involved in decisions about care. A member of staff said, "to help the whole person you need to really listen to them. I listen, and then I can really understand how to help them."

• In cases when there more than one person living in the same house receiving care the Social Worker said, "the registered manager and staff had worked really well with the family and with the Social Workers to make positive changes had improve matters. They (the service) involved everyone and were able to make progress for the first time in nine years."

Respecting and promoting people's privacy, dignity and independence

- Peoples needs and requests for dignity, privacy and respect were carefully detailed in their care plans. These were seen to be very specific about how people wish to be addressed, bathed and toileted in the way they were comfortable with."
- People were positive about staff's approach, one relative told us staff had pro-actively taken on the responsibility (after training) to do their relatives blood pressure, which had provided significant reassurance and alleviated the need to visit a health professional.
- Another relative told us staff were, "positively persuasive" encouraging their relative to get out of bed and participate in family activities.

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 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 a personalised service to meet their specific needs, preferences and wishes. People and relatives, we spoke with told us they received care and support which was completely personalised and relative to them.

• One person said, "I feel no stress when they are in my home, - they know what to do and how to help me." They said staff knew them and how to work with them without having to be told." This opinion was reiterated in similar words by relatives and professionals spoken too.

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.

• Staff were mindful of people's communication needs and adapted their communication accordingly. Relatives told us staff took careful observations of body language which enabled dignified care to take place. Due to the many languages spoken in the neighbourhood the registered manager took care to ensure staff and people were appropriately matched.

•People's communication needs were clearly recorded in care plans and there was detailed information on how staff could effectively communicate. Records included details on people's preferred methods and how staff were able to reassure the person.

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 develop and maintain relationships to avoid social isolation. One person likes to have a shower before attending a religious ceremony, so calls were rearranged to accommodate this.
- Another person was visited by their religious group, and again flexibility ensured they can have that time appropriately prepared and comfortable.
- For one family, the carers attitude and support has enabled them to engage with wider family and access external facilities which have enabled them to stay in their own home.

Improving care quality in response to complaints or concerns

• People and their relatives told us they knew how to raise a concern or complaint about their care. The provider had a complaints policy and procedure in place, but it had yet to be tested as the registered manager reacted to comments or concerns pro-actively to address any issues quickly.

•Customer reviews and surveys were seen, and relatives all spoke about how useful these were and how suggestions were acted upon promptly.

End of life care and support

• The organisation has not yet had a package which had included end of life care, but most staff had experience and had been trained for such care delivery. The registered manager said that they would ensure that the person and their family were involved in an appropriate person specific plan as well, along with putting any additional training or support in from the hospice for instance.

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 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

- Everyone spoken to told us the registered manager continually ensured delivery of high-quality care with frequent oversight. An example being when a boiler breakdown meant hot water wasn't available for personal care they made an arrangement to use a leisure facility whilst the issue was addressed.
- The registered manager was open and honest in all dealings with everyone, not being afraid to admit if people's care needs become beyond the staff's ability. They reached out to commissioners to address concerns if either they did not feel they could meet people's escalating needs any longer or if they felt people or staff were at risk for any reason.
- People, relatives, staff and professionals were all very positive about the engagement the registered manager and team had with everyone, describing it as inclusive, comprehensive and supportive.
- There were many examples given where the registered manager had assisted and supported staff through difficult and challenging situations. This had a very positive impact on morale, which was also noted by relatives and professionals, who were impressed by the commitment shown by staff at all times, "going above and beyond."

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had systems in place to inform CQC of significant incidents and safeguarding concerns.
- A relative told us they had been contacted when there had been changes to in a person's care needs or when there had been an incident. Comments included, "The communication is really good."

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

- The registered manager ensured all staff were very clear about their roles, responsibilities and accountabilities. Staff told us they felt happy and well supported, they knew what and how they needed to deliver care, and through regular supervisions they were able to identify areas if they needed to improve.
- One relative told us communication was excellent as was observation of their relative, this resulted in a clear and meaningful dialogue between staff and managers which meant risks were quickly identified and mitigated against.
- Regulatory requirements were also known, understood and acted upon. Service delivery was of a

consistently high quality.

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

• People, staff, relatives, and professionals were all very positive about the engagement the registered manager and team had with everyone, describing it as inclusive, comprehensive and supportive.

Continuous learning and improving care

- Everyone working for the organisation described the access to training as, "really good."
- People spoke of the service, "going above and beyond" to constantly improve the care they offered and were able to offer.
- Staff had received relevant training in relation to their role and told us they were offered opportunities for further training.

Working in partnership with others

- Feedback from all professionals stated this service was constantly able to deliver tailored care which enhanced people's lives.
- Commissioners told us they regarded the service as being able to work well with other agencies to promote and maximise people's outcomes. They had achieved positive outcomes where this had not been thought possible.
- Relatives and staff all told us that they understood that the organisations aim was to encourage, motivate and support people to retain as much independence and stay in their own homes as long as possible, and people told us they really appreciated this.