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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?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Felicity Care on 19 February 2016. This was an announced inspection where we gave the provider 48 hours' notice because we needed to ensure someone would be available to speak with us.

Felicity Care is a domiciliary care service specialising in providing rehabilitation support to people in their own home. At the time of our inspection there were six people who received personal care from the agency.

We last inspected the service on 1 July 2014 and found that the safeguarding policy did not include details to report all allegations or incidents of abuse to the local safeguarding team or the Care Quality Commission. We also found that complaints made by relatives were not recorded by the service. At this inspection we found that the provider had now met these standards.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from abuse and avoidable harm. People told us they were happy with the support received from the service. The staff member we spoke to knew how to report alleged abuse and was able to describe the different types of abuse. Staff knew how to 'whistleblow'. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service to external organisations such as the CQC.

Risk assessments were recorded and plans were in place to minimise risks for most people.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role. Staff members were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs. One staff member had not received training on the Mental Capacity Act 2005 (MCA).

The staff we spoke with was not able to tell us the principles of the Mental Capacity Act 2005 (MCA) and how this was applied. The staff told us permission was always sought when providing support.

Staff received regular one to one supervisions. Staff told us they were supported by the registered manager.

People were supported to plan their support and they received a service that was based on their personal needs and wishes. People were involved in the planning of their care.

People told us they did their own weekly shopping and were able to buy their own ingredients.

There was a formal complaints procedure with response times. People were aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

Questionnaires were completed by people and their relatives about the service, which we saw were positive.

Spot checks were carried out to provide feedback to staff on areas that needed improving and this was communicated to staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risk assessments were in place to protect people against known risks for people.

People were protected by staff who understood how to identify abuse and who to report to.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

There were suitable arrangements for the management of medicines.

Is the service effective?

Good ●

The service was effective.

Most staff members were trained and had the skills and knowledge to meet people's needs.

One staff had not received training on the Mental Capacity Act 2005. Staff asked for consent before providing support and people confirmed this.

Staff received supervision and told us they were supported.

People's healthcare needs were being met.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between people and staff.

Staff had a good knowledge and understanding of people's background and preferences.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care.

Care plans included people's care and support needs and staff followed these plans to ensure the support provided was person-centred.

There was a complaint system in place. People knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

Spot checks were carried out on staff and the findings were communicated to staff members to highlight best practises and areas for improvement.

The service sought feedback from people and their relatives through surveys, which was positive.

Staff were supported to carry out their role.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 19 February 2016 and was announced. The inspection was undertaken by a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting people's safety and wellbeing.

During the inspection we spoke to the registered manager and looked at four care plans, which consisted of people receiving personal care in their own home. We reviewed three staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures. We also looked at other documents held at the service such as quality assurance audits and risk assessments and staff meeting minutes.

After the inspection we spoke with four people, two relatives and one staff member.

Is the service safe?

Our findings

People told us they were happy with the support they received from the service. One person told us when asked if they felt safe when receiving support from staff, "Absolutely totally safe they are very very good" and another person commented, "Oh yes."

The staff member we spoke to and the registered manager were aware of their responsibilities in relation to safeguarding people. The staff member was able to explain what abuse is and who to report abuse to. The staff member also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority. Staff had undertaken training in understanding and preventing abuse and up to date training certificates were in staff files.

During our last inspection 1 July 2014, we found that the provider's safeguarding procedure did not include details of relevant agencies to report safeguarding allegations. During this inspection, we looked at the provider's safeguarding procedure and noted the information did not include the contact details of the agency needed to report all allegations or incidents of abuse to the local safeguarding team or the Care Quality Commission. We fed this back to the registered manager and after the inspection the registered manager sent us evidence to show relevant contact details had been included.

People told us that staff were reliable and had no concerns on staff punctuality and the support they received was what they expected. They told us that on the occasions that staff were late then the service would notify them in advance. One person commented, "If they are likely to be late they will call and let me know." The registered manager told us that they had introduced a system for staff to alert them if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. All of the people we spoke with felt that they had consistency with the staff that provided the care and support. The staffing rota confirmed that staff were always available to deliver personal care in people's home and if the staff member was off from duty then there was appropriate cover.

People told us that there were enough staff to provide them with the support they needed in a safe way. The registered manager told us that they had a system that made sure there was enough staff to meet people's individual needs safely. Three staff members delivered personal care with the support of the registered manager. The registered manager said that on occasions such as staff sickness or holidays they had access to agency staff or another member of staff would be called to provide cover. One person told us, "The owner will step in if there's a shortage of carers." This meant that people did not go without the care and support they needed. A staff member told us, "We have enough staff."

Assessments were undertaken with people to identify any risks and provided clear information and guidance for staff to keep people safe. There were general assessments for everyone in relation to mobility, transfers, self-care, health and safety and security. There were assessments specific to individuals needs such as moving and handling and falls/slips. The risk assessments detailed how staff should manage these situations to ensure the safety of the person. Assessments were current. Assessments involved people and

were signed by the people to ensure they agreed with the contents on the risk assessment. Staff told us the approaches they used in these circumstances which corresponded with the information seen in the risk assessments.

Skin integrity was assessed using Waterlow charts to determine risk levels.

Records showed the service collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members did not commence employment until pre-employment checks had been completed. This corresponded with the start date recorded on the staff files. This minimised the risk of inappropriate staff being employed by the agency.

Staff received appropriate training in medicines. The staff member we spoke with confirmed that they were confident with managing medicines. Two people self-administered but were supported by staff to manage and take their medicines on time, while others took them without staff support. People confirmed that they self-administered medicines. Medicines and recording sheets showed people were given the required medicine at the times prescribed. A staff member told us, "I have no concerns with medicines."

Is the service effective?

Our findings

People felt that staff had the skills and knowledge to meet their needs effectively. One relative said, "They [staff] are very good." One person told us, "They all pick up quickly what to do. Very safe" and another person told us, "They're all good and all do the job properly."

Records showed that most staff had undertaken mandatory training and had received training in the Care Certificate before providing personal care, which is a set of standards that social care and health workers adhere to in their daily working life. Training included equality and diversity, person centred care, duty of care, nutrition and privacy and dignity. Staff told us that they had easy access to training and had received regular training. One staff member told us, "We get regular training."

Staff confirmed that they received supervision and support from management and records confirmed this. A staff member told us, "[the manager] is very very supportive. She responds straight away if I need something." Individual one-to-one supervisions were provided recently, which addressed current issues, training needs and follow up actions. The registered manager told us that appraisals had not been carried out as staff had been in employment for under a year and records confirmed this.

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.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and understood the principles of the act. The registered manager told us people had full capacity and we saw evidence that people's mental capacity was assessed to ascertain if people had capacity to make a specific decision. The registered manager should note the staff member we spoke with was not able to tell us the principles of the MCA and how the principles could be applied to ascertain if people had capacity. The staff member told us that they had not received MCA awareness training to help them understand their responsibilities in relation to this protective legislation and the need to protect the rights of people who may lack capacity. Records confirmed the staff member we spoke with had not received training in MCA. The remaining two staff members received training on MCA. The staff member gave examples of how they asked people's consent before entering their homes or providing support. People confirmed that staff asked for consent before proceeding with care or treatment. One relative told us, "They [staff] are constantly checking what they are about to do." The staff member told us, "You cannot do things without their [people] consent."

The registered manager and people using the service told us that people did their own food shopping and made their own food. Records showed one person received support with meals as part of their care package from the service and this was listed on the person's care records. The registered manager told us the person required limited support with meals and the person had no concerns with the support that was provided and confirmed they did their own food shopping. The registered manager told us that they encouraged

healthy eating and the staff we spoke with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis.

People and relatives told us that their healthcare needs were being met. One person told us, "So far I haven't had any concerns." People's care plans listed details of health professionals such as GPs and also included their current health condition. The staff we spoke with told us people had access to healthcare professionals particularly if they were unwell. The staff member gave us examples of where they were able to identify if the person was not well commenting, "You look at their body language, facial expression and response." One person told us, "They [staff] notice if I am not well." The registered manager told us that people required limited support with health appointments and people confirmed this. However, support was provided when needed, one person told us, "I was in hospital. They went to the meetings as I knew they had my best interests at heart." There was a template for visiting health and social professionals held at people's home for professionals to leave important information about people's health for the agency.

Is the service caring?

Our findings

The people and relatives that we spoke with were happy with the staff and spoke positively about their relationship with them. They told us that staff were caring and kind and treated people with respect. One person told us, "They are very caring." A relative told us, "They are very warm and very caring." The staff member we talked with spoke fondly of the people and told us they build positive relationship with people by spending time and talking to them regularly. The staff member told us, "I enjoy working with the residents [people]."

People's own wishes about how they wanted to receive their care were recorded in their care plans. We found the service delivery plans completed by the service contained information about the needs of people and duties required. This enabled staff to support people in a meaningful way that recognised their individuality and preferences.

The staff member we spoke with demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. The staff member was able to tell us the background of the people and the support they required. The staff member told us that they received information on the needs of people using the service and were given time to read people's assessments, service delivery plans and risk assessments. This helped staff to gain an understanding of the needs of people using the service and how best to support them. People spoken with told us that the staff understood how to meet their needs and provided a personalised service that promoted their dignity, privacy and independence. The staff member we spoke with told us they always encouraged people to do as much as they could to promote independence commenting, "We let them [people] try and do things themselves."

We asked the staff we spoke with how they promoted dignity and privacy when providing care to people using the service. The staff member told us that they had received training on privacy and dignity as part of their training which had helped them to understand how to provide person centred care and maintain confidentiality. The staff member understood that personal information about people should not be shared with others and told us that when providing particular support or treatment in people's home, it was not done in front of people that would negatively impact on people's dignity. One person told us, "Absolutely yes. They give me dignity when I'm using the commode. They made an intolerable situation much easier for me."

The service had an equality and diversity policy and staff members were trained on equality and diversity. The staff member we spoke with told us that they treated people equally; people and relatives confirmed this and had no concerns about staff approach. Cultural and religious beliefs were discussed with people. Their preferences were recorded in care plans.

People told us that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained clearly before going ahead and carrying out any care tasks. One person told us, "They are pleasant and communicate in a pleasant manner." Peoples hearing and speech ability were recorded on care plans that ensured how people communicated.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided by Felicity Care to be responsive to their needs. People confirmed the service was responsive and that staff were attentive to their needs. One person told us, "Very attentive always [staff]." A relative told us, "We are very happy, all of them have been really friendly and helpful."

At our previous inspection on 1 July 2015 we found that complaints were not recorded following concerns that were raised by people's relatives on staff punctuality. During this inspection we checked the complaints records that showed no complaints were made by people or their family members since the last inspection. When we spoke to people and their relative they told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. One person told us, "I'm very happy. I was a bit nervous about leaving hospital but with this particular company I'm very lucky" and a relative commented, "It's been very good." When we spoke to the staff member on how they would manage complaints, they told us that they would record the complaint and inform the registered manager and deal with the complaint as much as possible, which corresponded with the complaints policy.

All care plans had a personal profile outlining health conditions, mental capacity, accommodation type, identity, religion, and mobility. There was a 'About me' and 'What is working well' section for people providing information on people's background and upbringing listing significant events that were important to them. This helped staff to understand people's preferences and interests to help develop positive relationships and provide personalised care. There was a weekly log, which consisted of daily activities and support needs for each person. These weekly logs provided staff with information so they could respond to people positively and in accordance with their needs.

People's care plans were personalised and person centred to people's needs and preferences. For example, one relative told us that if their family member was not available to receive personalised care then the agency would reschedule to the persons preferred time. Staff told us they get time to provide person centred care. The staff member we spoke with commented, "I always have time." We found that people had input into the care plans and had choice in the care and support they received. Care plans were signed by people to ensure they agreed with the information in their care plan. One person told us, "There was an initial discussion about what might be done for me. It's all worked out well I'm not concerned." A relative told us, "They do involve us."

People were assessed before being offered a service in order to ensure the service could cater for their needs. Admission sheets confirmed people were assessed and reviewed in important aspects such as their background history, medication history and past and present situation. People were given a comprehensive welcome pack by the agency, which included important information about the support provided by the agency, how to make complaints and the background of staff members.

There was a daily log sheet, which recorded key information about people's daily routines such as behaviours and the support provided by staff. The staff member we spoke with told us that the information

was used to communicate between shifts on the care people received during each shift.

Is the service well-led?

Our findings

We asked people and their relatives if they found the service provided by Felicity Care to be well-led. People spoken with confirmed they were happy with the way the service was managed. One person told us, "They are very gentle and concerned for me." A relative told us, "They are very good."

Felicity Care had a registered manager in place that had been in post since November 2011. The registered manager was present during the inspection and engaged positively in the inspection process and the information requested was readily available.

The registered manager told us spot checks were carried out, which included observing staff when they were caring for people to check that they were providing a good quality service and the results were communicated to staff. Records and staff confirmed this. Spot checks were carried out as part of the Care Certificate training that staff were working towards and highlighted areas of improvements and best practise to ensure staff delivered high quality care.

The service had a quality monitoring system which included questionnaires for people who received personal care from the service. We saw the results of the recent questionnaires, which included questions around staffing, decision making and punctuality. The overall feedback was positive. Comments by people from the survey included, 'The agency employs the most warm hearted and dedicated carers, who love all their work and their charges, I feel so lucky for them looking after me'. A relative comment on the survey included, 'Thank you very much for all the care, you and your team provided. When our mother arrived at the care home, they could not believe she had lived independently so long. She could not have done so without you'.

The staff member we spoke with was positive about the registered manager commenting, "She [registered manager] is lovely, very very good." The staff member told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. The staff member was committed to providing a good quality service and was aware of the aims of the service. They could speak with the registered manager when they needed to and felt that their comments were listened to.

People and relatives were also positive about the registered manager. People knew the registered manager and felt able to contact the registered manager directly, should they need to. A relative told us, "She is very good, very knowledgeable in her field."

Staff meetings minutes showed staff discussed training needs, safeguarding and about the people the agency supported to ensure issues or concerns were addressed as a team and relevant action was taken if required.