

# Favor Care Agency Favor Care Agency

#### **Inspection report**

66-68 Walter Nash Road Kidderminster Worcestershire DY11 7BY Date of inspection visit: 09 May 2017

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#### Ratings

#### Overall rating for this service

Is the service safe?	Good $lacksquare$
Is the service effective?	Good •
Is the service caring?	Good •
Is the service responsive?	Good $lacksquare$
Is the service well-led?	Good •

#### Summary of findings

#### **Overall summary**

We undertook an announced inspection on 9 May 2017. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including learning disabilities, who live in their own homes. At the time of our inspection six people received support with personal care.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

We inspected the service in July 2016. We found improvement was needed to ensure people's needs were assessed and risks recognised to ensure staff had clear guidance to follow. We found at this inspection that people had their risks assessed and staff were aware of how to keep people safe. We also found the service was not consistently well-led. The registered manager did not have an effective system to consistently monitor the quality and safety of the care provided. At this inspection we found the registered manager had improved systems to monitor the quality of care provided

People we spoke with said they had support from staff who knew them well. Staff we spoke with recognised the different types of abuse. There were systems in place to guide them in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were supported to receive their medicines when needed by trained staff who knew the risks associated with them.

Staff had up to date knowledge and training to support people with their care needs. People were supported to eat and drink well when identified as part of their support needs. People we spoke with told us they were supported to make their own decisions and felt listened to by staff. Staff always ensured people gave their consent to the support they received. People told us staff would support them to access health professionals when they need to. Relatives said there was good communication between themselves, staff and healthcare professionals.

People and their relatives said staff and the registered manager were caring and kind. People said they were treated with dignity and respect, and encouraged to be as independent as possible. People said they were involved in making choices about how they were supported. Relatives told us they were involved as part of the team to support their family member. The registered manager was adaptable to changes in people's care needs and communicated those changes to staff.

People and their relatives knew how to raise complaints and the registered manager had arrangements in place to ensure people were listened to and appropriate action taken. People and staff said the management team were accessible and supportive to them.

The registered manager monitored the quality of the service by completing regular spot checks and talking to people and their relatives. The registered manager ensured there was a culture of openness for people using the service and 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.	
People benefitted from regular staff who knew their needs and managed their identified risks in a safe way. People were supported with their medicines to ensure they had them as prescribed.	
Is the service effective?	Good ●
The service was effective.	
People were supported by staff who knew how to meet their needs. People received support from staff that respected people's rights to make their own decisions where possible. People were supported to access health care when they needed to.	
Is the service caring?	Good 🔍
The service was caring.	
People were supported by compassionate and caring staff who listened to their preferences. Staff respected people's dignity and supported people to achieve as much independence as possible.	
Is the service responsive?	Good 🔍
The service was responsive.	
People were listened to by staff who adapted their support to meet their needs. People benefitted from regular reviews of their care. People and their relatives were confident that any concerns they raised would be responded to appropriately.	
Is the service well-led?	Good 🔍
The service was well led.	
Arrangements were in place to check people received quality care. People who used the service and relatives said the manager and staff were approachable and open. Staff felt well supported.	



## Favor Care Agency 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.

This was an announced inspection which took place on 9 May 2017 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We spoke with three people and three relatives. We spoke with five staff and the registered manager. We also spoke with a social worker that had supported people using this service.

We looked at the care records for four people which included medication records. We looked at one staff recruitment file, meeting minutes, satisfaction survey results and other records relevant to the quality monitoring of the service.

### Our findings

People we spoke with said they felt safe. One person said about staff, "I always feel safe with them." Another person told us, "I would be in a bad place without them." Relatives we spoke with said staff supported people in a safe way. One relative told us, "I am confident [staff] keep [family member] safe with their support." Another relative said, "The [staff] are good." People explained they were supported by staff who knew them well and who they felt safe with.

The registered manager explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. One member of staff explained how they had reported concerns to the registered manager and they had taken appropriate action.

People told us staff arrived when they were meant to and always let them know if there were any delays. Two relatives told us staff were sometimes delayed, but they were usually informed. Staff and the registered manager said they had enough staff to meet the needs of people using the service. Staff told us they had regular calls and they provided continuity of care. They knew how important it was for people using the service that they knew the staff visiting their home. One member of staff said, "We need to know them well." The registered manager explained she was in the process of recruiting more staff to ensure people were supported safely.

People told us staff had discussed their care needs with them. This included identified risks to their safety and welfare, for example support with their mobility, and administering medicines. Staff gave examples of how they managed risks to people whilst promoting their independence as much as possible. For example, one member of staff explained how they supported one person to have their shower and remain as independent as possible. Staff we spoke with said they read people's daily notes so they were aware of what support the person needed. One member of staff explained how the registered manager always talked with them if there were any changes in how people's risks were managed.

We saw records of checks completed by the registered manager to ensure staff were suitable to support people before they started work at the service. Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

People who were supported with their medicines said they had their medicines as prescribed. One person told us, "I always have my tablets when I need them; they [staff] never let me down." Staff said they had received training and had their competencies in how to administer medicines checked. Staff told us they

were aware of any changes in the medicines either through the family member or the registered manager. Staff we spoke with said they felt confident when administering medicines to people. We spoke with the registered manager and she explained that she was working with staff to improve their completion of medicine records. This was to ensure people had their medicines as prescribed; she was also adapting her audit system to ensure errors were picked up in a timely way.

### Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They know how to help me." Relative we spoke with were confident staff had the training they needed to support their family member effectively. One relative said, "Staff are suitably trained and competent."

Staff told us that they had received an induction before working independently with people. This included training, as well as shadowing with experienced staff. Staff said they were well supported by the registered manager and were confident to discuss any concerns with her. They were encouraged to complete training to improve their skills on a regular basis. One member of staff explained how their recent training had improved their understanding of the Mental Capacity Act 2005 (MCA). They felt this additional knowledge would improve their practice and support people more effectively.

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

People told us staff always asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and they explained how they would report this when they needed to. They explained they always ensured people were in agreement with any support they provided. Staff told us all the people they supported had capacity to make their own decisions.

The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. At the time of the inspection the registered manager told us people had capacity to make their own decisions. However she would continue to keep this under review to ensure compliance with the act.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager was aware of this legislation and was happy to seek advice when required. At the time of the inspection no one had their liberty restricted.

People who had help with shopping, cooking and meal preparation told us they were offered choice and encouraged to maintain a healthy diet. One person said, "I choose what I like to eat and we work together." Staff told us they knew people well and knew their likes and dislikes. Staff knew what level of support each person needed.

People told us they received support with their all aspects of their health and well-being when they needed it. One person said about staff, "They come with me to see my doctor; it helps me to understand what the doctor says." Staff had involved other health and social care professionals as they were needed in response

to the person's needs. For example, one person told us they were supported with their dental needs. We spoke with a social worker who worked with the service to support one person living in the community. They told us staff fed back any concerns and attended regular multidisciplinary meetings to ensure this person was supported effectively.

### Our findings

People and relatives were very positive about the staff and the registered manager. One person said about the staff, "They are all lovely, I like them." Another person told us, "I have a brilliant relationship with [staff member] we work as a brilliant team. I would be lost without them" Relatives we spoke with said the staff were caring and kind. One relative told us about staff, "They treat [family member] with kindness and dignity."

We spoke with a social worker who regularly supported one person who used this service. They explained that the registered manager ensured regular staff supported this person and they had observed a good rapport between staff and this person.

People told us they received support from regular staff who knew them well. This reassured people that staff knew their needs and were familiar to them. The registered manager told us they checked to see if the people receiving the service were happy with the support from staff. They said they always ensure staff knew the person they were supporting. For example, one relative explained how new staff shadowed an experienced member of staff which introduced them to their family member. The registered manager explained people needed to build relationships with staff to ensure their well-being. All the relatives we spoke with said staff stayed as long as they should do and took the time they needed to support their family member. Staff told us they had the time to provide the support people needed.

People and their relatives said staff respected people's dignity. One person told us, "One relative said staff always treated their family member as a person, and adapted their communication to ensure their family member understood them. One member of staff explained how they used different methods of communication to ensure people understood them. For example the registered manager told us staff used an electronic devise with one person to support their communication. They went onto say how they had involved professionals when needed to improve their communication and ensure people made their own decisions where possible. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible. One member of staff said, "Each person I support is the most important whilst I am there."

People said staff supported them to be as independent as possible. One person told us, "We do lots of things together to keep my life on track." One relative explained how staff always talked to their family member and encouraged them to make their own choices. Relatives said they were involved with their family members support and they felt listened to. Another relative explained how one member of staff had taken time to get to know their family member. They said it took time to build the trust but all of the small team supporting their family member were patient and respectful, and always treated their family member as an individual.

#### Is the service responsive?

### Our findings

We inspected the service in July 2016. We found improvement was needed to ensure people's needs were assessed and risks recognised to ensure staff had clear guidance to follow. We found at this inspection that people had their risks assessed and staff were aware of how to keep people safe.

People we spoke with told us about how their individual needs were met. One person explained how they were supported to manage their daily life with support from staff. They said they felt more in control of their life and this supported their wellbeing. Another person told us, "If I need something done, I only have to say, we do what I choose on the day." A further person said, "They do everything I need, I am very happy with everything." People we spoke with told us staff involved them with decisions about how they were supported. Relatives said staff kept them involved and one relative told us they felt, "Included as part of the team", to support their family member.

One relative explained how the support for their family member was flexible; they could change arrangements when they needed to. They said this had ensured their family member had the support they needed. Relatives we spoke with explained how they were reassured extra support was available if their family member needed it. For example, one relative explained how they had requested an extra visit when they needed additional support and the registered manager had provided the support needed.

We spoke with a social worker who was regularly involved with people receiving a service. They said staff were knowledgeable about meeting people's needs and listened to people.

Staff knew about each person's needs, they said they were given all the information they needed ensure people had their needs met. They could describe what support people needed and people's likes and dislikes. We saw records were not always fully up to date. We spoke with the registered manager and she agreed to fully update care plans over the next three months to ensure staff had them as a guide. However all staff always shadowed an existing member of staff or had a full handover before they supported people to ensure they knew how to meet people's needs. The registered manager regularly supported people in the community and was able to describe their routines, to pass information onto new staff. People we spoke with confirmed their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person.

People told us their support was regularly reviewed and where changes were needed they were implemented. People we spoke with said they felt able to say if anything around the support they received needed changing or could be improved. One relative told us about when their family member did not get on with one member of staff the registered manager had listened and they no longer had support from that staff member. Staff told us information was communicated to them when there were any changes to people's needs.

All the people we spoke with said they felt comfortable to raise any concerns. One person said, "I can speak to staff, or the registered manager they are all easy to speak to." Relatives said they were confident to speak

to the registered manager if they had any concerns.

We saw the registered manager investigated any concerns raised and actioned them appropriately. There was one complaint received since our last inspection. We saw this complaint had been investigated and appropriate action taken in a timely way. There were arrangements in place for recording complaints and any actions taken. Staff told us the learning from this complaint was shared with them by the registered manager.

#### Is the service well-led?

### Our findings

At our last inspection in July 2016 we found the service was not consistently well-led. The registered manager did not have an effective system to consistently monitor the quality and safety of the care provided. At this inspection we found the registered manager had improved systems to monitor the quality of care provided.

We found the registered manager had not sent any notifications of significant incidents to the care quality commission when they needed to. On two occasions the registered manager had not kept us up to date with incidents relating to keeping people safe and a death of a person to ensure effective monitoring and meet their registration requirements. They had taken other actions that were appropriate such as notifying the local authority as needed. The registered manager assured us that these would be sent in a timely was from now on.

People who used the service and their relatives said they were supported by the registered manager. They said they felt they could speak with her and she would take any appropriate action. One person said, "I know [registered manager] well, I can always speak to her." One relative told us, "[The registered manager] is approachable."

The registered manager knew all of the people who used the service and their relatives. They were able to tell us about each individual and what their needs were. They regularly supported people with their care needs. The registered manager said this helped them ensure that people received quality, safe support with their health and wellbeing. They told us it was important that the service supported each person as an individual. The registered manager explained they ensured staff established a good relationship with people by keeping to very small teams of staff. The registered manager said the service was small and personal ensuring staff knew people's needs really well.

People said they were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. We saw the results of these questionnaires for May 2016 were positive. The registered manager reviewed the questionnaires to ensure action would be taken if needed. We saw all the questionnaires for May 2016 were positive and no action was required.

Staff told us they always reported accidents and incidents. We saw that there was documentation available for staff to complete. However there had been no recent accidents and incidents for us to review. The registered manager assured us that action was taken when incidents happened to ensure they were kept under constant review.

Staff said they were supported by the registered manager. Staff told us they spoke regularly with the manager and could raise any suggestions or ideas. For example, one member of staff explained how the registered manager had listened to them about their ideas to improve how one person was supported. Staff told us how any compliments were always passed on so they felt valued and appreciated. Another member of staff said, "We are a small team and work well together." Two member of staff said they would benefit

from regular team meetings. We discussed this with the registered manager and she told us she would start them on a regular basis to share best practice ideas and to ensure care plans were kept updated.