Family Care Agency Ltd

Family Care Agency

Inspection report

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11 March 2019
14 March 2019
15 March 2019

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16 April 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

About the service:
Family Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection 26 people were using the service. Everyone using Family Care Agency received personal care.

People's experience of using this service:
• People told us they felt safe receiving support from Family Care Agency and that staff were kind, respectful and caring.

• Not all risk assessments had the required details to ensure all staff knew how to keep a person and themselves safe.

• The provider did not always follow effective recruitment procedures.

• There were gaps in the registered manager's knowledge of regulatory requirements.

• Audits were not always effective.

• People told us they had regular carers who arrived on time, however when carers changed, people or their relatives were not told who would be arriving and they would often be late.

• Staff received training appropriate to their role.

• There were safeguarding and whistleblowing policies and procedures in place.

• People were being supported daily to make choices and decisions about their care and support.

• The manager was proactive in liaising with health and social care professionals in ensuring people had access to the healthcare they needed.

• People were supported to be as independent as possible.

• People's individual and diverse needs had been identified before moving to the service and plans of care had been developed.

• Staff responded to changes in people's needs.

• People, relatives and staff told us they had regular contact with the manager and that they were approachable and friendly.

• The service works with professionals from other agencies such as district nurses, physiotherapists, GP's and occupational therapists.

Rating at last inspection:
GOOD (report published 7 September 2016)

Why we inspected:
This was a planned inspection.

Follow up:
Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Requires Improvement.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

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?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Family Care Agency

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
Family Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes. Everyone using Family Care Agency received the regulated activity; 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 26 people were receiving personal care.

The service did not have a manager registered with the Care Quality Commission, but did have a manager that was going through the registration process. We will refer to this person as the manager within this report. Registered managers 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 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
Inspection site visit activity started on 11 March 2019 and ended on 15 March 2019. We visited the office location on 11 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We also visited people in their own homes. We made calls to people, their relatives and staff on 14 and 15 March 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.
During our inspection we spoke with eight members of staff including the manager, seven people using the service, and four relatives.

We reviewed a range of records. This included five people's care records, three staff files around staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Requires Improvement

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management:
- Some risks to people had been assessed but were generic and not person specific, there were no appropriate actions to reduce the risks that had been identified. This meant people and staff could be at risk of harm.
- Risk assessments regarding behaviour that could harm others had not been assessed. Information for staff to understand the signs of anxiety were not documented. Staff told us what they would look out for and how they would support the person. The manager agreed to complete these straight away.
- Staff had been trained in the use of specific equipment people required.

Staffing and recruitment:
- The provider did not always follow safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed, however, some staff files did not have appropriate references recorded. The manager agreed to rectify this immediately.
- People told us they had regular carers who arrived on time, however when carers changed, people or their relatives were not told who would be arriving and they would often be late.
- People felt there were enough staff to meet their needs. Where required people had two carers attending calls.
- All staff had completed training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely:
- Whilst people told us they received their medicines as required, medicine administration records (MAR) had not always been signed to demonstrate the medicines had been given.
- The manager completed audits on the MAR, however these were not always effective in identifying gaps.
- One person told us, "They [staff] are good at giving me my medication." Another person said, "I have no concerns about my medication, staff always give it to me."
- People's independence to manage their own medicines was encouraged if safe to do so. Any changes were made with people's full consent.

Systems and processes to safeguard people from the risk of abuse:
- People felt safe receiving support from Family Care Agency. One person told us, "I feel safe with staff, they are kind." Another explained, "I feel perfectly safe. I would tell staff if I didn't and I am confident they would help me."

● Staff had received training on the safeguarding of people and knew what to do should they feel someone was at risk of harm.
● The provider had safeguarding and whistleblowing policies and procedures in place.

Preventing and controlling infection:
●Staff told us they are provided with PPE (personal protective equipment) such as uniforms, aprons, gloves, shoe covers and hand sanitiser.
● All staff had completed training on infection control and were aware of good practices such as hand washing techniques and use of PPE.

Learning lessons when things go wrong:
● The staff team were encouraged to report incidents and accidents that happened at the service and the management team ensured lessons were learned and improvements were made when things went wrong.

Good

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

Good: 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:
- People told us that staff were good and knew what to do. One person said, "Staff understand what I need and do it well."
- People were being supported daily to make choices and decisions about their care and support.
- Care plans and risk assessment were signed by the person or the persons nominated individual.
- People's needs and abilities had been assessed in a pre-assessment plan.

Staff support: induction, training, skills and experience:
- People told us that the staff were, "Absolutely wonderful," and "very well qualified." A relative said "I can't praise them enough."
- Staff told us their training was, "Good," and "appropriate for the role."
- Staff completed an induction before starting any lone working, this included training and shadowing other staff.
- Both staff and the manager told us that anyone can ask for more training and the provider will support them to access it.
- Staff are able to become 'champions' in a specific area, for example mental health. The champions have additional training and support newer staff to support people with that need.

Supporting people to eat and drink enough to maintain a balanced diet:
- Where required staff recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.
- A relative told us, "Staff always check if [person's name] has eaten and gives them a snack if required."
- Staff were aware of people's dietary needs and preferences such as vegetarian or cultural requirements and the support people needed.

Staff working with other agencies to provide consistent, effective, timely care:
- Staff communicated well with other staff. Staff told us the methods they used to communicate included the online care system, team meetings and via phone calls.
- A relative told us, "They (staff) understand [person's name] needs, they always give good quality care." Another relative told us, "The staff support [person's name] with family relationships, this helps us all."

Supporting people to live healthier lives, access healthcare services and support:
- When people needed referring to other health care professionals such as GP's, occupational therapists or

district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.

● The manager was proactive in liaising with health and social care professionals in ensuring people had access to the healthcare they needed, and in providing advice and guidance to relatives. This helped to support people to maintain their health and well-being.

● We saw details of healthcare involvement and advice documented in peoples care files. This supported staff to understand any changes of need or equipment.

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

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

● We checked whether the service was working within the principles of the MCA.

● We saw evidence of mental capacity assessments being carried out, however these were generic and not always decision specific. The manager sent through an updated form after the inspection.

● Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

Good

Is the service caring?

Our findings

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

Good: 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:
- People told us the staff team were kind and caring and they looked after them well. One person said, "Staff are respectful, and try their best."
- Protected characteristics under the Equality Act had been considered. For example, people's cultural and religious needs and lifestyle choices had been discussed and included in people's care plans. This helped to ensure people were protected from discrimination.
- The staff team had the information they needed to provide individualised care and support because they had access to people's plans of care. These included details about people's history, their personal preferences and their likes and dislikes.
- People were given a 'service user' guide with important information regarding the service, this was developed using easy read and pictorial images to support people who required it in an accessible format.

Supporting people to express their views and be involved in making decisions about their care:
- People were supported to be as independent as possible. Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views.
- One person told us, "Staff always ask me before doing anything personal." Another person said, "I tell them and they do it."
- The provider had details of advocate services which people could access to ensure someone could support them and ensure their views were listened to.
- People who were able to, signed their care plans and actively participated in completing the information.

Respecting and promoting people's privacy, dignity and independence:
- People were supported to do as much as possible for themselves. Care plans included people's abilities.
- Staff understood the impact of people's health and well-being on their ability to maintain or develop their independence. For example, one person's mental health had recently changed through an improvement in their overall health. Their care plan had been updated to reflect this and ensure staff only provided support where needed.
- People told us staff supported them in a dignified manner, one person said, "Staff have a very dignified way of working with me." Another person said, "I always have a laugh with staff, that's very important."
- A relative told us, "They always help [person's name], if they need support or just reminding."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● Most care plans included people's life histories, significant events and people and relationships that were important to them. This information, together with people's desired outcome for their care, preferences and wishes, supported staff to provide care that was personalised.
● People had 'support agreements' within their care files which detailed the times of calls and how staff should support and communicate with the person.
● People's individual and diverse needs had been identified before moving to the service and plans of care had been developed. Those seen were comprehensive and included personalised information in them.
● The manager understood their responsibility to comply with the Accessible Information Standard (AIS). The AIS makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand the information they are given. The service had designed forms in an accessible format.

Improving care quality in response to complaints or concerns:
● People and relatives knew how to raise concerns and complaints and had confidence these would be dealt with in a professional manner. One person told us, "I had an issue, I told the manager and they sorted it out." A relative said, "I know who I need to talk to if I have a complaint, I know they would deal with it."
● The provider had procedures on how to deal with complaints in the event of one being raised. We saw evidence of complaints being completed within the providers specified timeframes.

End of life care and support:
●There was no one requiring end of life care at the time of our visit. The manager explained if a person required end of life care, this would be assessed, a plan of care implemented, and the required care and support provided.

Requires Improvement

Is the service well-led?

Our findings

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

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

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

- The manager did not fully understand their role regarding sharing information with CQC, they had made some notifications about the service however there were gaps in the manager's knowledge of regulatory requirements. The manager agreed to read the guidance to ensure they were fulfilling their regulatory responsibility.
- Although the manager completed regular audits these were not always effective. For example, MAR charts that had been audited still had gaps that had not been identified, and paperwork that had been audited had conflicting information written. There were no actions plans at the time of inspection to rectify these issues.
- Staff understood their roles and responsibilities, however people told us staff often didn't wear uniforms, this caused some people to become anxious. The manager was aware of this however it remained a concern for people and relatives.
- Staff spoke highly of the leadership and management of the service. One staff member told us, "[Name of manager] goes the extra mile for people and staff." Another staff member said, "[Name of manager] will always help staff out, they work directly with people as well as in the office, I know when I'm asked to do something that they would be willing to do it too."
- The manager was aware of their responsibility to display their rating when this report was published.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The staff team knew people's individual needs and ensured good outcomes for people.
- The manager was open and honest when things went wrong and lessons were learned to ensure people were provided with good quality care.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider was working in accordance with this regulation within their practice.

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

- The registered manager regularly engaged with people, relatives and staff to gain their views on the service.
- The service asked people for feedback on their care via questionnaires and surveys.

● People, relatives and staff told us they had regular contact with the manager and that they were approachable and friendly.
● Staff told us they had regular meetings with the manager, and could discuss anything within these meetings.

Continuous learning and improving care:
● The manager attended provider forums and completed training with the community health team.

Working in partnership with others:
● The service works with professionals from other agencies such as district nurses, physiotherapists, GP's, and occupational therapists to ensure people received care that met their needs.