

Care Management Options Consultancy Ltd

Face2Face

Inspection report

Unit 17
The Steadings Business Centre, Maisemore
Gloucester
Gloucestershire
GL2 8EY

Tel: 01452520011

Date of inspection visit:
09 November 2016
11 November 2016

Date of publication:
19 December 2016

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on the 9 and 11 November 2016 and was announced.

Face2Face is a supported living and domiciliary care service that supports people with learning difficulties and mental health needs. At the time of our inspection there were 29 people being supported by the service.

Face2Face had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not always being applied. We have made a recommendation about staff recruitment. Medicines were generally managed safely.

We received positive feedback from health and social care professionals, such as "they have a good track record of working with our more able individuals who may have additional mental health needs".

Sufficient staffing levels were maintained and staff were supported through training and supervision to maintain their skills and knowledge to care for people living with dementia. Risks to people's safety were identified, assessed and appropriate action taken. People had positive relationships with the staff team.

People were treated with kindness, their privacy and dignity was respected and they were supported to develop their independence and keep in contact with relatives. People were involved in the planning and review of their care and were supported to engage in suitable activities of their choice. People had positive relationships with the staff.

Staff received support to develop knowledge and skills for their role. The management team was accessible to people using the service and staff. Staff spoke positively about their work with people. Systems were in place to check the quality of the service provided.

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 as safe as it could be.

People were not always protected by robust staff recruitment practices.

People were safeguarded from the risk of abuse and from risks associated with receiving care and support.

People were supported by sufficient numbers of staff.

People's medicines were generally managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's rights were protected by the correct use of the Mental Capacity Act (2005).

People's health needs were supported through access to and liaison with healthcare professionals.

Is the service caring?

Good 

The service was caring.

People were treated with respect and kindness.

People's independence was understood, promoted and respected by staff.

People's privacy and dignity was respected.

Is the service responsive?

Good 

The service was responsive.

People received individualised care and support.

There were arrangements in place to respond to concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

The management team were accessible and open to communication with people using the service, their representatives and staff.

The service set out and followed its aims and values for providing care and support to people.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and support provided

Face2Face

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 inspection took place on 9 and 11 November 2016 and was announced. We gave the service notice of the inspection because it is small and the management team are often out of the office supporting staff. We needed to be sure that they would be in. The inspection was carried out by one inspector. We spoke with four people using the service, the registered manager, the operations manager and the service manager and four support staff. Following the inspection we spoke on the telephone to two relatives of people using the service, one health care professional and received comments via e mail from two social care professionals. We reviewed records for four people using the service and checked records relating to staff recruitment, support and training and the management of the service.

Before the inspection the provider completed a provider information return (PIR) in January 2016. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always being applied. We examined four staff recruitment files. Three of these staff had previously been employed in providing care and support to people. Two of these staff had been employed without checks on their conduct during all of their previous employment or verification of their reasons for leaving previous employment which involved providing care and support to people. For another applicant information about conduct in two previous posts providing care and support to people had been received including verification of the applicant's reason for leaving.

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. One applicant's DBS contained information. In response to this the registered provider used a criminal record and barring check decision tree. Following the decision tree led to a point where a risk assessment would be completed in response to relevant information. A risk assessment was completed using a standard form for new employees starting work. However the risk assessment did not assess the specific information on the DBS check in relation to any risk to people using the service.

We recommend that the service consider current legislation on the safe recruitment of staff.

People were protected from abuse by staff with the knowledge of how to act to safeguard them. Staff received annual training in safeguarding adults. They were able to describe the arrangements for reporting any allegations of abuse relating to people using the service including contacting the local authority safeguarding advice line. Policies and procedures including contact details for reporting safeguarding concerns to the local authority were readily available for reference. The organisation manager had been appointed as the safeguarding lead for the organisation. They described how they would expect staff to report any concerns to management and not to start investigating any allegations themselves. Staff were confident any allegation of abuse raised with the management would be correctly investigated. A social care professional commented "They appropriately report safeguarding concerns and liaise with other professionals as and when it is required".

People were given information to help keep them safe when at home or in the community. The provider information return (PIR) stated "Clients are given a 'keep safe' pack, this contains information and how to keep safe in the community and at home in a pictorial version. It also contains a key ring with office contact numbers on, and a safeguarding key ring with contact details. There is also a fire safety leaflet included, staff support clients if necessary to read the packs, which the client can keep in their rooms, or file if they choose to". In conjunction with this people using the service had signed up to a local 'keep safe' scheme operating in the local community. When we visited them, people told us how it was important to check the identity of anyone visiting their home. One person said "If it's a stranger I ask for a badge". People told us they felt safe in their homes and this was echoed when we spoke with some people's relatives.

People had individual risk assessments in place. For example there were risk assessments for mobility,

access to food and drink, self-neglect and people's rights. A new format for risk assessments had been introduced with the positive aspects of managing risks to people highlighted over negative aspects. People also had personal fire evacuation plans in place.

People were supported by sufficient staff. The registered manager explained how the staffing was arranged to meet the needs of people using the service. People received support either on a one to one basis or shared support. A staff team called the 'target team' provided specific support to people where this was required. Where people lived together, sharing a house, staff presence was maintained at night with a 'sleep-in' shift by one member of staff. Bank staff were used to cover any absences with occasional use of agency staff selected for their familiarity with people using the service to ensure consistency of support. Arrangements were in place to provide cover for short notice staff absence.

People's medicines were generally managed safely. People we spoke with were satisfied with how their medicines were managed by staff. Medicine administration records (MAR) were subject to regular audit. Where any issues were discovered appropriate action had been taken to remedy the situation. For example where staff had been using a blue pen on a MAR action had been taken to remind staff of the expectations around recording medicine administration and blue pens had been removed from use by the registered manager. People had been assessed for their abilities to administer and look after their own medicines. Procedures were in place to collect people's medicines from the pharmacy. The registered manager described how staff would check they were collecting the correct medicines with the correct dose. Staff had recently found a person had been supplied with an incorrect dose of medicine. Prompt action was taken to ensure the mistake was rectified and the person received their medicines with the correct dose. In one house staff were looking after medicines for two people, these were kept securely and separately to avoid and errors. The MAR for one person contained hand written directions for one medicine. The directions had not been signed by the person making the entry or signed to indicate their accuracy by another member of staff. We discussed this with the senior member of staff present who agreed to remedy this. Staff had received training in managing people's medicines. The registered manager described the values of a new medicines management training package in use by staff created by the Royal Pharmaceutical Society.

Is the service effective?

Our findings

People using the service were supported by staff who had received training and support suitable for their role. One person confirmed staff knew what they were doing when providing support to them. Records showed staff had received training in such subjects as first aid, fire safety and food hygiene. Staff also received training specific to the needs of people using the service such as autism, diabetes and positive behavioural support. Some staff had achieved qualifications to a nationally recognised level in social care. One member of staff told us how they had requested to start this qualification and it had been arranged for them. Staff confirmed they received enough training to equip them with the skills and knowledge to support people. One member of staff told us the training provided was "really good".

Staff were also supported through individual meetings with managers and senior staff called supervision sessions as well as annual performance appraisals. In addition staff received 'job chats' to discuss aspects of their work and observations of their work with people such as interactions and how situations were dealt with. One member of staff described supervision sessions as "your chance to say what is on your mind". Staff were positive about the support they received with one member of staff describing the support they received as "amazing" and "100%". Another member of staff commenting on the support from management said, "They will listen, they do look after the staff".

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. We checked whether the service was working within the principles of the MCA. Assessments had been made of people's capacity to consent to managing certain areas of their care and support where it was judged they may lack mental capacity. For example managing their own finances including budgeting their money. Staff had received training in the MCA and demonstrated their knowledge of the subject.

People's food preferences were recorded and people cooked meals with varying degrees of staff support. Where a number of people shared the same house, they held meetings on a Sunday evening to decide the meals and who would cook them for the week ahead. People told us they enjoyed the meals they cooked and also had occasional 'takeaway' meals.

People's physical and mental healthcare needs were met. People confirmed they received support to attend healthcare appointments. People had health action plans and hospital assessments. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Staff could refer to information in people's support plans about people's health needs for example one person's file contained information about epilepsy. Any known allergies people had were clearly marked on the cover of their support plan file and included in relevant support plans.

Is the service caring?

Our findings

People received support from staff who used a caring approach and had developed positive relationships with them. People's support plans included a record of their preferred name for staff reference. A keyworker system was in operation to ensure people received consistent support. The provider information return (PIR) stated "Clients choose their Keyworkers, this gives continuity and the opportunity to build good working relationships, where clients feel happy to discuss issues with them. Keyworkers take the lead in overseeing the coordination of support from other staff and that each individual then has a person-cantered approach from the staff team". People confirmed staff were kind and polite to them. One member of staff described the importance of using a caring approach when supporting people. In order that people received support from staff they had good relationships with. A list of staff that people preferred to receive support from and those they did not was included in people's support plans. A health care professional commented positively how staff had built a relationship with a person using the service.

People were supported to express their views and to be involved in decisions about their care and support. Records showed people were involved in the planning and reviewing of their care and support. The service manager demonstrated how a mood mapping tool was useful in evaluating the effectiveness of the support people received. People were aware of advocacy services and had lay advocates assigned to work with them if needed. Advocates are people who provide a service to support people to get their views and wishes heard.

People's privacy and dignity was respected. Staff gave us examples of how they would do this when providing care and support to people such as knocking on doors before entering people's rooms. One person's support plan stated "My support staff can knock my door before coming in". People confirmed this was the approach staff took. Where people preferred to receive support from staff of the same gender this was described in their support plans. Some people had their wishes for arrangements for the end of their life recorded for staff to refer to.

People were supported to maintain and develop their independence. To this end there was a view that people should not be "over-supported". People had identified goals to enable them to become more independent such as using public transport to visit new places, taking control of some aspects of their finances, cooking skills and applying for jobs. Staff described their approach as "being there to support and prompt" and described the importance of offering people choices. This approach was confirmed by a relative of a person using the service.

People told us how they cooked meals and shopped for the ingredients with support from staff. We also heard examples of people taking responsibility for related tasks such as preparing vegetables and wiping up. One person told us how they often went shopping on their own. People's weekly activity programme showed activities they took part in without staff support such as voluntary work and horse riding". Some people had developed enough independence to no longer need support from Face2Face although the service had arranged further services to support people to live independently. People were supported to maintain contact with family members. The provider information return (PIR) stated "We actively encourage

people to maintain relationships that are important to them and also to make new ones, within their chosen activities they engage with". People's relatives we spoke with confirmed this approach.

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. People's support plans contained information for staff to follow to use the most suitable methods of communicating with people under the headings "My communication needs" and "how I communicate and how to communicate with me". Information was detailed and specific to the person's needs such as "keep language simple" and "I need staff to read and explain all written information", "take time to get to know me, I have a sense of humour" and "talk about my interests with me". One person did not always use English as their first language and a suitably skilled member of staff had been recruited to provide appropriate communication when supporting the person. Staff told us how they used Makaton sign language to communicate with another person.

A document recording people's choices provided a brief overview of important information about a person such as likes, dislikes and how they liked to spend their time. Information was also included about people's lives and important family relationships. In addition people set goals for achievements they planned to make over the year. These were crossed off a list as the goals were met. One person's goals included going on holiday which they had achieved. One person commented on the support they received, "If we are stuck they always help us". One member of staff told us providing personalised care to people was "second nature" with Face2Face. A health care professional told us "Clients report feeling listened to and respected by staff and I have always found staff to be responsive and flexible in meeting client's changing needs."

People received staff support to engage in activities of their choice. Staff supported people to go out on day trips, personal shopping, swimming, horse riding and visiting pubs and cafes.

There were arrangements to listen to and respond to any concerns or complaints. People told us if they were unhappy about anything they would speak to one of the managers. Information on how to make a complaint was available in each person's support plan file in format using pictures, symbols and plain English. The registered manager described how people had been involved in choosing the pictures and symbols for the complaints procedure. The most recent complaint investigated had been received from a person using the service. This had been thoroughly investigated with a response given to the complainant and remedial actions taken to avoid future issues. Another complaint had been received from a person using the service. Due to this being very recently received, investigations had not yet started. The complaints procedure did not include information about referring complaints to the local authority or the local government ombudsman. We discussed this with the registered manager during the inspection visit. Following our inspection we received a copy of the complaints procedure containing the missing information.

Minutes of client's meetings demonstrated how people using the service were able to discuss menu planning, shopping, what was going on locally and express their views about any issues they had.

Is the service well-led?

Our findings

The service had a registered manager who had been registered as manager since October 2010. A registered manager is a person who has registered with 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The provider had a clear direction which set out the aims for the organisation as a whole. The registered provider's statement of purpose (SOP) described the values, aims and objectives of the service in its Mission statement. These included "Face2Face recognises people as individuals and will work with them to realise their individuality and to take as much control of their own lives, environment and support as possible". This reflected the approach to promoting people's independence adopted by the service. The registered manager described this as "to make people as independent as possible". The registered manager described some of the current challenges as accessing support for people from health care teams and arranging multi-agency meetings where issues with providing appropriate support to people arose.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. One member of staff told us "I would whistle blow on anybody". Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

We heard positive views about the management of Face2Face such as "really good" and "I haven't got a bad thing to say about the company". Another member of staff described the management as "passionate" and "very client focused". A social care professional told us "I find the management team to be open honest and approachable". Staff confirmed the management team was approachable, with one commenting, "They are approachable, they do listen, they do look after the staff" and "you can ring them up and they are there, there is no 'them and us'". Another member of staff told us, "You just pick the 'phone up, they are very good at sorting things out". An 'on-call' service ensured staff could receive support from managers and senior staff on a 24 hour basis. One member of staff described how the 'on-call' system worked and told us they felt "well supported and never felt left out on a limb". Staff were positive about their role supporting people and commented "I really enjoy my job" and "I'm proud to say I work for Face2Face". The service manager told us how they would be out working alongside staff on a daily basis to ensure people using the service received the support they needed.

People benefitted from checks to ensure a consistent service was being provided. Quality assurance checks include an annual 'client survey' to gain the views of people using the service. Staff questionnaires in a previous survey staff had raised issues about communication. Therefore the survey in 2016 had added specific questions about this area. A survey of the views of people using the service in an 'easy read' format had been carried out in August 2016. In addition the views of people's family members had also been sought. The results of these surveys had been matched against appropriate regulations from the Health and

Social Care Act 2008 (regulated Activities) Regulations 2014. Actions were recorded where any areas for improvement were found. A further quality audit was planned for 2017.

Monthly audits and manager's checks were in place where people shared a house, these examined such areas as concerns, incidents and accidents, staff supervisions, menus and whether client meetings had taken place. Annual events such as a barbecue and an office open day were held where relatives of people using the service were invited to give them an opportunity to discuss the support given to people.