

Farecare Gloucestershire Limited

# Farecare Gloucestershire Limited

## Inspection report

47 Rodney Road  
Cheltenham  
Gloucestershire  
GL50 1HX

Tel: 01242232296  
Website: [www.farecare.co.uk](http://www.farecare.co.uk)

Date of inspection visit:  
31 October 2022  
07 November 2022

Date of publication:  
20 December 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Farecare Gloucestershire Limited is a domiciliary care service providing personal care for people in their own home. At the time of the inspection, 34 people were receiving support from the service with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People and their relatives told us they felt safe and that staff supported them with their needs.

We found some improvements were needed to ensure safe recruitment practices were followed and to ensure audits were fully effective in identifying and addressing quality and safety concerns in the area of staff recruitment.

We found some improvements were needed to ensure people's risks were assessed and mitigated in areas such as eating safely and supporting people with diabetes. We found records relating to people's risks required improvement to ensure staff had access to complete and up-to-date information about the care that had been agreed to keep people healthy and safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records did not always clearly evidence people's mental capacity particularly in relation to decision specific areas such as support with medicines administration. We recommended that the provider reviews their systems of assessing and documenting people's capacity.

We did not find that the shortfalls identified on inspection had impacted on people's care. At the time of the inspection, the registered manager had identified that some improvements were needed to the service and was in the process of appointing a designated person to implement these improvements and appraise the service. They shared with us their initial findings in areas such as record keeping in relation to people's care documentation and quality monitoring systems as well as the monitoring of accidents and incidents. However, auditing process had not been effective in identifying improvements required to people's risk management, recruitment processes, medicines and assessments of mental capacity we found.

Staff had received training in recognising safeguarding concerns and knew the actions to take to protect people from harm. Staff had awareness of recognising and reporting signs of abuse or any incidents or accidents.

Systems were in place to engage with staff and people who use the service.

Staff understood their role to wear PPE in line with government guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 14 February 2020)

#### Why we inspected

We received concerns in relation to safe recruitment practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Farecare Gloucestershire Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe recruitment practices, management of people's risk and quality monitoring processes at this inspection.

We made a recommendation to support the provider's systems of assessing and recording people's mental capacity.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Farecare Gloucestershire Limited

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave prior notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 October 2022 and ended on 08 November 2022. We visited the location's office/service on 31 October 2022 and 7 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 8 people who use the service and 4 people's relatives about their experience of the care provided. We spoke to the owner of the service, the registered manager, 2 team leaders and 3 care staff.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 5 staff files in relation to recruitment, training and support and a variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we sought feedback from health and social care professionals involved with the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant 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; Using medicines safely

- While staff were aware of people's risks and how to support them safely, people's individual risks had been not always been identified, comprehensively assessed and recorded.
- For example, the assessment and support requirements for one person with diabetes had not been identified and recorded. Therefore, staff may not fully understand how to support the person safely, including how to identify if their diabetes was becoming unstable and where to escalate any concerns.
- Another example was that the assessment and support requirements for one person who requires support to eat safely had not been recorded following advice from the Speech and Language Team (SaLT) to inform staff how to support the person safely.
- The management of people's medicines had not always been recorded in sufficient detail. This meant staff did not have clear guidance about their role in supporting people with their medicines, such as who was responsible for ordering people's medicines.
- The provider had not put additional safety measures in place to ensure medicines being transcribed on the electronic system were accurate by being counter checked. This meant that errors could be made when transcribing information related to people's medicines and putting them at risk of receiving the wrong medicines.
- Environmental risk assessment of people's home were carried out as part of the pre-assessment process, but were not consistently available on the electronic system. This meant staff did not have clear guidance in relation to potential environmental risks to themselves and the person they were supporting.

We found no evidence that people had been harmed , however effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service and the management of their medicines. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had recognised prior to our inspection that there were areas of the service which required improvement such as documentation, record keeping and monitoring of accidents and incidents. They had recruited a designated person who was due to start soon and who was going to be responsible for the quality monitoring of the service. They told us they are planning to prioritise reviewing people's risk management plans and looking at introducing an electronic system which will corroborate all accidents and incidents so they can be reviewed to identify any patterns.
- The management team observed staff practices through spot checks. Staff received medicines training

and their competency was assessed.

- The service carried out daily monitoring of medicines administration and the electronic system was set up to alert the management team if care tasks were not completed and if medicines were missed, refused or marked as not available. An additional 3 monthly medicines audit was carried out.
- People and their relatives told us staff had the skills and training to support people. Comments included "Yes, they [staff] know what to do. There aren't too many new carer faces and they all know what I need and what to do." and "Oh yes, they [staff] know what to do. A new [staff] will have to shadow a more experienced person. I have a care plan and every carer is aware of it. I like things to be done in a certain way"

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 MCA 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 found the service was working within the principles of the MCA and people's care documentation contained basic information about how to support people to make their own decisions. However, care documentation did not always clearly evidence people's mental capacity particularly in relation to decision specific areas such as support with medicines administration.

We recommended that the provider reviews their systems of assessing and documenting people's capacity related to specific decisions.

- Staff had received training in MCA and people and their relatives told us they are involved in decisions about their or their relatives care. Comments included "They [staff] ask me what I need. The carers listen" and "I have POA [Power of attorney] for [person]. Everything has been done through me. There is a care plan. The carers contact us, are very approachable and very good"

#### Staffing and recruitment

- New staff were not always comprehensively vetted to determine their suitability to provide care to people. The required pre-employment checks had not always been fully undertaken. Reference checks from staff's previous health and social care employers were not always sought to gather assurances about staff conduct.
- Interview records were in place to support manager's decisions to employ staff, however recruitment records did not always show that recruiting managers had explored the previous employment histories of staff and their suitability to work at in the service. There were gaps in some staff employment histories without explanation.
- When required pre-employment checks did not provide sufficient information to determine whether candidates were of good character, records did not show what action the provider took to mitigate risks to people whilst staff completed their induction.
- The provider's recruitment policy was not reflective of the safe recruitment requirements in health and social care.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks were completed for all staff. These checks provide



information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Systems were in place to plan and manage the timings of people's care calls and the staff who supported them. Managers provided care when there were staff shortages.
- People and their relatives told us staff were generally punctual and when they were late they would inform them.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse.
- People confirmed they felt safe being supported by staff. Comments included "Oh yes [safe]. It's [the service] changed our lives. They [staff] are friendly and it feels safe" and "Oh, definitely yes [safe]. They [staff] are so kind and do what I ask. I'm treated very nicely, with good care. I'm very satisfied."
- Staff had completed training on how to recognise and report abuse and they knew how to report any concerns in line with the provider's safeguarding policies and procedures.
- Accidents, incidents or concerns were recorded by staff and reported to the managers. Staff confirmed they had access to managers via an on-call system if they needed to raise concerns or seek advice outside of office hours. This meant any concerns were managed in a timely manner.
- Managers provided examples of how they had taken immediate steps to safeguard people and ensure measures were in place to mitigate future risks to people, such as liaising with the local authority and the police.

Preventing and controlling infection

- Staff confirmed they had access to sufficient stock of personal protective equipment (PPE) and were able to tell us how they put on and take off their PPE.
- People and their relatives confirmed staff were using PPE as expected.

Learning lessons when things go wrong

- Staff knew how to report incidents to their managers. They had access to an on-call system which provided support outside office hours.
- The registered manager told us that there was a system in place to monitor daily records, and accidents and incidents would be picked up through this system.
- See our earlier comments in relation to improvements identified as needed by the registered manager in relation to learning from incidents and accidents.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the 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; Continuous learning and improving care

- The systems implemented by the provider to help them monitor the service had not always been effective in identifying and addressing quality and safety shortfalls in the service.
- Audits and management systems had not identified concerns we had found at this inspection in relation to recruitment, risk management and care plans, medicines and assessments of mental capacity.

The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's risks were not always maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team held weekly meetings to discuss areas such as training and support, care plans, compliance and complaints in order to monitor and appraise the service
- Care plans were reviewed when they were due for review and the electronic system was set up to alert the management team when these were coming up for review. One person told us "The manager came and discussed what I wanted. I get a rota of which carers are coming. The service is very good."
- See our comments under the Safe Key Question in relation to areas of improvement the registered manager had identified prior to our inspection and steps they planned to take to action these.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussions around how to implement best practice guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt able to raise concerns and spoke positively about the management. The views of staff had been sought and analysed through staff surveys.
- Views from people and their relatives had been sought through surveys after a month of commencing the service, annual surveys and reviews, and through the use of Homecare review cards. Comments from people and their relatives included "Not been asked for feedback yet as I'm very new to the service"; "Yes, I have

been asked [feedback] by questioning" and "I'm contacted regularly every few weeks by the management to see how the service is going."

- The service held team meetings to discuss matters related to the service and consider people's changing needs. Staff confirmed these were held periodically and felt they could discuss what they want.
- Staff described the management as supportive and felt listened to if they raised concerns.
- People and their relatives provided positive feedback about the management of the service. Comments included "The management is very good and very professional. The office phones me to greet me, give me the rota and ask if I need anything. The manager has visited me" and "I wouldn't go anywhere else. I know the manager and office workers. Yes, it runs well and everybody does their job and sorts things out. It's a lovely company."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The managers understood their responsibilities to be open and honest when things go wrong.
- The registered manager was open with us about some areas where the service needed to improve and about the steps they were taking to action them.
- Staff were aware of their responsibility to report any incidents or accidents involving the people who were provided with support.
- The registered manager showed us evidence of how they responded to a complaint from a client. Information was provided to clients about the service's complaints procedure in the client handbook. People and their relatives told us they knew where to address their concerns or complaints.

Working in partnership with others

- The service worked in partnership with a number of other agencies and professionals to provide care to people.
- We received positive feedback from 2 health and social care professionals who worked with the service.
- A social worker described the service as very approachable and told us they had received good feedback from the clients they work with. They described the service as "one of the best out there".
- An occupational therapist who worked with the service described the service as "excellent". They told us that staff had moving and handling training and from observation of staff practices, staff knew exactly what to do and felt comfortable the staff followed their instructions. They told us that communication is good and staff know the clients well.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service and the management of their medicines. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's risks were not always maintained.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed.</p>

