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Felicity Care

Inspection report

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16 December 2020
18 December 2020
09 February 2021

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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

Felicity Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection there were three people receiving support from the service.

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

Relatives were very happy with the quality of care given to their family members. The registered manager was described as being 'very responsive' to people's needs. Care staff knew people well and people received a continuity of care. Relatives felt people were safe with staff that visited them. Staff had received training in safeguarding. Staff had received training around COVID-19 and the safe use of Personal Protective Equipment (PPE). People and relatives were able to give feedback on the service and care provided.

Despite positive feedback, we also found some areas of concern. We were assured people received their medicines and staff were trained to provide medicines support. However, we identified some concerns around the management of medicines. Some aspects of care and management oversight were not well documented.

We have made a recommendation around medicines.

We have made a recommendation around maintaining accurate and appropriate records.

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

Rating at last inspection

The last rating for this service was good (published 01 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Felicity Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Felicity Care

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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors. One inspector visited the office and the second inspector completed inspection activity by e-mail and phone.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they 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. 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 16 December 2020 and ended on 9 February 2021. We visited the office location on 18 December 2020. Following the on-site inspection, we completed the inspection via phone and e-mail. On 16 December 2020 telephone calls were made to staff and relatives to gain their feedback.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the office visit, we spoke with the registered manager. We reviewed three staff recruitment records, three people's care plans and risk assessments and one person's medicines records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, quality assurance information and training information. Prior to the on-site visit we spoke with four relatives and three care staff. We were unable to speak to people who used the service, as they were unable to talk on the phone due to their complex needs.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- We were assured people were receiving their medicines and relatives confirmed this. However, people's support needs round their medicines was not clearly documented. This meant people may not be receiving appropriate support with medicines.
- One person received medicines support from care staff.
- The registered manager told us staff did not administer medicines and only prompted people. However, the registered manager also told us staff may pop out the medicines from a blister pack and give them to the person, which is administration.
- There was a form which staff signed to say medicines for the person had been prompted or administered. A staff member said, "Yea, [medicines are] in a blister pack, we've got a medication chart which we sign initial with the time given."
- People's support needs round their medicines was not clearly documented.
- Staff had received medicines training. We saw one competency assessment to ensure the staff member was safe to administer medicines.

We recommend the provider consider current guidance on management of medicines in a domiciliary care setting.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt safe with the care staff that came into their homes. One relative told us, "She [relative] absolute loves them, she's always snuggling up to them. She's incredibly happy and content, she's always smiling. Seriously, it's down to the carers. She is so safe with them [staff]."
- Staff had received training in safeguarding which was regularly refreshed.
- Staff understood their responsibilities around safeguarding and understood how to report any concerns.
- Whilst we were assured staff understood safeguarding and how to keep people safe, the safeguarding policy failed to reflect adequate guidance for staff. This is discussed in the well-led section of this report.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were risk assessments in place. People using the service did not have specific risks related to their health and wellbeing. Generic risk assessments were in place, which had been adapted to each person.
- Staff knew people well and understood how to work with them to keep them safe.
- There had been one accident / incident since the last inspection. This had been well documented and follow up actions to prevent recurrence had been taken.

Staffing and recruitment

- Overall, staff were recruited safely. Staff files showed a range of checks including written references, an application form, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. However, for two staff, gaps in employment history had not been explored or documented.
- Relatives told us care staff arrived on time and stayed for the correct amount of time. One relative said, "They [staff] come on time, the carer is here at the moment and they stay the right amount of time."
- There were enough staff to ensure care visits were covered. People received a continuity of care and had the same staff visiting them. Comments included, "The one [staff] that comes in the morning has been with us for four years now, so mum has built up a great relationship with her" and "She [relative] has really stabilised really well, especially with the 24-hour care and continuity of staff."

Preventing and controlling infection

- Staff had received training around COVID-19 and how to safely and effectively use PPE when completing care visits.
- Relatives felt confident care staff knew how to appropriately minimise the risks of COVID-19. Comments included, "They [staff] come in with masks and have advised what we should have in place for the safety of my mum" and "I am clear that they are aware and being super careful and very careful with me too in how we are going in even down to ensuring I have a lateral flow test."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

- Records were not always up-to-date, missing some information or with minimal documentation.
- Policies and procedures did not always contain up-to-date information and guidance for staff. For example, the safeguarding policy failed to document what staff should do and who should be contacted if a safeguarding issue had been identified. The COVID-19 policy had not been updated to include information on staff testing.
- Regular spot checks were documented. However, it was unclear what had been looked at during the spot check.
- There were no audits completed for the service.
- We raised the issue of records not always being well documented or missing. The registered manager said, "I know I took my eye off the ball."

We recommend the provider consider training and guidance around maintaining appropriate and accurate care records

- There had been no safeguarding concerns raised since the last inspection. We were assured the registered manager understood their responsibility around safeguarding.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us they knew the registered manager well. Comments included, "Very supportive, she has told me how to go about things and what is best required. They are a bit of a god send" and "We know [registered manager], she helps us."
- Relatives felt the registered manager was responsive if any concerns arose. One relative said, "The oversight [the registered manager] provides is also great, she always responds if I am concerned, she will pop in and respond well. When there are concerns, they let me know."
- Staff told us they felt supported by the registered manager and were able to contact her at any time for support. One staff member said, "Yes, I think she is supportive, with the training she always makes sure we are on top of or training and chases us up. If there are any problems, we can always call on her."
- Staff received regular supervision, annual appraisals and staff meetings where they were able to discuss

any concerns and ideas.

- One relative told us how the responsiveness of the registered manager and care their relative received had impacted positively on their quality of life, "They have absolutely kept her alive when I don't think she would have survived if she had gone into a care home. [The registered manager] is very responsive."

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; Continuous learning and improving care; Working in partnership with others

- Relatives told us they knew who to complain to and had been given information on how to complain. Information on how to complain was also provided in a large print, accessible format.
- The registered manager was aware of duty of candour. However, there had been no incidents that required this since the last inspection.
- The service worked in partnership with local healthcare professionals and made appropriate referrals when necessary. Where relatives were involved in people's care, the service discussed any necessary referrals with them.

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

- People and relatives were encouraged to give feedback and complete regular surveys. A relative said, "Every six months they ask [surveys]. She [the registered manager] calls and asks as well."
- The registered manager knew people well and visited them on a regular basis. People were able to talk to the registered manager face to face.