

Facilitate Care Services Ltd

Facilitate Care Services

Inspection report

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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: Facilitate Care Services is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported 80 people with personal care.

People's experience of using this service:

- People felt safe from avoidable harm. People felt at ease to raise safety risks with the registered manager for them to be resolved.
- Risks related to people's health were identified and acted upon by staff. However, records were not always clear to show risks were managed.
- People's needs were assessed before they started to use the service to make sure their needs could be met.
- Most people were happy with the care and support they received and spoke positively of the service. However, care records, including medicine records, lacked detail to confirm care and support was managed safely.
- Enough staff were available to support people's needs and staff knew people well.
- Staff were allocated to work in specific areas so that people experienced some consistency in the care staff that supported them.
- Recruitment records were not always detailed to confirm safe processes were followed.
- People told us they received their medicines as required.
- Staff completed regular training to ensure they cared for people safely and effectively.
- People were supported to be independent and were asked for their consent before care was provided.
- People were supported with food and drinks as required.
- People and relatives felt staff were caring and respectful in their approach.
- People knew how to raise a complaint and records were kept of concerns raised.
- There were quality monitoring systems to test people's views of the service and these had resulted in some improvements.
- Staff felt valued and supported by the management team and spoke positively of the support they received.

Rating at last inspection: At our last inspection we rated the service as Requires Improvement overall. The report was published on 24 April 2018.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with the Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our inspection programme. If any concerning information is received, 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.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Facilitate Care Services

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 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. A further two inspectors assisted in making calls to people.

Service and service type: Facilitate Care Services provides personal care and support to people living in their own home. It provides a service to older people and younger adults. They provide support to people living with dementia, a learning disability, a mental health condition, a sensory impairment or people who misuse drugs or alcohol.

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 site visit because the registered manager needed time to gain consent from people for us to speak with them. Also, they needed to make arrangements for us to speak with staff who supported people.

The inspection activity started on Monday 18 March 2019 and ended on 20 March 2019. We visited the office location on 20 March 2019 to see the registered manager and office staff and to review care records and policies and procedures.

What we did:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan

our inspection. We checked if we had received notifications from the service about events they were required to send to us by law. These included notifications about deaths, serious injuries and safeguarding. We also considered information within the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make.

We spoke with the registered manager, the provider (management team) and four staff members. We spoke on the telephone with seven people and seven relatives who used the service. We reviewed a range of records including three people's care plans, complaints, medicine records, staff meeting and supervision records, recruitment records and quality monitoring records. We also looked at the duty rotas, staff allocation records and daily records completed by staff for people.

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. At our previous inspection in February 2018, this key question was rated 'Requires Improvement' with a breach in regulations because risks to people's health and safety were not always managed and medicines were not safely managed. There had been some improvement in medicine management and the management of risk at this inspection to remove the breach.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to help ensure risks were effectively managed. Incidents had been investigated and reported to the Local Authority as required.
- People were supported by staff who understood how to protect them from the risk of abuse.
- Care staff had completed training on how to recognise abuse and understood the importance of safeguarding people. They were aware of the different signs of abuse and their responsibilities to report concerns to the registered manager.

Assessing risk, safety monitoring and management

- Previously, records relating to the management of risk associated with people's care were not sufficiently clear to show how these were managed safely. At this inspection, this continued to be the case. Records in relation to skin damage such as pressure ulcers and catheter care continued not to be clear. However, staff were able to tell us how they managed these risks and we were told the district nurse managed the care for those people with pressure ulcers.
- Staff said they reported any new concerns to the registered manager so they could add this information to care plans as necessary.
- People felt safe with the staff that supported them. Where people had felt unsafe, they had brought this to the attention of the registered manager who had taken action or was in the process of addressing this.
- Positive comments were made by relatives about people's safety. One told us, "[Person] is very safe. They would tell me if they felt worried about anything. They seem skilled in what they do so that gives us confidence. We trust them one hundred per cent."
- Staff told us they shared good communication with the office to be able to respond to risks associated with people's care effectively. One staff member told us, "I think there is good communication between the office and myself and updates."

Staffing and recruitment

- There were enough staff to complete the calls required to meet people's needs. Staff usually arrived at the times people expected. One person told us, "They are usually reliable and arrive as expected. Overall, punctual."
- People said staff stayed the full amount of time needed to deliver their care. One person said, "Very good

at staying with me. I have half hour calls and they stay for that time. I can't recall ever feeling rushed with them."

- Recruitment checks were completed to ensure staff were suitable to work with vulnerable adults but there were some gaps in the employment history. The registered manager had not explored the gaps to identify any potential employment concerns.

Using medicines safely

- Previously, people's care records had not been clear about where to apply prescribed creams. At this inspection, this continued to be the case. Records also did not consistently state where creams had been applied to show skin conditions were appropriately managed. The registered manager said this would be addressed with immediate effect.

- People told us they received their medicines when they needed them. One person said, "They help me with my morning and lunchtime tablets. I've never had any issues."

Preventing and controlling infection

- Staff completed training in the control and prevention of infection to ensure they understood their responsibilities.

- Staff were provided with disposable gloves and aprons to maintain good infection control practice. One person said "Yes they bring their gloves and aprons. They wear them whilst they wash me. It's good as there is always a risk that germs could spread." Another told us they had found it necessary to remind a staff member to wear their gloves when supporting them and the staff member had said they had "Forgot."

Learning lessons when things go wrong

- Records of accidents and incidents were kept so any lessons could be learnt to prevent them from happening again.

- Staff were subject to spot checks to check their learning had been effective. Where appropriate, additional training and supervision had been provided to make sure staff learned from mistakes.

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's needs were assessed before they started to use the service to ensure their needs and wishes could be met. One person told us, "The manager came and seen me and asked me questions about what I needed. They told me about what they did too, so I knew about them. Another stated, "Someone came out and we had a chat about everything, which put my mind at rest."
- People's needs were reviewed periodically or as needed to ensure any changes in support were identified and acted upon.

Staff support: induction, training, skills and experience

- People felt staff were suitably trained to support their needs. One person said, "Yes, they are trained but I think they are all really caring people. That can't be taught. They ask questions to check that they are doing things in the right way." Another said, "They are very well trained. I can't see how they could need more training to be honest."
- Staff received an induction when they first started to work for the service and worked alongside more experienced staff to help them understand their role.
- Staff were able to access the training they needed in-house and felt their learning was effective. One staff member told us, "I feel very confident, more than happy with all training."
- Staff felt supported as they were able to approach their colleagues or staff in the office for support. They also had periodic supervision meetings with their manager to discuss their role. One staff member told us, "I have supervision once or twice a year or when I feel I need to have a conversation with them." Another said, "I feel supported, if I don't know something, the staff in the office are always around to contact."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support with meal preparation where needed and were offered a choice of meals to support their nutritional needs. One person told us, "They ask me what I want. I don't have anything too fancy just toast in the morning and a microwave meal at lunch time but they ask which I one I want." Another said, "The staff have to do all my food and drink...When they leave, they always leave me with drink and food on my tray."
- People at risk of not eating and drinking enough to remain healthy, did not always have clear records about their preferred foods, snacks and drinks to assist staff in encouraging them with these. The registered manager was made aware of this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff told us they would inform their manager if they had any concerns about people's wellbeing to ensure

any actions they may need to respond to these concerns were discussed and completed.

- Staff supported or encouraged people to make appointments with healthcare professionals if they were not well and their relatives were not available to do this on their behalf. One person told us, "I had to get the doctor the other day. As when I woke up I felt awful.... I told the staff when they got here and they encouraged me to phone the doctor."

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.

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

- The manager understood their responsibilities under the Act and knew who to contact if they had concerns about a person's capacity. They told us, "It's one of the things we pick out at the assessment to see if they have capacity to make decisions. If the person does not have capacity, it (care plan) will say the person does not have capacity and to act in their best interest and who to go to regarding decisions."
- People using the service made daily decisions for themselves, or if appropriate, with the support from relatives and staff.
- People told us staff asked them for consent prior to supporting them with care. One person told us, "They are always asking... can I do this? Can I help with that?"

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; equality and diversity

- Staff completed training in equality and diversity, so they understood how to support people's individual needs without discrimination.
- The registered manager told us how they identified anyone needing specific support. They said, "Some are hard of hearing, if they can't hear, we will put in their notes to speak slowly and loudly." They went on to tell us one person did not have English as their first language, so they allocated a care staff member who could effectively communicate with the person.
- Overall, people and relatives gave positive feedback about how caring they felt staff were towards them. One person told us, "I have no problems, they are all very nice. I have about five or six of them and they are all different but very kind and caring. I have a problem understanding them but they can understand me." Another said, "I get on better with some than others. With some I have a laugh and a joke. I like that, as it brightens up my day."
- Staff gave examples of how they had been caring towards people. One staff member recognised a person may need a GP review due to a continence problem. They worked with the person to organise this to prevent the person becoming anxious about this.
- Relatives were positive about the caring approach of staff. One told us, "We like them all. Very chatty, bubbly and friendly. Could not ask for more. They ask me how I am too which is nice of them." Another relative said, "They are very respectful. They have good manners and speak to [person's name] slowly, so they can understand."
- The provider worked with people to ensure specific requests were met where this was possible. For example, one person had requested only female staff support them and this had been arranged.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in decisions about the care people received. One person told us, "I make all of my own decisions. If anything needs to change, I tell them, they listen." A relative said, "I was involved with the care plan being set up and they are delivering it. They will ring me up with any query and there is dialogue."

Respecting and promoting people's privacy, dignity and independence

- Staff signed confidentiality agreements, so they understood what was expected of them in regards to keeping people's confidential information secure. Staff were also reminded of the importance of this during their training.
- People were supported to maintain their life skills as far as possible, so their independence was not taken away. For example, one person told us, "They give me the flannel to wash my body." A relative told us, "They encourage [person] to do what they can for themselves like, brushing their teeth, they can do that with

encouragement."

- People said staff were respectful and maintained their dignity when delivering personal care. Relatives also confirmed this. One relative told us, "They shut the door when they wash [person]. When they are on the shower chair, they cover [person] with towels." Another said, "They always knock on their door. They respect their dignity and privacy when they are in [person's] home – it's about trust."
- People confirmed staff spoke with them respectfully. One told us, "They are always polite to me. They speak to me nicely and give me time to think about things such as what I fancy to eat."

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

- People's needs were assessed when they started to use the service to help ensure they received individualised care. The registered manager told us, "We encourage the carers to talk to people about their interests about their care delivery. If someone has dementia, we ask if they want another person to speak on their behalf. We say we will be talking about them and is that ok?"
- People had care plans that described the support they needed from staff. People's hobbies and interests were not always detailed to support staff in delivering person centred care, but staff knew people well and had developed meaningful relationships with them.
- Staff completed daily records in people's homes to show how people's needs had been met.
- People said staff provided their support in ways they preferred. For example, one person said, "Yes, they know how I like things done. How I prefer my tea. How much butter to put on my toast. They know how to make me comfortable by plumping up cushions." A relative told us, "They know [person] well. [Person's] got little routines, they all know that."
- Staff recognised when people needed support to ensure their needs were met. For example, one person refused their medicine because they wanted it in capsule format they could easily swallow. Staff had organised this for the person who then took their medicine.
- One person spoke of differing experiences of care dependent on which staff supported them. However, the registered manager was aware of the person's need for consistent care and actions were ongoing to address this.

Improving care quality in response to complaints or concerns

- There was a complaints procedure available to people and their relatives.
- People and relatives said they felt at ease to raise concerns if needed. Comments included, "I would be straight on the phone to the office. I have the number. I've never complained but I think they would sort out any problems for me" and, "I have phoned the office before, they listened, apologised and sorted an issue out that I had. I would phone again if I had another problem."
- Records of complaints were kept showing action taken to address them although they didn't always show people were happy with the outcomes.

End of life care and support

- Arrangements were made to support people when at the end of their life to ensure they were comfortable. The registered manager told us, "We look at the care plans when their health deteriorates. We ask if there is anything special they want. We put experienced carers with them."
- The provider had arrangements in place to provide staff with emotional support in the event of a person's death.

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. Some regulations may or may not have been met. At our inspection in February 2018 this key question was rated, 'Requires Improvement' because systems and processes to monitor the quality of care people received had not been effective. There continued to be areas of improvement needed.

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

- The provider's audit processes to check care delivery and the time of staff calls were not always effective. For example, staff visit records for one person had missing entries, had entries that were not dated, and the times staff arrived and left were not completed. Sometimes the gap between the lunch and teatime calls was two hours as opposed to the four hours agreed.
- Care plans were not always up-to-date to reflect people's current needs or did not show how staff provided safe, consistent and effective care. For example, a care plan entry stated staff had assisted a person to eat, but the person's 'summary care plan' (that staff used) did not make it clear the person needed assistance to eat.
- Records related to concerns people had raised were not always kept in a central record for ease of monitoring by the provider. This made it difficult to assess the volume of concerns received.

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

- The registered manager was aware of their regulatory requirement to make statutory notifications to us but had misunderstood the need to report an incident reported to the police that had not been pursued further by them. They confirmed this had been an oversight that would not happen again.
- The service had clear lines of responsibility and accountability. The registered manager and provider were experienced, knowledgeable and familiar with the needs of people they supported.
- The provider's values and expectations were shared with staff during their induction, in addition to necessary training, to ensure staff were clear about their roles and how to support people safely.
- The managers observed staff during calls to ensure they had learned from their training and completed what was expected of them. If any concerns were identified, staff completed additional training with the inhouse trainer at the service.

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

- The provider had systems and procedures to monitor and assess the quality of their service. People had been asked to complete quality satisfaction surveys and results were in the process of being returned. Actions had been taken to improve the service following the last survey.

- People and their relatives spoke positively of the management team. One commented [Registered manager and provider] presented very well when they came to the house. Attention to detail was the best I have had. They seemed very competent."
- People had access to an out of hours on-call service which meant if they had any problems they could make contact with the service for assistance.
- Staff had regular contact with the managers for support through supervision meetings, staff meetings and sometimes during calls. Managers sometimes drove care staff to their calls and were able to discuss issues related to the service.

Continuous learning and improving care

- The management team completed quality checks to ensure they provided an efficient service.
- Overall, people told us when they had raised a concern, the managers had listened and things had improved, demonstrating lessons had been learnt. One person told us, "I know the managers and I find them OK. I have complained a couple of times and things changed."
- Electronic call monitoring was in the process of being implemented by the provider. This was to help improve monitoring of times staff arrived and left calls, and to check people received care and support at the times agreed.
- Previously, staff had not followed instructions on medicine administration records (MARs). The registered manager had improved this aspect of the records, so staff found them easier to follow. Care staff knew how to implement the new MARs and how to ensure any changes to the person's medicines were communicated. However, prescribing instructions on medicines had not been translated onto the MAR in the same level of detail. The registered manager told us this would be addressed.

Working in partnership with others

- The management team worked in partnership with other organisations to improve outcomes for people and maintain their health and wellbeing.