

Fari Care Ltd

Fari Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

Fari Care Ltd is a supported living service providing the regulated activity personal care. The service provides support to adults with learning disabilities and on the autistic spectrum. The service consisted of two separate premises. 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. At the time of inspection, 8 people were using the service, although only 1 of these received support with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were able to choose where they lived. The service was able to assess people's needs before they began living at the service, so they knew whether they could meet their needs. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. Care plans were in place for people which set out how to meet their needs in a person-centred way. Systems were in place for dealing with complaints. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

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.

Right Care: People were protected from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Right Culture: People were supported with care that was person-centred. Quality assurance and monitoring systems were in place to help drive improvements at the service. Relatives and staff told us there was an open and positive culture at the service. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

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

Rating at last

The last rating for the service at the previous premises was Good, published on 26 July 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fari Care Ltd

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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider

Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one relative by telephone and we observed how staff interacted with people. We spoke with two staff, the registered manager and a support worker. We reviewed a range of records. This included one person's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from, the risk of abuse. The provider had a safeguarding adult's policy in place. This made clear their responsibility to report any allegations of abuser to the local authority and Care Quality Commission. The registered manager told us there had not been any allegations of abuse in the past year, and we found no evidence to contradict this.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicion of abuse. One staff member told us, "I would definitely tell my manager [if they suspected abuse]."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. They covered risks including behaviours that challenged, mobility, continence and accessing the community.
- Assessments were subject to regular review which meant they were able to reflect the risks people faced as they changed over time. Staff had a good understanding of the risks people faced and of how to support them safely.

Staffing and recruitment

- Staffing levels for individuals were agreed between the care provider and the local authority who commissioned the care. Staff told us they had enough time to carry out their duties.
- The registered manager told us the provider did not currently employ enough staff to meet people's needs. To make up for this they used agency staff. These were block booked to work full time exclusively at the service, and in this way they had enough staff to provide the required support. The registered manager said the provider was actively seeking to recruit new care staff.
- Systems were in place to help ensure only suitable staff were employed. Various checks were carried out on prospective staff, including obtaining employment references, proof of identification and a criminal record check.

Using medicines safely

- At the time of inspection, the service did not support anyone with medicines, although the registered manager told us this could be done if required. There was a medicines' policy in place to guide practice, and staff had undertaken training on the safe management of medicines.

Preventing and controlling infection

- The provider had responsibility for ensuring the premises were kept clean. We saw the premises where the person lived, including their bedroom, and found them to be visibly clean. Cleaning schedules were in place

and monitored.

- There was a plentiful supply of PPE available. Staff told us they were expected to wear PPE when providing support with personal care.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had a policy on accidents and incidents to provide guidance about how they should be managed. Accidents and incidents were recorded and investigated. Measures were put in place to reduce the likelihood of similar accidents and incidents re-occurring.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 prior to the provision of care. This was to determine what the person's needs were and to assess if the service could meet those needs. Assessments were carried out in line with guidance and legislation, for example, they covered needs related to protected characteristics such as religion and sexuality.
- The registered manager told us they involved people in their assessments, as well as relatives, where appropriate. A relative confirmed this, telling us, "We talked about [person] at the start."

Staff support: induction, training, skills and experience

- Staff undertook training to provide them with knowledge and skills to help them in their role. Staff training included working with people with autism, mental capacity, health and safety and communication.
- New staff undertook an induction programme when they started at the service, this included shadowing experienced staff to learn how to support individuals. Staff had regular one to one supervision meetings with a senior member of staff, which gave both parties the chance to discuss matters of relevance to them.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's dietary preferences were detailed in their care plans and staff told us people were able to make clear what foods they liked and disliked. We saw that people were supported to eat healthy food options.

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

- The provider worked with other agencies to provide care to people, such as speech and language therapists and psychiatrists.
- However, the care plan for one person stated they should have an annual health check with their GP, but this had not been done since 2019. Furthermore, there was no record that the person had seen a dentist since they started using the service in 2019. We discussed this with the registered manager, who made appointments with the GP and dentist during the course of our inspection for the person.
- People were supported to live healthier lives, for example, through diet and exercise. Hospital passports were in place which provided information about the person for hospital staff, in the event of the person being admitted to hospital. Health action plans were also in place which set out how to support people to be healthy.

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Where possible, people were supported to make choices for themselves. Relatives were also consulted to help gain an insight into that people's preferences and choices would be. Mental capacity assessments had been carried out, and where it was deemed people lacked capacity, best interest decisions had been made.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and the provider respected equality and diversity. Staff spoke in a dignified and respectful way when discussing people who used the service and we observed positive interactions between staff and people. A relative told us, "The care is ok overall. Generally, they look after [person] well." We observed staff interacting with people in a friendly manner. We saw people were relaxed with staff
- Care plans covered needs related to equality and diversity, including sexuality, ethnicity and religion. People's needs were met in these areas, for example, through food provided, and staff read religious texts to people that was reflective of their faith.

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

- People were supported to express their views and be involved in making decisions about their care as much as possible. Care plans included information about likes and dislikes, and staff told us people were able to communicate if they did or did not want to take part in an activity.
- Where people lacked the capacity to make decisions about their care, best interest decisions had been made, which included input from family members who knew people best.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was promoted. Staff understood the importance of respecting privacy and dignity and told us how they did this. One member of staff said, "We close the door [when providing support with personal care]. Sometimes [person] gets things out of the wardrobe [to wear]." Staff were aware of what people could do for themselves with their personal care and what they needed support with, which helped to promote their independence.
- The provider had a policy on confidentiality to help guide staff in this area. Confidential records were stored securely in locked cabinets and on password protected electronic devices.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people. These were of a good standard, clear, detailed and person-centred, based around the needs of the individuals. Relatives were involved in developing plans. One relative told us, "Yes, I was [involved in developing the care plan]."
- Plans covered needs including personal care, social and leisure activities and equality and diversity. Care plans were subject to regular reviews. This meant they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People who used the service had very complex communication needs which made it difficult for the provider to make all conceivably relevant information accessible to them. Nevertheless, attempts had been made to make information as accessible as possible from example, through the use of Makaton.
- People's communication needs were covered in care plans, and staff had a good understanding of how people communicated. Relatives were able to have input to help meet people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to develop and maintain relationships. People were able to see visitors as they wanted. The service was arranging for one person to visit their family on Christmas day. Relatives told the were able to visit as they chose.
- The provider supported people to engage in community-based activities and other activities at home. This included trips to the park, restaurants, bowling and listening to music.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the provider.
- The registered manager told us there had not been any complaints made in the past year, and we found no evidence to contradict this. Relatives told us they could speak with the registered manager if they had

any concerns.

End of life care and support

- At the time of inspection no one was receiving end of life care and support. The registered manager told us they had asked relatives about end of life support for people, but that relatives had chosen not to discuss this at this time.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a positive, open and inclusive culture to achieve good outcomes for people. Staff spoke positively about the registered manager and the working environment.
- One member of staff told us, "It's amazing working here. I love working here, I love helping people." The same staff member said, "The manager is friendly, they will sit with you and explain things. We have good communication and teamwork here. We support each other."
- There was a person-centred ethos at the service, for example, through person-centred care plans. This helped to achieve good outcomes for people.

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 provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring and there was a system in place for dealing with complaints.
- A relative told us, "I have raised things the [registered] manager and they are doing something about them."

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

- There was a registered manager in place who was supported in the running of the service by a team leader. The registered manager was line managed by one of the co-owners of the service, who they described as, "Extremely supportive." Staff were clear about their roles and lines of accountability. They were provided with a copy of their job description to help provide them with clarity about their role.
- The provider was aware of regulatory requirements. For example, they had employer's liability insurance cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

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

- The provider engaged with relevant persons. For example, regular staff meetings were held which gave staff the opportunity to discuss matters of importance to them. One member of staff said, "We have meetings, we talk about the things we need to do and how to solve problems." The provider had also

established a staff group on an internet information sharing platform to help keep all staff up to date with any changes or developments.

- The provider considered equality characterises. For example, care plans covered issues related to equality and diversity. Staff recruitment was carried out in line with good practice in relation to equality and diversity.

Continuous learning and improving care

- The provider had established systems to help develop continuous learning. Various audits were carried out, for example, in relation to infection prevention and control. Risk assessments and care plans were subject to regular review.
- The provider was in the process of carrying out a survey of people and relatives at the time of inspection. The registered manager told us once this was completed, they would do a staff survey.

Working in partnership with others

- The provider worked with other agencies to develop best practice and share knowledge. For example, the registered manager attended a provider forum run by the local authority. They told us topics discussed included infection control, staff retention, the Care Quality Commission mental health and mindfulness.