Farecare Gloucestershire Limited

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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

This inspection was completed on 5 and 7 June 2017 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service. At the time of our inspection, the service was supporting 28 people living in their own homes.

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

The service was safe. There were sufficient staffing levels to ensure safe care and treatment. Where calls were late or missed the registered manager had software to deal with this and plans in place to deal with emergency situations. Risk assessments were implemented and reflected the current level of risk to people.

People were receiving effective care and support. Staff received training which was relevant to their role. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA).Staff supervisions and appraisals were being completed so staff were able to learn and develop. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in place supported this practice.

The service was caring. We observed staff supporting people in a caring and patient way. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe, high quality care to people. There was a robust complaints procedure in place and where complaints had been made, there was evidence they had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Regular meetings for staff and people who used the service were being completed.

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.

Medicine administration, recording and storage were safe for people who required support with medication.

Risk assessments had been completed to reflect current risks to people.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

There were sufficient staff with the skills and knowledge to meet the needs of people. There were robust recruitment procedures in place.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and on-going support through regular meetings with their line manager.

People's nutritional needs were being met in an individualised way that encouraged them to be as independent as possible.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA). Staff promoted and respected people's choices.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. People expressed satisfaction with the care they received which was consistent and matched to their specific needs.

People were supported to access the community and were encouraged to be as independent as possible. People were supported to maintain contact with family and friends.

People were given information about the service in ways they could understand.

Is the service responsive?

Good

The service was responsive.

Staff delivered care in a person-centred way and were responsive to people's needs. Peoples care was kept under review and the service was flexible and responded to changing needs.

Care and support plans clearly described how people should be supported. People were supported to make choices about their care and support.

Specific focus was given to getting to know each person as an individual. People were encouraged to give their views and raise any concerns with care staff who supported them and the provider was in the process of sending out questionnaires to people and their relatives.

Is the service well-led?

Good

The service was well-led.

People and staff benefitted from clear, supportive leadership from the registered manager and the provider.

A comprehensive range of audits monitored the quality of the service and the registered manager focussed on continual improvement.

The registered manager and senior staff were approachable.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection, we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection was announced and was completed on 5 and 7 June 2017. The inspection was completed by one adult social care inspector. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service. We have not previously inspected this service.

During the inspection we looked at four people's care records and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed and training records.

We spoke with the director and registered manager of the service and four members of care staff. We spoke with five people who used the service. After the inspection we spoke with two health and social care professionals and we received feedback from six relatives of people who were receiving support from the service.

Good

Is the service safe?

Our findings

People told us they felt safe being cared for by the staff at Farecare and they felt like staff helped them to stay safe. One person said, "When they visit they always ask if I am ok. I have a necklace to press in an emergency but the staff do make sure I am safe and well".

Staff had been provided with training on how to recognise potential abuse and how to report allegations and incidents of suspected abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One person named particular staff members who they would go to with a problem. One staff member said, "I would go to the manager if I had problems and I know about safeguarding. It's to ensure people are safe from abuse".

There were sufficient staff available to meet people's needs. The registered manager and director said they had intentionally kept the service small so as to be able to provide 'hands on' care. The director and registered manager regularly did care shifts and completed people's initial assessment of their needs so they could meet the people being supported by Farecare. People and relatives we spoke with all knew who the director and registered manager were. There had been some missed visits. People we spoke with told us these were infrequent and generally due to emergency situations.

Three people we spoke with told us that staff were often later than planned but they would always turn up eventually and they would be told in advance if this was the case. The registered manager told us, "We have software that alerts us when a carer hasn't checked in to their scheduled visits, and can then contact them to see where they are to ensure visits aren't being missed and we can monitor how late they are. We allow 15 minutes to travel between clients and often this can compensate for calls that overrun especially during 'off peak' times. When carers are late we ensure that clients are prioritised to ensure the clients safety as much as we can. When a staff member is held up by an unforeseeable emergency the carer would make the office or on-call aware of the situation we would dispatch another carer, whether that be someone that is available in the area or on-call co-ordinator who would take over the remaining visits until the carer is available to carry on or for the rest of the shift. There are usually enough staff to achieve this as two of the office staff are able to do this including the registered manager and the on-call co-ordinator too should the registered manager be on annual leave, the director would fill that position and cover any lateness or absence to ensure no visits are missed and client safety is maintained". The registered manager told us this had been acknowledged and was something the agency was working to improve. People expressed a level of satisfaction with the care and support they received.

The service had systems in place to safely support people with the management of their medicines. Some people required support when taking their medicines and their care records contained details of their medicines and how they needed to be supported to take their medicines safely. There was a system for keeping records up to date with any changes to people's medicines. The registered manager would inform

all staff of the changes. Staff recorded each time a medicine had been taken on a medicine administration record (MAR) chart. People confirmed staff supported them when required. One person said, "I can take my own medicine but the staff always check that I've taken it when they arrive on my evening visit."

All staff had been trained in the safe administration of medicines and the agency had clear policies and procedures for them to follow. We saw that medicine administration charts were returned to the main office where the registered manager checked them for any discrepancies. There had been 12 medicine errors in the previous nine months. The medicine errors were all recorded and lessons learnt to stop them from happening again. The registered manager told us they completed extra medicine competency checks if they identified any concerns with staff's skills and knowledge to manage people's medicines safely.

People's risk assessments were detailed and available to staff. These covered areas such as; health and well-being, mobility, living safely and taking risks. People's risk management plans had been updated and reviewed regularly as people's needs changed to ensure staff had up to date information about how to support people to stay safe.

New employees were appropriately checked through safe recruitment procedures to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employer's to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for six staff which evidenced staff had been recruited safely. Records showed us that care staff who were employed by Farecare also had two references from their previous employers.

Uniform and disposable gloves were provided to ensure care workers had protective clothing which promoted good infection control practice.

Good

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. The staff felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as; safeguarding adults, health and safety, first aid, food hygiene and fire safety. Other training courses available to staff included areas such as; equality and diversity, dementia and person centred care. The registered manager showed us a system that was in place to show when staff required an update on specific training. Staff were encouraged to develop their skills and one staff member was booked on a course to be able to deliver some training courses to the whole staff team at Farecare.

Staff were asked to complete a learning style self-assessment questionnaire which enabled the registered manager to see what preferred learning style would suit staff members the most. One staff member's questionnaire showed us they had a visual learning style which meant more face to face training would suit them better. This showed us the service was responding to staff individually and ensuring the training provided was fit for purpose. Arrangements were made for staff to learn in their preferred learning style.

Care staff had received training on the Mental Capacity Act (2005) which enabled them to feel confident when assessing the mental capacity of people to consent to their care. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A best interest meeting with relatives and health professionals had been held in February 2017 for one person who did not have capacity and a plan to provide personal care was put in place with input from people who knew them well. Care staff demonstrated an understanding of the MCA and how it applied to their practice.

All care staff completed an induction programme at the start of their employment. This included information on the aims and objectives of the company, policies and procedures, health and safety and how to support individuals effectively. A checklist was designed to support both the management team and the staff member to ensure each part of the induction was completed within the required timescale. One staff member had completed their induction in February 2017 and their checklist had been completed and signed off. A probationary review of newer members of staff was completed after 6 months of employment. Shadow shifts were undertaken for newer members of staff so that they could observe and learn from more experienced members of the team. One staff member had completed five shadow shifts and had been observed with moving and handling techniques and administering medication to ensure they were competent to support people effectively.

Staff received supervision and an annual appraisal which enabled the registered manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained. Staff had supervision every other month and records showed that these had all been completed. One staff member said "I feel fully supported and I am encouraged to write up my own supervision notes so that I can completely understand what we discussed". The registered manager stated that Farecare had an 'open-

door policy' and staff were able to discuss any issues or concerns on a daily basis with the registered manager.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists and opticians. We saw people's changing needs were monitored and changes in their health needs were responded to promptly. In each care and support plan, guidance was clearly recorded for staff to follow with regard to supporting people to attend appointments and other specific information for keeping people healthy. One person said, "The staff will take me to appointments if I ask them too, they are helpful to me".

People were happy with the support they had to eat and drink. This support varied depending on people's individual circumstances and contract arrangements. Some people prepared their own meals and others had support from care staff to do this. People and relatives gave positive feedback about staff supporting them to eat a healthy and well balanced diet. One person said, "The staff will make me my supper and I just let them know what I would like". Another person liked to have fish and chips on a Wednesday so staff would take this in with them when visiting the person.

Good

Is the service caring?

Our findings

People and relatives gave us positive feedback about the staff employed by the agency. One person said, "The staff are lovely and they always make me laugh. They do everything I ask". One relative said, "There are a variety of staff but we know them all. It's a small company and we have recently changed companies. We are lucky enough to have Farecare. They even recently visited [The person] in hospital which they didn't have to do". Another relative said, "I am impressed with them, my relative has being receiving care for 4 years and I don't know what we would do without them".

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to, and when moving to Farecare. Relatives told us they had been consulted and had been able to discuss their views with the provider. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

The service had received many thank you cards and compliments. Almost all of these detailed how friendly and caring the staff were. One card said, 'Thank you all for all that you did to make our aunt comfortable, a job which wasn't always easy.' Another said, 'I wanted to send a note of Thanks for all of you wonderful people at Farecare. I got to know some of you very well and feel like some of my burden was shared with you. You made life easier to handle through a very difficult time for us all.'

Staff understood the importance of promoting people's independence and care plans supported this to allow people to live as independently as possible. One person was involved in the recruitment process and chose the staff who they wanted to support them. The person was able to ask staff what their interests were and by having this input and we were told this made them feel less anxious.

People had a small team of staff who supported them. This ensured continuity and enabled the person to get to know the staff. People named staff they liked who supported them and told us they were supported to make decisions about how they would like to receive their support. One person said, "I usually get the same person who knows me well and how I like things to be done. They put my clothes on the airer in the way I like them too". One relative said, "I am always here visiting [The person] on a Wednesday and it is usually the same staff who visit".

People were confident staff supported them in a way which respected their privacy and maintained their dignity. One person said, "Staff are sensitive and make sure I am comfortable. They do care about my dignity". Staff we spoke with understood their role in ensuring people's needs were met in this area. Staff were trained in dignity and respect.

The registered manager spoke about the importance of providing quality end of life care. They said, "We always do our best for people at the end of their life." An end of life procedure was in place for staff to follow at the appropriate time. The procedure gave clear instructions of who to call and gave examples of different

scenarios should they be required. Staff were trained in end of life/palliative care.

Good

Is the service responsive?

Our findings

Each person had a care plan and a process in place to record and review information. The care plans detailed individual needs and how staff were to support people. Each care plan gave staff guidance to support people in specific areas, such as; personal care, mobility, mealtimes, bed changing, cleaning, daily tasks and how to communicate. A preferred routine and daily tasks document was a separate record in each care file which showed staff how people liked their support to be provided. The preferred routine detailed areas such as; cleaning schedules and tasks to be completed on each visit. People we spoke with told us staff stayed for the amount of time they had been booked for and completed all of the tasks required.

Staff attended regular team meetings every other month. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these had taken place regularly. Staff told us, "Team meetings are important and there are notes to read if we can't attend". The meeting minutes from April 2017 gave updates for staff with regard to training and timesheets. Each person who used the service had an individual update on their medical needs or changes to their circumstances. One person required an occupational therapist assessment and this was being completed by the registered manager. This meant that staff were kept up to date with people's changing needs and would be consistent in their approach so that people would always receive their care according to their wishes and preferences.

People and relatives spoke to us about activities they enjoyed doing and how the staff at Farecare would support them to access the community. One person said, "I like to go for a coffee and walk around the shops sometimes. I just have to ask and they will accompany me". Another person was supported to go to church on a Sunday. Team meeting notes asked staff to ask people if they wanted to go out and also to try and find places where people would like to go during the summer months.

Staff confirmed any changes to people's care were discussed regularly through the use of the shift notes to ensure they were responding to people's current care and support needs. A phone was used to record any valuable information. The registered manager said, "This is a great way of communicating with the whole team as we can all access information".

People, relatives and staff were aware of who to speak with and how to raise a concern if they needed to. An occupational therapist had completed an assessment with regard to providing effective care and support for one person whose relative had made a complaint. The registered manager said, "Any complaints or concerns are addressed. We are always looking to improve". One person said, "I only have to ring the office and I know they will sort things out". One relative said, "They always listen. The manager is really good and always gets back to us". The registered manager told us "All complaints are fully investigated. During the outcome process we look at what could have been done differently to avoid the complaint. We would share this with management and then pass down any appropriate information to staff to show what lessons have been learnt. This could be by way of a discussion with certain staff members or where appropriate it could be shared in a team meeting. This will also include any further training we feel staff may need. It may also be necessary to carry out a review for the individual". The registered manager was in the process of sending out feedback forms for people and their relatives as a way of improving any areas that required improvements.

Staff told us they discussed any issues whilst delivering care and support in people's homes and this would be fed back to the registered manager.

Good

Is the service well-led?

Our findings

Staff told us they felt very well supported by the registered manager and provider. There were many positive comments about the provider, the registered manager and the overall leadership of the service. They said they felt valued and their work was appreciated. One person said, "They do run it well. There is always someone to answer the phone and an out of hour's number to ring". One member of staff told us, "I feel listened to and supported". One relative said, "The manager keeps us informed. If we had any problem we know it would be sorted out".

Regular audits of the service took place to improve the quality of care and ensure the safety of people. This included daily and weekly audits by the registered manager. During the audits care plans were reviewed and updated. The registered manager strived to continually improve the service and was introducing a monthly audit and report at the time of our inspection. The registered manager told us that the monthly audits will improve the effectiveness of the quality monitoring process. Areas that were checked were; health and safety, the premises, people's care files and medication. Staff were knowledgeable about what needed to be done and there were checklists to ensure things were completed regularly such as cleaning. All of the records were delivered by care staff to the office each month. Where actions were needed, these had been followed up. For example, where medicine records had not been fully updated, checks were made about why this had occurred and staff were reminded about the policy and procedure to follow in respect of medicines and record keeping.

The registered manager told us that, although there had been some late or missed calls that this was under review. They told us "We have software that alerts us when a carer hasn't checked in to their scheduled visits, and can then contact them to see where they are to ensure visits aren't being missed and we can monitor how late they are. They are also asked to inform the office (in office hours) or the on-call (outside office hours) when they are running late so we can inform clients of this and prioritise the clients at a higher risk of vulnerability due to late visits.'' The registered manager used this software system to review people whose visits were routinely longer than planned. People's care arrangements were then reviewed with the person and their funding bodies or families as the person's needs may have changed. There was regular communication with staff to ensure that this was a robust and effective solution for them to inform the service if an individual's needs are changing and as a result require more support. This also happens during team meetings where staff could voice these concerns. The rota was also reviewed to ensure that where possible clients are grouped in areas in an attempt to ensure travel time is suitable for what is needed and make it more effective should the carers have slight overruns".

The registered and senior manager were keen to make continual improvements to the service. This included improving the standard of service provided to people and supporting staff to be happy in their work and to develop further. A recognised national qualification was being introduced for staff to complete to enable them to learn, develop professionally and improve the care provided. The registered manager said, "It is really important that our staff are supported and are happy as this has an effect on how people are cared for".

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and were kept all in one place making it easier for them to be accessed. Examples of these included a lone working policy and shift related work schedules. All policies had been updated in September 2016.

The registered manager felt fully supported by the provider who would visit the service and quality assure their systems, processes and records regularly. We met with the director of Farecare who told us they were continually striving to improve the service and liked to be fully involved. The director was involved in the initial assessments of people and often completed shifts. People and relatives confirmed this to be the case.

Feedback from people and relatives was actively encouraged. A feedback questionnaire was due to be sent out to people and their families to ensure views were listened to. The Farecare statement of purpose stated, 'We are committed to achieving our stated aims and objectives through reviewing our care services. We welcome the feedback from our clients and their representatives'.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Incidents and accidents were analysed to identify themes or trends so that preventative action could be taken.