

Friendship Care And Housing Association Limited

Friendship Domiciliary Care Service

Inspection report

17 Braithwaite Road
Birmingham
B11 1LB
Tel: 0121 506 2800
Website: www.fch.org.uk

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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?

Outstanding



Overall summary

This inspection took place on 18 and 22 December 2015 and was announced.

The service provides support to people in their own homes within the Birmingham and Warwickshire areas. People using the service typically have learning disabilities and other disabilities. During the past year, the service also started to provide support to people who previously lived in registered care homes operated by the company. These were mostly for people with learning

disabilities but included a service for African/Caribbean elders who live in a shared block of flats. The total number of people receiving a service at the time of our visit was 98.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using this service told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

People told us that they were happy with the service provided. People told us that they were included in decisions about how their care was provided. People told us about how staff helped them to retain skills and to stay as independent as possible. People told us how managers and members of staff helped them to grow in confidence by providing them with physical and emotional support.

People told us that staff treated them with dignity and respect. Staff working in this service understood the needs of the people for whom they provided care and support. Staff were aware of people's needs arising from their medical conditions.

Staff were appropriately trained and skilled to provide care and support to people. The staff had completed relevant training to make sure that the care provided to people was safe and effective to meet their needs.

The registered manager other managers and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. We did not find anyone being unlawfully deprived of their liberty. Staff empowered people to participate in their local communities and to voice their opinions in a variety of settings and to relevant agencies.

The managers encouraged feedback from people who used the service, their family members, advocates and professional visitors, which she used to make improvements to the service, where needed.

The registered manager and other managers in the service assessed and monitored the quality of care consistently. In addition to observations and supervision of staff, the managers consulted staff and people using the service to find out their views on the care provided and involved people using the service in decisions about how the service was run.

Summary of findings

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 safe.

People told us that they felt safe and had confidence that staff could keep them safe because staff were trained in recognising the possible signs of abuse and they knew how to report safeguarding concerns.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Staff, where appropriate, prompted people to take their medication helping to keep them safe.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs and who knew how to communicate with them effectively.

People were supported to have healthcare needs met.

People were supported to eat and drink in ways which maintained their health and respected their preferences.

Good



Is the service caring?

The service was caring.

People were happy with the support they received. People told us that staff were kind and caring in their interactions with them.

People were involved in planning the support they received and were supported to be as independent as possible.

Good



Is the service responsive?

The service was responsive to people's needs.

There were good systems for planning the care and support which people needed and people were involved planning their care.

People's comments and complaints were listened to and appropriate changes were made in relation to complaints received.

Good



Is the service well-led?

The service was well led.

The managers involved and consulted staff and people using the service about how the service was run. They empowered people to express their views.

Outstanding



Summary of findings

<p>The manager used good systems for audit and quality assurance to ensure safe and appropriate support to people and to plan services so that people's care and support was provided in line with current best practice.</p>	
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Friendship Domiciliary Care Service

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.

This inspection took place on 18 and 22 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection was carried out by one inspector.

As part of our planning for the inspection we looked at information we already had about the provider. Providers

are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us plan the areas we were going to focus our inspection on. We also checked with a local authority who commissioned services from the provider for their views of the service. We received information from the registered manager of the service about how the service was managed.

During our inspection we spoke with the registered manager and 12 members of staff, nine people using the service, four relatives and two visiting professionals. We sampled the records, including six people's care plans, three staff files and training records. We looked at the provider's records for monitoring the quality of the service and handling complaints.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person said, “I know I am safe, they (the staff) would make sure I am.” People told us that they trusted the staff and one relative told us, “[Relative’s name] trusts them. We have been very, very fortunate.” A relative of another person said, “I never worry about her. I know she’s safe and well looked after.”

We met some people with the staff who supported them and they looked very relaxed and comfortable in staff company. Some had asked for staff to be present when we met them as they felt safe with them when meeting a stranger.

The registered manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. The details of who to contact in case of a safeguarding issue were in a handover file in each person’s property. We saw that these details also included a process to follow if the person needed to report a manager. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. There were whistleblowing guidelines for staff in case they witnessed or suspected that colleagues were placing people at risk. These were clear and all staff were made aware of them as part of their induction. We saw records which showed incidents which had been reported, the outcome of the investigation by the appropriate authority and any changes which had been made as a result of the matter being raised.

People told us that that staff had assessed the risks associated with their circumstances. We saw that, where people were able to do so, they had been involved in drawing up and signing the risk assessments associated with their lives. The risk assessments showed that staff had

considered the risks in relation to the environment and any activities which may have posed a risk to staff or people using the service. We saw that staff had recorded and considered the possible risks associated with choices which people had made, for example, when one person had chosen not to have a bath mat. Staff tried to keep people as safe as possible whilst respecting their choices. Staff demonstrated, in conversation, that they had also considered the factors which may make some people vulnerable to exploitation or abuse and had taken appropriate action when people had been discriminated against or exploited by third parties.

Staff told us and the records confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to them starting work. We saw, in sampled records, that two references had been taken up on each member of staff and staff had been interviewed by a panel including managers and people using the service as part of the recruitment and selection process.

There were enough staff to meet the needs of the people currently being supported. People’s needs had been assessed by the commissioners of the services and staff were provided to meet the identified needs. The registered manager told us that the service used a team of reserve staff who were used at times of staff shortage or periods of leave. These members of staff knew the people who used the service. The service also made use of volunteers and apprentices for the benefit of people using the service.

There were good arrangements for managing people’s medication, when required. People’s medication was stored in secure locations and the records which we sampled had been completed appropriately. We saw that there were clear instructions for staff about when to administer medication which was prescribed to be taken, ‘as required’.

Is the service effective?

Our findings

People expressed confidence that the staff had the skills and abilities to meet their needs appropriately. One person told us, “They know what I need and they are doing a good job.” A relative said of the staff, “They absolutely understand what [person’s name] is about.”

Staff communicated well with people. Some people using the service at the time of the inspection were able to discuss their needs and tell staff how they wanted their care to be provided. People told us that the staff listened to them and made changes when they asked for them. Other people did not use verbal communication, but staff demonstrated that they were competent in interpreting people’s gestures and body language. Many of the staff had worked with the same people for several years and had become skilled at knowing what people wanted and what the best ways were of offering choices, including the use of pictures. There were clear instructions for staff in people’s plans, advising them of the best ways to communicate with each person. For example, we saw, ‘Staff need to speak slowly and clearly when speaking to [person’s name]’ and ‘[Person’s name] is best when shown pictures’.

We saw that, where people did not use verbal communication they had ‘communication passports’ which they carried with them. These provided people with vital information should there be an emergency. Advice to people finding the passport included, ‘If you find me alone without my support worker there may have been an accident...please stay with me...explain the situation in a calm manner, offering assurances at my eye level.’ The advice then explained the best way to communicate with the person and provided relevant contact details.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work for the service. The induction met nationally recognised standards and covered basic elements such as health and safety and handling information as well as working in a person-centred way and empowerment. The registered manager was knowledgeable about the recently introduced ‘Care Certificate’ which was being incorporated into the training for staff.

Staff had received guidance about the needs of each person they supported and how to meet these. Staff had received additional training to meet the specific needs, for

example in meeting the needs of people with specific medical or mental health conditions. Staff told us that they were confident that they were sufficiently trained to carry out their role. One member of staff told us, “The training is really good. If we feel we need to know more about something we just ask and they sort it out.” Staff told us that they were encouraged to undertake nationally recognised qualifications.

Staff said that they felt very well supported and valued. Staff confirmed that they received supervision and guidance from their managers on a regular basis. In addition to individual sessions, there were monthly team meetings at which staff could raise issues or offer suggestions about how the service was provided. These meetings also provided staff who worked on their own with an opportunity to meet and discuss issues with other members of staff. Staff told us that the registered manager was available when needed, even if she was not officially working on a day that they needed her support. We saw that staff loyalty was rewarded through long service awards which recognised their contribution.

People told us that they had been involved in planning the care they received. Where people were not able to discuss their care plan, the service had consulted with people who knew the person well, including relatives and carers, to ensure that they had information about the person’s priorities and preferences as well as their needs. The care plans we looked in showed each person’s needs and there were instructions for staff showing how they needed to carry out specific tasks. Staff explained that they communicated with each person and checked that they were doing what they wanted them to do.

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA). We found no evidence that anyone was being deprived of their liberty unlawfully. Staff and managers demonstrated their commitment to ensuring that people’s rights were upheld and their opinions and choices were respected. Where necessary, applications had been made to the relevant authority to impose relevant restrictions.

Staff had relevant information about people’s dietary and nutritional needs. People using the service were able to discuss their preferences with staff when they were preparing food so people received food which they had chosen. Staff explained that they encouraged people to eat

Is the service effective?

a healthy diet but respected people's choices. Staff knew which people using the service were at risk of choking or who needed a specific diet due to medical reasons. For example, we saw in one person's records, the instructions for staff to cut up food into pieces the size of a five pence piece and advice not to leave the person unattended at mealtimes. Staff also met people's cultural needs in terms of meals.

Staff knew and understood the implications for people's care and support of their health conditions. There were

details of people's specific needs in relation to their health in people's plans. Contact details for relevant healthcare professionals were available in people's records so that staff would be able to make contact in the event of an urgent situation. People told us how staff had enabled them to access relevant health professionals. One relative told us, "They persevered in getting the GP when needed. They have been phenomenal."

Is the service caring?

Our findings

People who used the service and relatives provided many examples of how staff were caring in their approach. One person using the service said of the staff, “They look out for you. If you have a problem you know you can talk to them. They are all brilliant.” One person’s relative told us, “They are amazing, they absolutely are. [Relative’s name] adores them. She calls them ‘her friends.’”

Several people using the service and relatives told us that they felt that the service was like a family and they valued the fact that the managers and staff knew everyone well and cared about what happened to them. People told us that they could contact managers or staff whenever they had a problem, needed support or were just feeling lonely and needed a chat.

Some people using the service needed little physical support but needed support in social situations and they told us how staff provided them with emotional support when they needed it. People told us that they trusted the staff. One person told us that the staff were good at noticing when they had a problem. They told us, “They say, ‘what’s the matter? You’re not yourself.’”

Relatives told us how the managers and staff had provided them with emotional support and reassurance when they had been anxious about their relative. They said that if they visited people when staff were in the property, the staff made them very welcome. They told us that members of staff and the managers were always available for them to discuss issues and this gave them confidence in the service.

We saw that staff had enabled people to keep ‘living diaries’ of their lives. Each day, staff took photographs of people throughout the day as they engaged in activities and tasks. They then printed the photographs and wrote a narrative describing the day on a large page, which they laminated. The diaries which were created provided people with a record of their lives which they enjoyed looking at to remind them of what they had done.

People told us how managers and staff had supported them to find appropriate accommodation in areas where they wanted to live. They had helped people to introduce themselves to neighbours and to explore local amenities. Tenancy agreements were presented in ‘easy read’ versions, with pictures and plain language to ensure that people fully understood these. We saw photographs in the newsletter of a person’s new flat before and after staff had helped them to decorate in the style they had chosen

The manager and staff spoke with respect and affection about the people they supported. They had a good knowledge of people’s situations and their preferences in terms of their care and support. The records showed people’s specific needs arising from their culture, religion, lifestyle choices or health conditions and staff were aware of how these should be met. Staff embraced the diversity of need, culture and lifestyle represented by people who used the service.

Is the service responsive?

Our findings

People told us that their care and support plans were drawn up after discussion with them and taking into account their views and opinions as well as their needs. The plans which we sampled were specific and individual and provided evidence that people and, where appropriate, their representatives, had been consulted. The plans had been updated in response to people's changing needs and after review meetings which involved people using the service and, where appropriate, their relatives or representatives.

The records showed that where people needed support in this area, they were assisted by staff to attend places of interest and recreation. People told us about and we saw photographs of people engaging in a wide range of activities in their homes and in the wider community. Some people were supported to attend regular classes and social groups. Where people had specific hobbies or interests, the manager had recruited staff who could support them in attending relevant venues and events. For example, people had been to music festivals, motorbike and car races, and had enjoyed participating in swimming and horse riding. Staff had accompanied people on a range of holidays in Britain and abroad. In some areas there were social groups which provided people with opportunities to engage in various activities including skittles, games and discos. Family members and friends were invited to these functions.

The service had policies and procedures for dealing with comments and complaints. There was clear information for people using the service about how to complain. The service encouraged people to express their views and to make complaints and compliments to the managers. We saw records of issues which people had raised and the manager had recorded the action which had been taken in response to comments so that the situation had been resolved to the person's satisfaction. People told us that they knew how to contact the managers and would have no hesitation in doing so if they were not satisfied with the standard of care or support. They expressed confidence that the managers would act on concerns raised. One person told us, "if I wasn't happy I would tell [manager's name]. We would talk about it." They then told us how the manager had helped them to make positive changes in their life.

The service worked in partnership with other agencies and healthcare professionals to make sure that people's needs were known and met. Staff provided examples of when they had worked in collaboration with other agencies to effect changes for people which had improved their quality of life. Comments from professionals who were associated with people using the service included, "I am very impressed...excellent care" and "they provide good and appropriate care."



Is the service well-led?

Our findings

People who used the service, relatives and professionals expressed confidence in the registered manager and how she led the staff. The registered manager was supported by a network of local managers, some of whom continued to manage the staff working at locations which were formerly registered as care homes. We found that there was good communication between the managers and they held regular meetings to assess progress and discuss plans.

The culture of the service as described by the registered manager, staff and people using the service, was one which valued all staff and people using the service and embraced diversity. It was apparent that staff and people using the service felt part of a community and several members of staff told us that they really looked forward to going to work and provided us with examples of when they had changed their hours or worked longer than planned to meet people's particular needs. One member of staff told us, "the organisation listens" and told us about staff consultation sessions at which staff from various locations were invited to a forum to provide their views on the development of the service. They felt that this had helped to make sure that the provider and senior managers knew about the challenges which staff and people using the service had faced when the service had been reorganised. Managers showed that they had been aware of the concerns of staff and some service users and their relatives at the time of the changes but they demonstrated that the changes had been necessary to ensure that people benefitted from a sustainable and more person centred service in the future.

Managers and staff supported people using the service to play an active part in their local communities. Some volunteered at charity shops. Some were involved in regular fundraising activities, for example, coffee mornings or sponsored activities. Some grew vegetables on an allotment and distributed them. One person had been supported to bake a birthday cake for their elderly neighbour. One person told us how staff had helped them to find a local slimming class and other facilities in an area which they had moved to. Some people chose to attend local places of worship and had become well known to the regular congregation. People using the service and staff had taken part in sponsored events such as cycling and were raising funds for a bench in remembrance of a member of staff. We heard many examples of managers

and staff being flexible in their approach to their working hours for the benefit of people using the service, seeking opportunities for people to broaden their experience and then accompanying people who were not confident to attend somewhere new for the first time. Managers led by example in this respect.

People had also been empowered by staff to express their views at local council consultation sessions in relation to the future of services in the city. People using the service were encouraged to express their views on all aspects of the service through user consultation groups and individually. They were also involved in producing regular newsletters about their holidays and other social activities.

The registered manager visited people in their homes to observe staff and consult people about the standard of support. The registered manager knew the people using the service well and it was apparent that she was well informed about people's needs and circumstances. The managers had reviewed and, where necessary, updated records such as people's care plans. There were systems for making sure that policies and procedures were reviewed and updated as necessary. We saw that records had been audited on a regular basis. The records and conduct of the service were subject to further scrutiny by the management board of the organisation, with whom the manager shared the results of her consultations and audits.

People told us that they were asked for their opinions of the service. We saw that the service used questionnaires to find out people's views as well as visiting people to talk to them about the quality of the service. The staff gave questionnaires to health and other professionals each time they visited to ask them about their experience of the service. They used pre-paid envelopes to encourage people to respond.

The manager demonstrated how she used feedback from people and the results of monitoring records and staff performance, to improve the service and make plans for the future. For example, changes had been made to the staffing structure and other management changes were being considered. The registered manager demonstrated that the service met nationally recognised standards in relation to its management. The service achieved Investors in People Gold in 2014 and has achieved and sustained the standard for Investors in Excellence since 2012. The



Is the service well-led?

organisation received the 'Skills for Care Accolades Best Provider of Learning and Development' for 2012/13 and was runner up in the 'Best Employer of over 250' staff category in the same year.

The registered manager showed that she knew about recent changes in Regulations and best practice guidance in various areas. The service had expanded during the past year as several locations which had previously been registered as care homes became houses where people held their own tenancies and used this service. We saw evidence that the registered manager had consulted staff and people using the service over a long period before the changes were introduced. Some members of staff had

experienced changes in their work patterns and responsibilities and some had expressed reservations about the new arrangements but the service had retained a large proportion of staff through the changes. For some people using the service, there had been little change in the quality of their life as they had been receiving personalised care and support in their care homes. For other people the changes had resulted in opportunities to become more independent, sometimes by moving home to locations more suited to their needs. We saw that the process of change had been well managed for the benefit of people using the service.