

Farrell Healthcare Limited

Farrell Healthcare Head Office

Inspection report

31 Wood Street
Lytham St Annes
Lancashire
FY8 1QG

Tel: 01253279620
Website: www.farrellhealthcare.co.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?	Good ●

Summary of findings

Overall summary

This inspection visit took place on 01 February 2017 and was announced.

This was the first inspection of the service since its re-registration with the Care Quality Commission (CQC). This was because the service had moved premises. The service has not previously been inspected.

Farrell Healthcare Head Office provides a domiciliary care service for clients who require support in their own homes in the community. The service provides support in the home for older people and operates from offices based on Wood Street in Lytham St. Annes. At the time of our inspection visit Farrell Healthcare Head Office provided services to 26 people.

There was a registered manager in place. 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 responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Six people supported by the service told us staff who visited them were polite, reliable and friendly. They told us they received patient and safe care and they liked the staff who supported them. Comments received included, "I cannot fault the girls who visit me. They are very reliable." And, "I am happy with the service I receive. They have never let me down."

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Five staff spoken with told us their recruitment had been thorough and professional.

Newly appointed staff received induction training completed at the services office base. This was followed by shadowing experienced colleagues until they felt safe to support people unsupervised.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We looked at how the service was staffed. Five staff members spoken with said they were happy with how their visits were managed. Six people supported by the service told us staff were reliable and they had never experienced a missed visit.

The five staff members we spoke with told us they received regular supervision from the registered manager and felt supported. They told us their work was appraised by the registered manager and they received feedback about their performance and client satisfaction.

The service had systems in place to record safeguarding concerns, accidents and incidents and take

necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The six people we spoke with told us they were happy with the service they received.

The service used a variety of methods to assess and monitor the quality of the service. These included spot checks and care reviews. Six people we spoke with told us they were satisfied with the service they received.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Good ●

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Good ●

Farrell Healthcare Head Office

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 checked 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 visit took place on 01February 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on 01February 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we spoke with six people supported by the service. We also went to the Farrell Healthcare Head Office and spoke with the registered manager and contacted five staff members providing care in the community.

We looked at the care records of three people, training and recruitment records of five staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with six people supported by the service who all said they had confidence in the staff who supported them and felt safe when they received their care. They told us they had the same group of staff who provided their care and they were familiar with their needs and preferences. Comments received included, "I have had some bad experiences with care agencies but I am very happy with this one. I have the same group carers who are kind and patient with me." And, "I feel really safe with the girls. They are very professional and know what they are doing."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. When we undertook this inspection visit there had been no recent safeguarding concerns raised about staff working for the service.

We looked at the recruitment of two recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to reduce the risk of employing unsuitable staff to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment.

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, spoke with staff and people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide support people required. Six people supported by the service told us staff were punctual and reliable. One person said, "Never experienced a missed visit yet. They occasionally get held up at previous visits or because of traffic. I understand these things happen but they always turn up."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided clear instructions for staff members when they delivered their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified action taken by the service had been recorded. Training records seen confirmed staff had received moving and handling and health and safety training to ensure they had the knowledge and skills to support people safely when they delivered care.

We looked at the procedures the service had in place for assisting people with their medicines. Records we checked were complete and staff had recorded support they had provided people to take their medicines.

Staff employed by the service received medication training during their induction. Discussion with five staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with six people about the management of their medicines. They told us they were happy with medication arrangements and received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us they were happy with the care and support they received. Comments received included, "I cannot speak highly enough about the girls who visit me they are all brilliant. Never have to tell them what to do they all know their job." And, "They always go the extra mile for me. I am so happy with them I have recommended them to friends."

We spoke with five staff members and looked at individual training records. Staff told us they were happy with the training they received and felt it provided them with the knowledge and skills to support people effectively. Most staff had achieved or were working towards national care qualifications. Records seen confirmed training provided by the service covered a range subjects including safeguarding, moving and handling, first aid, food hygiene, dementia and diabetes awareness. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed he was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice.

Records seen and staff spoken with confirmed they were well supported by the service and annual appraisals were in place. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. One staff member said, "I had my appraisal very recently and received some lovely feedback about my performance and client satisfaction. I was very pleased the people I visit are happy with me."

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff

were available to support people to access healthcare appointments if needed.

Is the service caring?

Our findings

Six people supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "The girls who visit me are all exceedingly polite, kind and caring. They are very thorough and patient with me. I am very happy with them." And, "Accepting help was hard for me but the girls have made me feel comfortable with them. I cannot wait for their visits they make me laugh and cheer me up."

We looked at the care records of three people and found the service had encouraged people to express their views about their care delivery. We saw evidence people had been involved in developing their care plans and had consented to their care. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as required. This ensured information staff had about people's needs reflected the support and care they required.

People told us they were satisfied staff who supported them had up to date information about their needs. They told us staff listened to them and their care was delivered in the way they wanted. Comments received included, "The girls are always cheerful and ask about my wellbeing when they visit. I know they genuinely care about me and never leave me without making sure I am happy and safe." And, "No issues with the girls who visit me. They brighten my day the minute they walk through my door. I am very grateful for everything they do for me."

Staff had an appreciation of people's individual needs around privacy and dignity. They told us respecting people's privacy was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care. One person said, "I find the girls are very polite and respectful. We have a laugh and joke when they visit but they never step over the mark."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. We were told they had no concerns about the service.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

Care plans seen confirmed people had expressed when, how and by whom they wanted their support provided. For example people had been encouraged to specify the preferred gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about visit times and the level of support they required. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of three people. We found they were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible and had been regularly reviewed for their effectiveness. The service had responded to the changing needs of people by updating care records. Personal care tasks had been recorded along with fluid and nutritional intake where required. Discussion with staff confirmed they were informed promptly when changes to people's care had been required. This ensured they had up to date information about the care needs of people they support.

People supported by the service told us they found they were responsive if they contacted them. We were informed they were quick to respond if they needed an extra visit because they were unwell or needed to cancel a visit. One person supported by the service said, "I always find them accommodating if I need a change to my visits. Nothing seems to be too much trouble and it's working very well for me."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service.

People who used the service told us they knew how to make a complaint if they were unhappy about anything. One person said, "If I was unhappy about anything I know how to make my views known. It's working well at the moment and I have no complaints about anything."

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities and was supported by the registered provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager and senior carers were experienced, knowledgeable and familiar with the needs of people they supported. Discussion with the registered manager and five staff members confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from people supported were positive about the service and how it was managed. One person said, "I have been happy with the service from day one. I have regular contact with the registered manager who I find friendly and helpful."

The service had systems and procedures in place to monitor and assess the quality of their service. Spot checks were undertaken by the registered manager during care plan reviews whilst support staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care, medication and financial records were also monitored during the visits. We saw the outcome of the checks had been documented and placed on people's care plan records.

Regular staff meetings were held and records confirmed these were well attended. Staff spoken with told us team meetings were held on a regular basis. They said these were a good forum for information sharing and learning.

When we undertook our inspection visit the service was in the process of producing satisfaction surveys to seek the views of people being supported by the service. The registered manager told us they wanted to formalise their quality monitoring procedures and ensure they had written feedback from people about the service they provided.

We found regular audits had been completed by the service. These included medication, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

We saw a sample of messages left by relatives of people who had been supported by the service. Comments included, 'Just wanted to thank you and your team for everything you did for [relative]. You made [relatives] life easier and less stressful and [relative] appreciated the visits and company.' And, 'Many thanks for the care and attention you gave [relative] whilst we were away. It was very much appreciated.'