

Filey care and support Ltd

Filey Care and Support LTD

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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.

About the service

Filey Care and Support LTD provide personal care and support to people living in their own home as part of a supported living scheme. The service comprised of several small houses (supported living units) where people had their own bedrooms and en-suite facilities, and access to shared communal living areas and gardens.

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. About 80 people were using the service at the time of the inspection, out of whom 11 people received personal care.

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

Right Support:

Some risks in relation to people's care and welfare were not thoroughly assessed which could have impacted on their safety. We also identified areas for improvement around the safe management of medicines.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff supported people to make decisions following best practice in decision-making. People had a choice about their living environment which they were able to personalise.

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 received care and support from a consistent and knowledgeable staff team. However, recruitment

practices were not always safe.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People's care and support plans reflected their range of needs and this promoted their wellbeing and independence.

Right Culture:

The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. However, quality assurance systems were not always effective as they had not identified the issues we found.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

People and those important to them were involved in planning their care.

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

Rating at last inspection

The last rating for this service was good (published 8 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Enforcement

We have identified breaches in relation to safe management of medicines, assessing people's risks, staff recruitment and the management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Filey Care and Support 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 two inspectors.

Service and service type

This service provides care and support to people living in a number of 'supported living' units, 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 were two registered managers in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager(s) would be in the office to support the inspection.

Inspection activity started on 21 September 2022 and ended on 22 September 2022. We visited the location's office on 21 September 2022.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited three of the supported living units and spoke with four people who used the service about their experience of the care provided.

We spoke with staff on duty, which included care workers, scheme supervisors/managers and the registered managers.

We reviewed a range of records. This included four people's care records and multiple medicines records.

We looked at seven staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies and procedures, complaints log, accidents and incidents records, staff training records, audits, health and safety checks and meeting minutes.

Following our visit to the service, we spoke with the relatives of four people on the telephone, and an additional four staff members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were not always consistently and effectively managed.
- The service identified risks associated to people's care and provided guidance for staff on how to manage those risks safely. We found risk assessments covering issues such as community access, exploitation, aggressive behaviour and nutrition/hydration.
- However, several of the identified risks were not fully assessed which meant people could have been exposed to harm. For example, two people who had diabetes did not have plan in place to ensure their condition was safely managed. Risks associated with people's finances, medicines, eating and drinking, and other health conditions such as asthma and epilepsy, were not always thoroughly assessed. A relative told us, "They [staff] don't understand about [person's] diabetes."
- Where certain risks had been assessed, guidance for staff often lacked details. For example, in one person's behaviour risk assessment, we found the following statement, "Staff is patient and persistent to ensure [person] eventually complies." This statement did not clearly instruct staff on how to support the person safely, or in a way that met their individual needs.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks to people's care were effectively and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who had complex needs, including people who expressed emotional distress by physical aggression towards others or themselves, had comprehensive support plans in place which analysed their behaviour and provided positive ways of supporting them. Trained staff used physical intervention as a last resort to protect people from hurting themselves.
- Staff were aware of the factors that could trigger people's behaviour and causing agitation. For example, whilst we were speaking with a person, a staff member discreetly told us not to ask too many questions as this could escalate the person's mood and upset them.

Using medicines safely

- We were not fully assured people always received their medicines as prescribed.
- Where people received 'when required' (PRN) medicines there were no protocols to explain to staff when to administer these medicines. PRN medicines are medicines that are administered when necessary such as for pain or anxiety relief.
- Staff counted people's medicines (tablets) after each administration and recorded them. However, this

exercise was not carried out consistently across the different supported living units. We found several cases where the actual number of remaining tablets did not correspond with what staff had recorded, and instances where the number of remaining tablets had been pre-recorded, i.e. prior to the administration of the tablets.

- For people who had capacity, the service promoted their independence by encouraging them to manage their own medicines. However, clear guidance and risk assessments were not in place to ensure this was done safely.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines records contained clear information on their medicines, including their purpose, dose, route and side effects. Medicines administration records were completed appropriately and had no gaps.
- The registered managers were aware of the national project STOMP, which stands for 'stopping over medication for people with a learning disability, autism or both with psychotropic medicines'. They supported people to have regular reviews of their medicines and showed us examples where people had had their medicines' doses reduced.
- Staff were trained to administer medicines.

Staffing and recruitment

- The service deployed enough staff to meet people's needs safely. However, we were not assured the service followed safe recruitment procedures.
- We found issues with staff's DBS, references and employment histories. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Four staff members had started their employment without appropriate DBS checks. Their DBS checks were performed several months after their start date. This meant where potential issues of concern were raised via these checks, risk assessments had not been undertaken in a timely manner to ensure the staff were safe to work with people.
- Four staff members had unreliable references. The service failed to demonstrate the sources of these references. The registered managers told us the original emails from referees which contained these references had been deleted due to administrative issues.
- The service did not always seek written explanations where staff had gaps in their employment histories.

We found no evidence that staff were unfit to work with vulnerable people. However, the failure to complete the appropriate safe recruitment checks meant the service was in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had formed positive relationships with staff. Comments from people included, "Staff are nice" and "I have no complaints about staff."
- The registered managers recognised the importance for people, especially people who had a learning disability or autistic people, to receive care and support from a consistent staff team. Each of the supported living units had their own core staff team whom people were familiar with. This arrangement helped to reduce people's anxiety.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff were trained in safeguarding and knew how to identify and report abuse. Staff told us they would report any concerns to their line manager and that there was information on the wall regarding other organisations (like the CQC) they could contact.
- People told us they felt safe. One person told us, "I feel safe. Can talk to the supervisor if not happy."
- Where there had been safeguarding incidents, the registered managers were transparent and cooperated with authorities during investigations. Appropriate actions were taken to keep people safe and promote learning.
- When things went wrong, lessons learnt were communicated among the staff through handovers and meetings. People's care plans and risk assessments were also updated where necessary to reflect important changes.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- Staff had access to appropriate personal protective equipment, and training in infection prevention and control and food hygiene.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 care, health and welfare needs were assessed in line with good practice.
- People received a full assessment of their needs prior to receiving care and support. This enabled the team to determine the best possible ways to support people in areas such as personal care, mobility, nutrition and physical and emotional health. Assessments included consideration around people's culture and religion.
- The service had recently implemented a more thorough assessment framework following cases where people's care packages broke down due to poor initial assessments of their needs. The registered managers were confident that the new system would ensure people received a smooth transition during which staff would be better informed of people's needs.
- People's care and support needs were clearly documented in their care plans. A personalised 'daily routine' guide was in place for people whose routines were important to them.
- Staff demonstrated good understanding of people's individual needs. A relative told us, "Very much so", when we asked if staff knew the person's needs. The relative also said, "Since [person] has been there [person] has improved in many ways." A staff member told us, "People with autism have different needs, routines and may not like some staff; when you work with them you find ways to support them. Let them know this is what is happening tomorrow; don't change their schedule."

Staff support: induction, training, skills and experience

- The service provided staff with the skills and support they needed to carry out their work.
- Staff received a comprehensive induction when they started work. This included completing mandatory training and working under the supervision of experienced staff. Staff also completed the Care Certificate within 12 weeks of commencing their employment. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular training in a wide range of areas as applicable to their roles, including first aid, fire safety awareness, learning disability and autism, positive behaviour support and understanding challenging behaviour. Feedback from relatives included, "They [staff] seem to be good at it, dealing with behavioural problems" and "Most of them [staff] are more than competent."
- Staff told us they were supported via regular supervisions and appraisals, and received all the required training.

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

- Staff supported people to eat and drink according to their individual preferences.

- People told us they received appropriate support with eating and drinking. Comments from people included, "You can choose what to eat, not restricted, can have snacks/drink at any time, staff help with shopping" and "I usually do it [cooking] with them [staff], I'm not a bad cook."
- Staff catered for people's cultural and religious needs. The registered manager explained, "Some people cook for themselves and we support them. Where people need full support, we give choices and they tell us what they want, we use pictures so they can choose. Some people have individual meals which will be cooked for them. We go shopping with them and they can choose but we will encourage people to make healthy choices."
- Some people opted for less healthy foods. We discussed this with the registered managers who told us it was their choice, but they would encourage them to explore healthier options.

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

- People had access to healthcare services when required.
- Care plans contained clear information on people's medical needs. Each person had a 'hospital passport' which is a document that contains information about the person and their health needs. The document also contained other useful information, including likes and dislikes, and methods of communication.
- People and their relatives told us staff supported people to attend their medical appointments. One person told us, "Staff support me to some appointments."
- The service worked in partnership with health and social care services, including speech and language therapists, GPs, psychiatrists and district nurses to ensure people received good care. Records confirmed this.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA.
- Staff offered people choices and respected their freedom. One person told us, "It's not restricted, you are free to move about. It is not like a prison, no set bedtimes or waking times." A staff member said, "Whatever we do it has to be in their best interest."
- Where people were deprived of their liberty, appropriate authorisations were sought to ensure this was done lawfully and in people's best interest.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were in place to monitor and improve the quality of service but were not always effective.
- Management audits and spot checks of the supported living units were completed regularly by the registered managers. However, these did not identify the issues we found with the management of medicines, assessing people's risks and staff recruitment.
- The service had taken on several people with complex needs, including people who did not receive a regulated activity, without ensuring risks related to people's care and the smooth-running of the service were effectively assessed. This meant transition phases for people had not always been smooth and had resulted in numerous episodes of instability within the service which could have impacted people's wellbeing and staff morale. This had also affected the management oversight of the service, including the quality of auditing procedures.
- Managers/supervisors of the supported living units worked closely with and were supported by the registered managers. However, there was no formal supervision taking place for the managers and supervisors to ensure they clearly understood their responsibilities. The lack of effective oversight meant issues were not always identified internally.

Based on the above, systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered managers were responsive to the concerns raised throughout the inspection and provided assurances that the concerns identified would be addressed. They provided us with a service improvement plan following the inspection setting out the improvements they planned to make over the next months, such as improving medicines management and reviewing care records.
- Managers carried out regular wellbeing checks on people which focused on issues, such as, safeguarding, health needs, personal care, medicines and people's capacity to make decisions.

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

- Management were visible in the service and approachable. Managers led by example and promoted

equality and diversity.

- Staff were welcoming and promoted a fair and open culture. People appeared relaxed and interacted comfortably with staff members, including the registered managers. Feedback from people included, "I get on well with [Registered manager]," "Staff are nice" and "I do that all the time (speak to staff)." A relative told us, "It's turned into a sort of a family situation, they [people and staff] all seem to be looking out for each other."
- Staff were able to raise any concerns they had with their unit manager/supervisor and the registered managers. Feedback from staff included, "They [Registered managers] visit sometimes and check on us to see if we have any issues, they always communicate" and "Supervisor is very supportive and understanding."
- The registered managers understood their legal responsibility to be open and honest with people, families and professionals when issues emerged.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people, their relatives, staff and other professionals to ensure people received good quality care.
- Managers and care staff engaged with people regularly to seek their feedback and improve care. People were able to express their views through group meetings and individual sessions with their keyworker. One person told us they had a keyworker and used to have weekly sessions; however, these were changed to monthly as they were "too much."
- The management also gathered feedback from people, their relatives and professionals through questionnaires, which they used to drive improvements.
- Staff confirmed they were involved in the running of the service and felt listened to. Regular staff meetings took place where staff were able to share their views. A staff member told us they found the meetings, "Very informative" and that they, "Give everyone the opportunity to say what their concerns are."
- The service worked in partnership with other professionals and agencies, such as social workers and the community learning disability team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider did not always ensure risks relating to people's health, care and welfare were consistently assessed and documented. Clear guidance was not always available for staff to support people safely.</p> <p>The provider did not always ensure people's medicines were safely managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not always ensure quality assurance processes were robust enough to identify and rectify issues within the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: The provider did not always follow safe recruitment practices when staff were recruited.</p>