

Home Fairy CIC

# Home Fairy - Derby

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 7 March 2017 and was announced. The provider was given 48 hours' notice. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since the provider's registration on 15 July 2016.

Home Fairy - Derby is a domiciliary care agency providing a range of service including personal care to older people, younger adults and people living with a disability or dementia. The service also supports people who use British sign language (BSL) by providing staff with appropriate communication skills. Home Fairy – Derby also supported people with community activities and daily living tasks. There were six people in receipt of personal care at the time of our inspection.

There was a registered manager in post; they were also the service provider. A registered manager is a person who has registered with the Care Quality Commission. 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.

The provider's arrangements for staff recruitment were unsafe and did not ensure suitable people were employed. We found that all the required pre-employment checks were not in place.

We found that the provider's quality assurance systems had not picked up the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training. However some staff felt that they did not have an detailed induction to help them to understand and support people effectively.

Risk assessments and care plans had been developed with the involvement of people. Staff told us they had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. Medicines were generally safely managed

Staff told us they received the induction, training and supervision they needed to be able to deliver effective care. We noted that staff had not completed specific training in the Mental Capacity Act (MCA) 2005. The MCA helps to ensure that people are supported to make their own decisions wherever possible. The provider understood their responsibility to comply with the requirements of the MCA.

People received appropriate support to manage their meals and nutrition when required. This was done in a way that met with their needs and choices. People's health needs were met, staff confirmed if they were

concerned about people's health care needs they would notify the office or contact the relevant service as required.

People were supported by staff that were kind and caring The registered manager and staff we spoke with were caring and respectful in the way they spoke about people who used the service. Staff demonstrated a commitment to providing person-centred care and supporting people to be as independent as possible.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People's relatives knew how to make a complaint.

People's relatives and staff felt the service was well managed. Staff felt supported by the registered manager.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Recruitment procedures did not ensure suitable staff were employed. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. The service had deployed sufficient numbers of staff to meet people's needs. Medicines were managed safely. Staff told us they followed the guidance in people's risk assessments and care plans when supporting them.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Staff received training and supervision they required to be able to deliver effective care. However some staff felt the induction provided was not effective to support people. The registered manager was aware of the action to take if they had any concerns regarding an individual's capacity to make a particular decision. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

### Is the service caring?

Good 

The service was caring

Staff supported people in a caring and respectful way and encouraged them to maintain their independence. People were involved in the way their care was provided and their dignity and privacy was respected.

### Is the service responsive?

Good 

The service was responsive.

People received personalised care, responsive to their needs and were involved in planning what support they needed. The views of people and their preferences were respected. The provider's complaints policy and procedure was accessible to people and their relatives and they were supported to raise any concerns.

**Is the service well-led?**

The service was not consistently well-led.

The management systems were not always effective in recognising areas which required improvements. There was a registered manager in post. Staff were clear about their roles and responsibilities and felt they received sufficient support to carry out their role.

**Requires Improvement** 

# Home Fairy - Derby

## **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 was 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 7 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives. The telephone interviews took place on 9 March 2017.

Before the inspection visit, the provider completed a Provider Information Return (PIR). 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. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with three people's relatives. We spoke with the registered manager, communication support worker and four care staff.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

## Is the service safe?

### Our findings

The provider did not have effective recruitment procedures, to ensure suitable staff were recruited to work with people who received care and support from Home Fairy Derby. We saw that staff recruitment records did not always contain all the legally required information. We found for one staff member the provider did not have all the recruitment information available. We asked the registered manager and the communication support worker where this information was, we were told that it was saved on the computer. However, we found this was not the case, as when we asked for this information to be retrieved no staff recruitment records were located for the staff member. We were not able to see any references, employment history and proof of identification for this person. Two staff recruitment records showed that the DBS check was completed prior to the staff commencing employment with the service. The DBS check supports employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service. However a third staff member's DBS was not received until four weeks after they had commenced employment. Two staff records did not have a full employment history in place. This meant the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. We discussed this with the registered, who confirmed that they would take action to address this.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit the registered manager confirmed that they would be checking all staff recruitment records to ensure all the legally required information was available. In addition to this the registered manager also sent us a blank employment history template. They told us this would be used to ensure full employment histories were obtained from prospective staff.

The registered manager told us where staff supported people with the administration of medicines, medicine administration records (MAR) were completed. The registered manager told us staff reminded and prompted people to take their medicines. However two staff told us there were no MAR's. They told us they recorded in the communication log when they had prompted a person to take their medicines or checked to see the person had taken their medicines. A staff member said, "I verbally prompt a person to ensure they take their medicines and give them the blister pack which contains the medicines. I record in the communication log that a person was prompted with their medicines." Care plans for two people we looked at did not contain guidance to support staff to administer medicines safely. Care plans did not specify the level of support people required to take their medicines. One person's care plan stated, "[Person name] needs support with taking medication. Medicines in blister pack." Staff told us they had undertaken medicine training and records confirmed this. However records showed that one staff member had not received medicines training in line with the provider's policy which stated training would be updated every two years.

One person's relative told us their family member received support to take their medicines and felt this was done appropriately. They said, "They [staff] supervise and prompt my dad with medication and have been

reliable in doing so. Sometimes if dad has opened the wrong dosset box window then they will notify us of the change and keep us informed."

Most people using the service were unable to communicate with us due to their health condition or communication needs. Due to this we spoke with peoples relatives about the service their family member received from Home Fairy Derby. Relatives told us they felt their family members were safe when receiving care and support from the service. A relative said, "The care is absolutely safe and they [staff] do respect our home. They [staff] always turn up and are always on time." Another relative told us, "Yes, the care is safe. They [staff] are considerate of the home and property too. Moving and handling is done safely and skilfully. We have had no worries since we changed to Home Fairy Derby."

Staff understood their responsibilities to keep people safe and protect them from harm. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. Staff explained if they had concerns for the safety of people who used the service, they would report their concerns to the management team. Staff told us and records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. However a staff member was not aware of the whistleblowing policy and was also not aware of external agencies they could contact such as the local authority or CQC to escalate concerns to.

The registered manager told us that they had processes in place to ensure safeguarding concerns were reported to the local authority for further investigation and monitoring. The registered manager gave us an example of this where staff raised concerns about the support a person received from another agency. A safeguarding referral was made to the local authority about the concerns raised.

We looked at how the provider managed risks associated with the care and support people received. We saw risk assessments provided guidance for staff on how to support people safely. Risk assessments provided instructions on how to minimise risks to people. Such as staff supporting a person getting in and out of the bath safely by using a stool. The registered manager provided an example where they ensured a person was being safely transported in a car whilst in their wheelchair. They told us they had arranged for the occupational therapist to train staff to make sure the wheelchair was secure in the car. These were examples that the provider had taken steps to reduce identified risks.

Relatives told us their family members received support from regular staff and were happy about this. They also told us staff were available at the times required. Comments included, "We have had no problems with times at all. We had had a really terrible time with the other agency so we asked from the start for regular staff" and "They are always prompt and arrive on time. We don't have a rota sent but we have the same staff who come regularly anyway." Staff told us they had regular calls which meant they were aware of people's needs. This demonstrated that there were enough staff to meet people's care and support needs in a consistent manner.

We discussed staffing levels with the registered manager, who stated there were enough staff to cover the current calls. The registered manager explained that if the service was full to capacity they would not take on additional calls. Staff told us there were enough staff to support the people using the service. A staff member said, "The minimum time for a call is one hour, which means we are not rushing to get tasks completed. There are sufficient staff; it's the best place I have worked." Staff holidays and absences were covered by the existing staff team. This demonstrated the provider ensured there were sufficient numbers of staff available to support people.

# Is the service effective?

## Our findings

Relatives felt that the staff who supported their family members appeared to have the knowledge and skills to carry out their roles effectively. They also told us that staff knew their family members well. A relative stated, "I think that the staff do seem to be trained for their role." Another relative said, "The staff are definitely trained and skilled enough to care for [person's name]. Their attitude with her is really good."

We received mixed feedback from staff on the induction program. Two staff members told us they did not feel that the induction was adequate. Comments included, "I didn't feel I had much of an induction. I had to go out and get on with it and had support at the end of the phone if I had any concerns. Due to my previous care experience I felt prepared, but it would have been good to have some shadowing" and "I didn't really get an induction." We fed this back to the registered manager who informed us that they were reviewing the induction program. This would include new staff having the opportunities to shadow existing staff before they start working in the community on their own. Another two staff members told us their induction included shadowing. Shadowing included observing experienced staff to observe practices and be introduced to people. A staff member said, "I had a detailed discussion with the registered manager and spent time with the member of staff I was replacing. This included spending time with the person that I was going to be supporting."

Staff told us that they had received online training in a variety of areas. A staff member said, "I have had online training which included health and safety and safeguarding." Another staff member said, "Yes the training has been relevant to the role." Training records we looked at showed staff had received training in various areas. Some staff told us they would prefer practical face to face training. The registered manager told us that they were in the process of arranging face to face training which would include moving and handling. Staff told us they had received supervision. A meeting with a manager to discuss any issues and receive feedback on the staff member's performance. The registered manager told us they had an open door policy and staff were able to contact them if they required support. Staff we spoke with felt supported by the registered manager.

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 people 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.

At the time of our inspection visit the registered manager told us everyone using the service had capacity to consent and make decisions about their own care and all aspects of their day to day well-being. Staff we spoke with also confirmed this. Staff we spoke with told us they had not completed specific training on the MCA. Training records we also looked at confirmed this. Staff told us the people they supported were able to make their own decisions. The registered manager told us they would be arranging training in this area.

People's health needs were identified in their care records. Staff we spoke with told us that they would seek medical support if they were concerned about a person's health care needs. They also told us that they would also inform the registered manager. A staff member said, "A person had a fall I rang 111 and contacted the person's relatives. I wanted with the person." A relative said, "[Person's name] has spasms and the staff know her well enough to predict and spot the changes before a spasm begins." This demonstrated that staff monitored people's health needs to ensure that appropriate medical intervention could be sought as needed.

The registered person explained that some people were supported with meal preparation. Relatives were happy with the support staff provided with meal preparation. A relative said, "[Person's name] is diabetic so they have a very clear routine for meals on a rolling menu. The staff adhere to this and respect their wishes." Some staff we spoke with confirmed that they assisted people with meal preparation and that they tried to ensure that they were varied and nutritional. Staff explained if they had concerns about a person's dietary intake they would encourage the person to eat and would inform the office of their concerns. This ensured people received support to maintain a balanced diet.

## Is the service caring?

### Our findings

We spoke with people's relatives, who told us they were pleased with the care and support provided to their family member. They also felt that the service was delivered in a caring manner. A relative said, "The staff are very helpful and personable and appear to be polite and show respect to my family members."

Relatives felt staff treated their family members with respect and dignity. A relative said, "They [staff] always put [person name] wishes first and ask her what she wants. I hear them asking her what she would like to wear for instance. They know her well and show her respect, treating her with dignity." Staff understood the importance of ensuring people's privacy and dignity whilst supporting them. They were able to give examples of how they did this such as closing curtains and doors whilst supporting people with their personal care. A staff member told us, "The person I support, meets friends whilst we are in the community. I always ask the person if they want me to move to allow them privacy." This demonstrated people were supported to maintain their dignity and privacy.

Relatives felt staff understood the importance of promoting people's independence. A relative told us, "The staff adjust and react to bad days and good days. My parents are helped to be independent on good days and the staff will recognise when to help and when to step back." Another relative stated, "They [staff] have really worked at encouraging [person's name] with her independence and are still working on this now." Staff told us that they supported people to maintain as much independence as possible. A staff member said, "I work with the person." This meant that staff promoted people's independence as much as possible.

Some of the staff had been trained in the use of British Sign Language (BSL) and used this as the main means of communication with people who used BSL. We saw a care record which stated, "Information needs to be brief. Time needs to be taken to ensure [Person's name] is correctly understood." This enabled staff to communicate with people effectively.

A person's care record showed that they had photographs of all the staff that supported them, so that they were able to recognise who was visiting them. This enabled people to develop working relationships with staff that knew them well and provided support in accordance with their care plan.

There was clear information about the person in their care plan regarding what they liked and how best to support them. Care plans contained information such as communication preferences and medical history. Relatives told us they were kept informed of any changes to their family members' care needs.

## Is the service responsive?

### Our findings

Relatives told us their family members received care that was tailored to their individual needs and responsive. They told us their family members were supported by regular staff. A relative said, "The staff are good at keeping us informed of any changes. If there are new staff, then they come with someone already known to us to be introduced first." Another relative told us, "My parents are supported by four regular staff."

The provider within the PIR stated that they met with perspective people who required support and care. The registered manager explained how during the initial assessment process they matched staff to people according to the person's preferences. Relatives told us their family members were asked about the gender of the staff they preferred to receive care from. A relative said, "We were consulted about the gender of the carers and this helped." This showed the provider had given consideration to the needs of people who used the service.

The registered manager told us they carried out initial assessments to ensure that people's identified needs could be met by the service. This also allowed people to be confident that the service was right for them. People and their representatives were involved in the assessment process. Assessments we looked at contained information on people's identified individual needs, such as physical health care needs, personal care needs and daily routine.

Staff confirmed care plans were kept up to date and provided them with information about people's needs and how they preferred to be supported. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence. This showed the support people received was personalised to meet their individual care needs.

Relatives told us that reviews had not taken place, but felt that they were kept informed of any changes. Comments included, "I suspect it is too early for us to be due a review. I have been in touch with the office several times and they with me" and "They [staff] have helped very much. We haven't had a review but they are always in touch by phone and are good at keeping us informed of any changes."

The registered manager told us the ethos of Home Fairy Derby was to assist people to live as independently as possible in their own home and when out using the wider community. Also to improve the quality of people's life by providing people with a minimum call for one hour.

Relatives told us they had no complaints about the service. A relative said, "We have no complaints at all to date." They felt able to raise any concerns if they arose. A complaints procedure was in place and this was included in the information given to people when they started using the service. The registered person confirmed that no complaints had been received in the last 12 months. Staff we spoke with knew how to respond to complaints. They told us if anyone raised a concern with them, they would always share this with the registered manager.

## Is the service well-led?

### Our findings

At this inspection visit we identified shortfalls with recruitment which had not been identified by the Registered manager at Home Fairy- Derby. We found that the recruitment procedures were not thorough to ensure the safety of the people who used the service. The legally required pre-employment checks were not all in place.

The registered manager told us she was looking at adjusting the surveys sent out to people who used the service. These were sent out last year and none were received back. The registered manager told us they had obtained verbal feedback from people using the service and their representatives; however we saw no evidence to verify this. There was no collation of feedback or analysis to establish what improvements were required if any. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

The registered manager was not clear about their responsibility in notifying the CQC of the incidents that the provider was required by law to tell us about, such as any allegations. Following the inspection visit we sent the registered manager some guidance regarding notifications.

The registered manager told us observation of staff in practice were carried out every six months, or more frequently if there were any concerns with staff conduct. The communication logs were audited by the registered manager to ensure staff had delivered care in accordance with the person's care plan.

The service had a registered manager in post since 2015; they were also the service provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by communication support workers and the care staff. Relatives felt the service was well managed. A relative said, "I know who the manager is and have two numbers for her if I need to get in touch. It is a well-run company. Our needs are very complex and where others have failed, Home Fairy have persevered. I am thankful that they are there." Another relative told us, "The registered manager is approachable and available, whenever I have called there has been an immediate call back if she is unavailable. It is a new company but they appear to be doing ok."

Staff we spoke with felt that the service was well-managed. A staff member said, "The service is ran very well, the registered manager has a strong work ethic and is passionate about the service." Another member of staff told us, "I would recommend the service to others as its well managed. However a couple of staff felt improvements were needed in communication during out of hours. They told us due to the registered manager's communication methods, there was a delay in receiving a response. One staff member said, "Messages don't always get passed on all the time when you have contacted the office." We fed this back to the registered manager who confirmed that there was a procedure in place for out of office communication. The registered manager informed us that they would email all staff to remind them of the procedure.

We were told by the registered manager they made referrals to a local project called Campaign for Tackling Acquired Deafness (CAMTAD), as they supported people with communication aids. The registered manager

told us they maintained professional contacts with relevant agencies such as the local authority and local medical centres. This demonstrated the provider showed a willingness to co-operate with other professionals.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: The provider was not ensuring the staff they employed were suitable to work with people using the service. Regulation 19</p>