

FARJ Services Ltd

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Inspection report

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26 February 2019
27 February 2019
28 February 2019
01 March 2019

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: FARJ Services Ltd is a domiciliary care agency providing personal care to people living in their own homes in Northampton and Wellingborough. At the time of the inspection 45 people were receiving personal care.

People's experience of using this service:

- Governance systems and audits were not always effective in identifying where improvements were needed.
- Timely action was not always taken to respond to known areas of required improvement.
- Improvements were required to the planning and timing of people's care visits.
- People had not been consistently safeguarded from abuse; this had been investigated by the local authority. Action had been taken to ensure that people's support was provided in a safe appropriate way.
- Improvements were required to medicines record keeping.
- Staff recruitment procedures needed to be strengthened to ensure that all necessary recruitment checks had been completed as part of the staff selection process.
- Improvements were required to the measures in place to assess people's mental capacity. People's consent was gained before any care was provided.
- People's care plans and risk assessments did not always fully reflect their needs.
- People felt that staff did not always respect their preferences.
- Staff were supervised and felt supported by the management team.
- People's healthcare needs were met, and people had access to health professionals as required.
- People had good relationships with their regular staff and felt that they treated them with kindness, dignity and respect.
- People and their family were involved in their own care planning as much as was possible.
- A complaints system was in place and was used effectively.
- The management team were open and honest, and worked in partnership with outside agencies to improve people's support where required.
- We recommend that the provider finds out more about training for staff, based on current best practice.

Rating at last inspection:

Good (report published 23 September 2017)

Why we inspected:

This inspection was carried out in response to concerns that people were at risk of receiving unsafe, poor quality care. There had been an increase in safeguarding concerns which had been investigated by the local authority and substantiated. The provider also had an action plan in place from the local authority quality improvement team and was receiving regular support visits from the quality improvement officer.

Enforcement:

At this inspection we found the provider to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action we told provider to take is recorded at the end of the

report.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

FARJ Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

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. Our expert by experience had experience of caring for people with dementia.

Service and Service type:

FARJ Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Not everyone using the service received regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service did not have a manager registered with the Care Quality Commission (CQC). Registered managers and the providers are legally responsible for how services are run and for the quality and safety of the care provided. The manager informed us that they intended to register as manager for the service.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to ensure there was someone available to facilitate the inspection.

Inspection site visit activity started on 26 February 2019 and ended on 1 March 2019. We visited the office location on 26 February and 1 March 2019 to meet with the management team and review care records and policies and procedures. We visited people and relatives at home on the 27 February. We made telephone

calls to people, their families and staff on 26 and 28 February.

What we did:

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We contacted social care commissioners who monitor the care and support the people receive.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

During the inspection, we spoke with ten people who used the service, four relatives and one person who provided informal care to a person. We also had discussions with seven members of staff; four care staff, a care co-ordinator and two members of the management team.

We looked at six records relating to people's care needs and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance, training information for staff, arrangements in place for managing complaints, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

Requires Improvement: 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.

Staffing and recruitment

- Prior to the inspection we were aware that people had experienced missed care calls. At the time of inspection, people provided mixed feedback about staff attendance at care calls. Comments included, "Around December they were awful, missed calls, late calls and you would phone the office and no one would answer. The day calls were alright but the evening calls were a mess. They have improved, not always right but they have improved." And, "The carers phone me if they are going to be late – they are very good."
- We reviewed the records which showed the times staff arrived and departed from their care visits. We saw that staff were often early or late, sometimes by over one hour however on most occasions, when this occurred people told us they were made aware.
- Criminal records checks were carried out before staff were allowed to work with people. However, not all staff who had previously worked in health and social care had employment references from the relevant employer; these are required to ensure that staff are of good character. This was discussed with the management team, who agreed to implement a risk assessment and procedure to clarify the action to be taken when suitable references were not forthcoming for new staff.

Assessing risk, safety monitoring and management

- People's safety was not always maintained because staff were not provided with detailed guidance on how to mitigate risks to their health and wellbeing. For example, people who needed support to move or were at risk of falls did not always have sufficient guidance on how staff could reduce this risk.
- Following feedback, the management team created new care assessments that would provide staff with the information needed.

Systems and processes to safeguard people from the risk of abuse

- People had not been consistently safeguarded from abuse. A lack of oversight of people's care visits had resulted in missed visits which posed a risk to people's safety and wellbeing. These incidents had been investigated by the local safeguarding authority and substantiated. Action had been taken to mitigate the risk of people experiencing missed care visits. These improvements need to be sustained and embedded.
- Staff were able to tell us about the signs and symptoms of abuse and understood how to report any incidents to the local authority safeguarding team or the CQC. One member of staff said, "I can always talk to the manager about any concerns I have, I would report anything like that [abuse] to them."
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Using medicines safely

- Instructions on people's medicines administration records (MAR) were not always clear. We saw MAR charts that did not contain the strength of the medicine, the method via which it should be administered or whether the person had any allergies. Some people's MAR charts also contained gaps where staff should have signed to demonstrate they had administered people's medicines. The MAR charts were not being audited and these concerns had not been identified by the management team.
- People did not have medicines profiles in place. A medicine profile provides staff with details regarding the medicines that had been prescribed for a person. This was discussed with the management team who agreed that they would implement these to ensure that staff had access to all the information required.
- Medicines were administered by staff that were trained to do so and had their competency regularly checked.

Preventing and controlling infection

- People were protected by the prevention and control of infection. People told us that staff washed their hands and wore disposable gloves and aprons when providing personal care.
- Staff were trained in infection control and followed the service's infection control policy and procedures.

Learning lessons when things go wrong

- The management team were keen to learn from mistakes and identify opportunities to improve the service. We saw that they had taken appropriate action in response to the concerns identified in safeguarding referrals. They had reviewed their policies and procedures and worked with staff to help prevent a reoccurrence.
- The management team had an action plan in place and were working with the local authority to make improvements to the service.

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

Requires Improvement: □ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service. However, the assessment needed to be more detailed to enable individualised care plans to be produced. For example, to provide staff with guidance on people's health conditions, mobility needs and falls risks.
- There had been a delay in making the information from some people's assessments available to staff. People told us that following their assessment, staff had delivered their care for some time before they were provided with a care plan. There was a risk that staff would not understand how to provide people's care appropriately. At the time of inspection, we were assured that all people supported by the service had a care plan in their home.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. No applications had been made to the Court of Protection because people were not being deprived of their liberty.
- Although mental capacity assessments had been completed, these were not always completed in line with guidance. Assessments did not clearly record what decision was being assessed or the outcome of the assessment. There was also no record of decisions that had been made in people's best interest.
- People were encouraged to make decisions about their care and their daily routines. Staff asked people for their consent before providing support and gave people time to make their own decisions.

Staff support: induction, training, skills and experience

- Mandatory training was regularly refreshed and staff felt supported in their roles. Staff would benefit from training in meeting people's diverse needs. For example, the service supported people who were living with dementia, however staff had not been provided with dementia training. We recommend that the provider finds out more about training for staff, based on current best practice.
- New staff received an induction and were able to shadow more experienced staff before working alone. The induction was based on the care certificate and the provider's mandatory training programme.
- Staff had not had access to regular supervision, however all staff had been provided with a supervision meeting recently and the manager told us that they would now provide this three monthly. Staff told us they

felt supported. One member of staff said, "I have supervision and [manager] has time for us [staff] and listens to us."

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

- Staff supported some people with their meals. People had nutritional care plans in place setting out their likes and dislikes and whether any cultural needs or other factors affected what they ate.

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

- The service worked well with other organisations. The management team were currently working with the local authority to make the improvements that were required in the service.
- Staff contacted doctors and other healthcare professionals as and when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Requires Improvement: ☐ People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People provided mixed feedback regarding their experiences of being supported by the service. Some people had experienced missed visits, one person said, "I've had two missed visits in the last two months, I can't remember exactly when, but no one told me and [person's relative] wants to go back to work soon so if that happens again there won't be anyone to help me."
- People were happy with the care provided by their regular staff. One person said, "I have one carer mostly, I get on really well with her. I have been very lucky. They're very, very kind." However, some people told us that when their regular staff were not available, the staff who covered their care staff did not always have a good understanding of their needs. They did not refer to the care plan to ensure people's needs were fully met, which had a negative effect on people's experience of care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about how they wanted their care and support needs to be met. They did this through their initial assessment and reviews. However, issues with staffing deployment had meant that people's choices and decisions had not always been followed in relation to the timing of their care visits.
- The provider had matched people and staff who shared a common language to enable people to make their wishes known. One person's relative told us, "[Family member] doesn't speak English so they arranged [Nationality] speaking carers to come... [Family member] knows them and they are very good."
- At the time of our inspection, none of the people that used the service required the support of an advocate. However, the management team were able to support people to access advocacy services should they need to. The new support plans that the management team were developing contained information about advocacy.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "I have [relatives] living with me and the carer always makes sure the door is shut and any care is private"
- People were encouraged to maintain their independence. One person told us, "Our carer is very good, they help my [family member] remember things, they talk them through everything to try to help make them independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: ☐ People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was not always personalised to meet their preferences. People told us they often did not know which member of staff would be providing their care or what time their call was scheduled for. People said that they would like a rota to provide them with this information. One person said, "No rotas, we never know who is coming." Another person said, "I know who is coming in the morning because I need a [gender] carer but the other two visits I never know and it would be nice to have regular people, or to know who is coming." Following our feedback, the manager provided people with a rota.
- People had care plans in place that contained guidance for staff. Further improvements were required to ensure they contained the scheduled visit times showing when people preferred their care and detailed guidance for staff about each visit.
- Care plans also needed improvements to ensure they contained more detailed information about people's care needs. For example, one person was living with a long-term health condition, there was limited information regarding how this impacted on their life and care needs. We discussed this with the manager and they began reviewing people's care plans with them to ensure they contained individualised information about their needs and preferences.
- People told us that staff stayed the agreed amount of time to provide their care and that they never felt rushed. One person said, "They are very good, if they need to spend a little bit of extra time then they do it."
- The manager understood their responsibility to comply with the Accessible Information Standard. They could access information regarding the service in different formats to meet people's diverse needs. For example, the complaints procedure was provided in different formats.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was accessible to people and their relatives. One person said, "I haven't complained but if I did have a complaint I have a file with a number and I would go straight to the manager to sort it out."
- People's concerns and complaints were recorded and responded to. Where an investigation had taken place, the outcome, any actions taken and lessons learned were recorded.

End of life care and support

- The service was developing its provision of end of life care. A member of staff with responsibility for people's assessments and care plans had recently undertaken advanced care planning training. This would enable them to support people to have discussions about their wishes for the end of their life.

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

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had not taken sufficient, timely action to address the concerns we have identified at this inspection.
- Some people told us they felt the service had improved recently. We saw that the management team were working with the local authority and were committed to making the improvements required. Following the inspection, we were provided with an action plan detailing what had been done in response to our feedback. However, we could not be sure that these actions fully addressed the concerns or that the improvements would be sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems had not always identified concerns and improved the service. The management team checked people's care documentation. However, the system used had not enabled them to identify that people did not have suitable risk assessments in place or that care plans were not sufficiently detailed.
- Audits had not been implemented to provide oversight of key areas of the service. For example, no audits of medicines were in place prior to the inspection. These concerns were discussed with the management team who understood the improvements required. They immediately audited all MAR charts and introduced two weekly medicines audits to ensure MAR charts contained the required information.
- The provider's systems and processes for the management and oversight of the service had not been consistently implemented. The electronic call monitoring system gave the management team the ability to monitor people's calls and take action where needed. However, this was not being used effectively and people continued to receive calls outside of the agreed times.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- At the time of inspection, it appeared that we had not received statutory notifications for notifiable incidents. We are currently looking into this matter.
- The management team and staff understood their roles and were open and honest about the improvements that were needed.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their relatives were asked for their feedback. People told us they had completed surveys. One person's relative said, "Yes I think we had one a few months ago, it was a form asking if everything was alright." The management team were currently completing telephone calls to all people or relatives who used the service to seek their feedback.
- Staff meetings had not always taken place as regularly as detailed in the provider's policy. However, recent meetings had taken place and staff had had the opportunity to discuss all aspects of their work. This included; timing of care visits, people's preferences and needs, risk assessments, confidentiality and infection control. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Continuous learning and improving care

- The management team showed a commitment to learning and improving care and we saw that improvements had been made prior to the inspection. For example, to the timing and reliability of people's care calls. An action plan was also implemented in response to our feedback.

Working in partnership with others

- The management team was working in partnership with other agencies, including the local authority quality improvement team, safeguarding teams and community nursing teams to provide good care for people.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided to people.</p>