

Favor Care Agency

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We undertook an announced inspection on 14 July 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including learning disabilities, who live in their own homes. At the time of our inspection eight people received support with personal care.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they were well supported by the staff and the registered manager. They told us staff were caring and treated them with dignity and respect. People were supported to eat and drink well, when identified as part of their care planning. Relatives told us they were involved as part of the team to support their family member. People and their relatives told us staff would access health professionals as soon as they were needed and support people to attend appointments. People were supported to receive their medicines by staff that were trained and knew about the risks associated with them.

Staff had up to date knowledge and training to support people. Staff always ensured people gave their consent to the support they received. Staff really knew people well, and took people's preferences into account and respected them. Staff supported people to make decisions when needed, involving family and professionals when appropriate. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns.

People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken. Staff had regular access to the registered manager to share their views and concerns about the quality of the service. People and staff said the management team were accessible and supportive to them.

The registered manager did not consistently action updates from staff about people's changes in needs to ensure accurate guidance was available for staff to support people. The registered manager did not have systems in place to consistently identify improvements and action them in a timely way. The system for monitoring the quality and safety of the care provided had not been completed consistently to ensure improvements were made.

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

People received support from regular staff that knew their needs. People were supported by staff that knew how to support them in a safe way. People were supported with their medicines by knowledgeable staff.

Is the service effective?

Good ●

The service was effective

People were supported by staff who knew how to meet their needs. Staff were knowledgeable about how to support people. People received support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People benefitted from caring, knowledgeable staff who provided support in an inclusive way. Staff respected peoples' dignity and spent time with people they supported.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive

The registered manager did not consistently act on updates from staff to ensure people were supported as they wanted. People were involved in their care and support, which was regularly reviewed. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered manager did not have an effective system in place to ensure the safety and quality of care was monitored. People, relatives and staff felt supported by the registered manager.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 14 July 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We spoke with three people and three relatives. We spoke with three staff and the registered manager. We also spoke with a social worker that had supported people using this service.

We looked at the care records for four people. We were unable to look at medicine records because they were unavailable when we inspected. We looked at three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "We are all safe and well looked after." Another person told us, "I would be in a bad place without them." Relatives we spoke with said that staff supported people in a safe way. One relative told us, "They are an absolute God send; they know what they are doing." Another relative said, "It is such peace of mind to know they are here to help." People explained they were supported by staff who knew them well and always provided support in a safe way.

The management team explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. This was also discussed in team meetings to support staff knowledge.

People told us staff arrived when they were meant to and always let them know if there were any delays. Staff and the registered manager said they had enough staff to meet the needs of people using the service. The registered manager said they regularly supported people when needed. This ensured that they really knew people well which improved the delivery of safe care. People told us consistently there were only one or two staff who supported them. The registered manager said staff were always introduced to people before they provided care. A member of staff said, "We always take time to get to know the person." This was confirmed by the people we spoke with. One relative said, "We have stayed mainly with one [member of staff], however there is another [member of staff] who has come and helped the regular [staff member] to build a relationship with [family member]. This has worked really well." Staff told us they had regular calls and they provided continuity of care. They knew how important it was to people that they knew the staff coming to their home. One member of staff said, "People like to have familiar faces."

People told us staff had discussed their care needs with them. This included identified risks to their safety and welfare, for example supporting with their mobility, and administering medicines. Staff gave examples of how they managed risks to people whilst promoting their independence as much as possible. For example, one member of staff explained how they ensured one person had their medicines and worked around their social schedule. Staff we spoke with said they read people's daily notes so they were aware of what support the person needed. Staff had a good understanding of these identified risks, and how they reduced them. These were reflected with in people's risk assessments.

We saw records of checks completed by the registered manager to ensure staff were suitable to support people before they started work at the service. Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people we spoke with said they were supported with their medicines. One person said, "It feels safer to have help with my tablets, I get muddled." We saw people's plans gave clear guidance to staff about what support was needed. Staff told us they had received training and had their competencies checked.

Staff told us they were aware of any changes in the medicines either through the family member or the registered manager. Staff said they had received training about administering medicines and their competency was assessed. Staff told us they felt confident when administering medicines to people.

Is the service effective?

Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They are well trained and know what they are doing to help me." A relative said, "Staff are suitably trained, they are very competent."

Staff told us that they had received an induction before working independently with people. This included training, as well as shadowing with experienced staff. Staff said they were well supported and confident with how they provided support for people using the service. Staff said they were prepared and had received training in all areas of care delivery. They were encouraged to complete training to improve their skills on a regular basis. One member of staff told us how their training about dignity in care had really focussed their attention on maintaining people's dignity. Staff told us they felt supported and had regular access to their 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 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 told us staff always checked they were happy to be helped. One relative told us, "They (staff) always check [family member] is happy before they support with anything." Staff we spoke with told us they were aware of a person's right to say no to their support. They had an understanding of the MCA, and had received relevant training about this. Staff told us they always ensured that people consented to their care. Staff were aware of who needed support with decision making and who would be included in any best interest decisions for people. The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, we saw that people were supported to make their own decisions where 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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

Some people we spoke with had help with shopping, cooking and meal preparation as part of their care needs. They told us they were offered choice and encouraged to maintain a healthy diet. One person told us, "We work together, I choose and [staff member] guides me, we are a good team." Staff said they knew people well and worked so regularly with them they knew their likes and dislikes. Staff knew what level of

support each person needed.

People told us they received support with their all aspects of their health care when they needed it. One person said, "We go to see my doctor together if I need to go." Staff had involved other health agencies as they were needed in response to the person's needs. For example, staff supported people to attend dentist and optician appointments when needed. Two people had their health care needs documented, and staff could describe how they met those needs.

Is the service caring?

Our findings

People and relatives were very positive about the staff and the management team. One person said about the staff, "They are all great, they help with everything, I would be lost without them." Another person told us, "They [staff] are all lovely." A further person said, "We are a great team." One relative told us, "Its working well, really excellent."

People said they were happy with the support they received. The registered manager told us they checked to see if the people receiving the service were happy with the support from staff. They said they always ensure that staff knew the person they were supporting. For example, one relative explained how another member of staff had been introduced to their family member. This was to provide cover for when their regular staff member was unavailable. The registered manager explained that she regularly supported people to ensure they had support from someone they knew. The registered manager understood that people needed to build relationships with staff.

People told us they received support from regular staff who knew them well. People said they were supported by a small team of staff. This reassured people that staff knew their needs and were familiar to them. One person said, "We are friends and do things together." One relative told us their family member was supported by regular staff and they had built a good rapport with them. People benefited from regular staff that really knew them well. All the relatives we spoke with said staff stayed as long as they should do and took the time they needed to support their family member. Staff told us they had the time to provide the support people needed.

People said staff supported them to make their own decisions about their daily lives. One person told us, "We do lots of things together, cleaning and tidying up too." One relative explained how staff always talked to their family member and encouraged them to make their own choices. Relatives said they were involved with their family members care planning and they felt listened to. Another relative explained how one member of staff had taken time to get to know their family member. They said it took time to build the trust but all of the small team supporting their family member were patient and respectful, and always treated their family member as an individual.

People said staff respected their dignity. One person told us, "I always have the same person; I am really comfortable with them." Another person said they had photos of the staff that supported them to support their memory. One relative told us about staff, "They [staff] always show good dignity and respect, and they always explain what they are going to do to reassure my [family member]." Another relative said, "Even through different situations they are always so respectful with [family member]." Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible. One member of staff said, "We always work with people, not do to people. It's really great working as part of the team."

Is the service responsive?

Our findings

People's changes in their needs were not always assessed and risks recognised to ensure staff had clear guidance to follow. For example, one member of staff explained how one person had a change of environment which affected how they needed their care delivered. The staff explained how they now supported this person because of the change in circumstances, however they told us this change happened three months ago. They explained how they had informed the registered manager however she had not made arrangements to assess the change in this person's needs to ensure any risks were identified and reduced. We spoke with the relative and they told us the registered manager had not visited since the change in how their family member was supported. We spoke with the registered manager and they said they would review the risks for this person straight away.

Another member of staff told us that the direction for applying creams in the care plan for one person was incorrect. They had noted the instructions on the cream were different from the guidance given and had had discussed this with the relative who confirmed that the cream should be applied in line with the prescriber's directions. They had advised the registered manager several months ago, however this mistake had not been rectified in the guidance for staff. Staff were not consistently given clear guidance about how to apply creams. The registered manager advised us she would update the guidance straight away.

The registered manager did not consistently respond to updates from staff about people's changes in needs to ensure accurate guidance was available for staff to support people.

People we spoke with said staff knew how to meet their needs. Staff we spoke with said they knew people well and had the knowledge to support people. They said they spent time getting to know the people they supported. They could describe what care people needed and the people we spoke with said they were supported as they wished. They went on to say if possible, when a new member of staff was needed to support a person, they would shadow the regular member of staff to ensure they were familiar with how to meet their needs. One relative we spoke with said this was how a new member of staff was introduced.

People we spoke with said they were involved in decisions about their care. One person said, "I can change things when I need to, we work together." Another person told us, "They will listen to what I want to do." Relatives told us they had been involved in sharing information about their family member from the start. One relative said it felt like a, "Joint" effort between themselves and staff to support their family member. People we spoke with said staff understood their needs and provided the support they needed. The social worker we spoke with said the registered manager worked as part of the team to support people when this was needed as part of their best interest decisions.

Staff told us they regularly spoke with the registered manager and each other to keep up to date. People told us they could contact the management team at any time and they would listen and support them. One person told us how they had concerns about their daily living tasks. They said that they spoke with their regular staff member and they supported them in resolving their concerns. Staff told us they regularly supported people to attend activities in the community as part of their supported living service. One person

said this supported them to enjoy their life choices with confidence.

People we spoke with said they were supported by the same staff who always spent the correct amount of time with them. People told us they received support that was flexible to their needs. One person said, "We work out together what we are going to do." Staff told us they were flexible with how they supported people using the service. For example, one staff member explained how one person preferred to only be supported by one member of staff. They went on to say how they planned things when they were unavailable so the person was still supported effectively. The person told us they were very happy with the support they received.

People said they were able to say if anything around the support they received needed changing or could be improved. One person said, "I am very happy, I can't think of anything I would change." All the people we spoke with felt that nothing needed improving. They said the registered manager visited occasionally to check they were happy with how they were supported. Relatives said they were satisfied with how their relative was supported. All the relatives we spoke with said they could speak to the registered manager or staff if anything needed improving.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "I am happy to speak to [the registered manager] about any concerns, but I never have any." People and relatives explained they were confident to discuss any concerns about all aspects of their care provision with staff or the registered manager. One relative told us they had not been happy with one member of staff. They said they had spoken with the registered manager and the member of staff had not supported their family member again.

We saw the registered manager kept a log of any concerns raised and actioned them. We saw complaints were investigated and action taken. Staff told us they were advised of any actions they needed to take.

Is the service well-led?

Our findings

We found the service was not consistently well-led. The registered manager did not have an effective system to consistently monitor the quality and safety of the care provided.

The registered manager told us she monitored the quality of care by completing spot checks (visits to people who used the service) every two to three months. She said during these checks, she monitored the quality and safety of care provided. We found these spot checks were not consistently completed. For example we found risks had not been assessed and care plans had not been updated for one person. This was after a change in how they needed to be supported which was reported by staff three months ago. There had been no spot check completed for over six months although the manager told us that these should be completed every two to three months in line with the organisation's policy. The system the registered manager used to monitor the quality and safety of care was not consistently effective. Therefore people were at risk of receiving unsafe care.

The registered manager told us she monitored the administration of medicines through spot checks. However we found these were not effective to ensure people had their medicines as prescribed. For example, we found incorrect guidance for staff relating to the administration of topical medicines (creams) for one person. The registered manager had not consistently completed checks to ensure people had their medicines as prescribed. Therefore people were at risk of not having their medicines as they needed them.

The registered manager had not fully actioned agreed outcomes from complaints. For example, we saw that care plans had not been updated to reflect the agreed changes to ensure staff had the correct information to support people. Regular members of staff were aware of the outcome; however guidance was not in place for any new members of staff to ensure people were supported in a way they were happy with.

The governance arrangements in place would not support the service if there was any expansion. We spoke with the registered manager about how she assured herself people received safe quality care. She said she would review how she monitored the quality and safety of the care provided. She would ensure she completed regular checks and update guidance for staff to ensure people received consistent safe, quality care.

People who used the service and their relatives said they were supported by the registered manager. They said they felt they could speak with her and she would take any appropriate action. One person said, "I know [registered manager] well, I can always speak to her." One relative told us, "[The registered manager] is great she really listens." Another relative said, "It's well managed, they are a big help."

The registered manager knew all of the people who used the service and their relatives. They were able to tell us about each individual and what their needs were. They regularly supported people with their care needs. The registered manager said this helped them ensure that people received quality, safe support with their health and wellbeing. They told us it was important that the service supported each person as an individual. For example, the registered manager explained they ensured staff established a good

relationship with people by keeping to very small teams of staff. The registered manager said the service was small and very personal. For example, all the people we spoke with knew the registered manager well and said they were very accessible.

People said they were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. We saw the results of these questionnaires for May 2016 were positive. For example one comment was, "The care has been planned to meet the needs of people using the service, with importance given to build trusting relationships between staff, people and their families." The registered manager reviewed the questionnaires to ensure action would be taken if needed. We saw all the questionnaires for May 2016 were positive and no action was required.

Staff told us they always reported accidents and incidents. We saw that there was documentation available for staff to complete. However there had been no recent accidents and incidents for us to review. The registered manager assured us that action was taken when incidents happened to ensure they were kept under constant review.

Staff said they were supported by the registered manager. Staff told us they spoke regularly with the manager and could raise any suggestions or ideas. For example, one member of staff explained how the registered manager had listened to them about their ideas to improve how one person was supported. Staff told us how any compliments were always passed on so they felt valued and appreciated. Another member of staff said, "We are a small team and all know each other really well. It works."