

Faithful Care (UK) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Faithful Care (UK) Ltd is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. At the time of our inspection, 6 people were receiving personal care and support.

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.

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

The provider did not always follow robust recruitment processes. However, they had during the inspection made significant changes to ensure they obtained complete employment history of staff. New staff underwent an induction before they started providing care. People felt safe with the care provided. People were supported by staff who knew the types and signs of abuse and the action required to protect them from the risk of avoidable harm. Risk assessments were undertaken and support plans in place enabled staff to provide care safely to people.

People were cared for safely by enough members of staff who knew them well. Staff were trained and had their competency checked to enable them to administer people's medicines safely.

People were provided with care in line with best practice guidelines in relation to prevention and control of infection including those associated with COVID-19.

Staff received support, training and supervisions which enabled them to undertake their roles. People received the support they required to meet their dietary needs and eat healthily. People were supported to access health services when required. People's needs were met. People consented to care and treatment.

People and their relatives were involved in planning for their care. People's care plans reflected their individual needs and were updated regularly which enabled staff to deliver appropriate care. People and their relatives knew how to make a complaint if they were unhappy with any aspect of their care. Concerns were resolved in a timely manner. People's communication needs were met. Staff promoted people's independence and supported them to make choices about their daily living.

People and their relatives were positive about the care and support provided. Comments included, "I am happy with the care" and "Staff are helpful and friendly." People had developed meaningful and positive relationships with staff who provided their care. People were treated with respect and staff maintained people's dignity, confidentiality and privacy. People consented to the care provided.

Checks and audits were carried out on the quality of care and shortcomings were addressed. People, staff

and relatives were encouraged to share their views of the service and felt valued. The provider encouraged a culture of learning lessons when things went wrong. The registered manager and provider worked in partnership with other health professionals and agencies to ensure people received care suitable to their needs.

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.

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

Rating at last inspection

This service was registered with us on 23/02/2021. This is the first inspection of the service.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this performance review and assessment.

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.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Faithful Care (UK) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 was not a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 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 all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with one person who used the service, two relatives and four staff members including the registered manager.

We reviewed a range of records. This included three people's care records and various staff records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

Inspection activity started on 11 November and ended on 9 February 2023.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by staff who did not undergo a robust recruitment process. The provider had not ensured staff completed application forms with all the relevant information. We discussed recruitment with the manager who informed us they were in the process of reviewing their processes. Although the recruitment procedures were not robustly followed, we were not aware of any concerns in staff delivering safe care. We will review this at our next inspection. People were happy with the regular team of care staff who provided their care. A relative told us, "[Person] has [the same care staff]. [They] have a good understanding of how things should be done."
 - People told us, and rotas confirmed, enough numbers of staff were deployed to provide them with care and to meet their needs. Staff absences were covered.
- We have made a recommendation about staffing.

Systems and processes to safeguard people from the risk of abuse

- People were cared for in a way manner minimised reduced the risk of abuse. One person told us, "[Staff] are good. They treat me well and I have no concerns having them around."
- Staff attended training in safeguarding to keep people safe from avoidable harm. They understood the provider's safeguarding systems and knew their responsibility to identify and report any concerns.
- The provider reported safeguarding concerns to the relevant authorities including the local safeguarding team in line with their legal responsibilities.

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed regularly around areas such as mobility, eating and drinking, finances, medicines and environment. This enabled staff to safely manage the identified risks to their health and well-being.
- Staff knew the risks to the people they supported and followed guidance to provide care in a safe manner.

Using medicines safely

- People were supported to manage and take their medicines safely when needed and in line with best practice and the provider's procedures. Comments we received included, "[Staff] administer the medicines ok" and "We have no concerns about [person's] medication and the help they get."
- Medicine Administration Records (MAR) were signed and checked regularly to identify and resolve any issues.
- Staff were trained in administering medicines and had their competence assessed. Staff told us they had access to the medicine policy and procedures and followed the guidance.

Preventing and controlling infection

- People were supported in a manner that minimised the risk of infection. People and their relatives told us staff wore Personal Protective Equipment (PPE) including gloves, masks and aprons when providing personal care and preparing food.
- We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff were trained in IPC including COVID-19 and followed good hygiene practices. The manager undertook spot checks, team meetings and held one to one discussions with staff to ensure they practiced good hygiene.
- The provider IPC and COVID-19 policy and procedures were in line with national guidance.

Learning lessons when things go wrong

- People's care improved because incidents were reviewed and staff encouraged to learn lessons when things went wrong with any aspect of their care.
- The provider ensured staff recorded incidents to identify patterns and trends. Staff told us and records showed the manager used one to one team meetings to discuss incidents to minimise the risk of similar events from happening again.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 needs were assessed before they started using the service to ensure staff provided care suitable to their needs. A relative told us, "We were involved in meetings and discussed [person's] care package." People and their relatives where appropriate were involved in planning for their care.
- Care and support plans were developed and reviewed regularly in line with people's changing needs, preferences and the supported they needed.
- Health and social care professionals were involved in care planning. Staff followed guidance and law which ensured people received care delivered in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care as staff were supported to undertake their roles. Comments included, "[Staff] are well trained" and "[Staff] know their roles and are good at what they do."
- New staff underwent induction and training before they started providing care on their own. This included shadowing experienced members of staff and regular checks by the manager to ensure they felt able and confident to work independently.
- Staff were trained in safeguarding, infection control and moving and handling. They told us the manager checked their knowledge and competence and provider refresher courses when due. Staff were up to date with their training.
- Staff received regular supervision and records showed they were provided with opportunities to discuss any issues including their training needs and to improve their practice.

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

- People received the support they required to eat and drink sufficiently and healthily. Staff encouraged people to maintain a balanced and healthy diet and to drink sufficient amounts.
- Staff were aware of people's dietary needs, including their food, drink and mealtime preferences.
- Staff supported people to plan and undertook shopping tasks and prepare meals when required.
- People told us staff prepared and served food in line with their wishes and preferences.

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

- People were supported to live healthily and to access healthcare services when required. Staff had information about each person's health and well-being needs. They worked closely with them and their relatives where appropriate to help people manage their health concerns.

- Records confirmed staff followed guidance they received from healthcare professionals which enabled them to support people effectively in managing their health condition and wellbeing.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for their consent to the care and support they required. provided. Staff respected the choices people made about their day to day living. Comments received included, "[Staff] ask about the help I need before they start their work" and "We have to ask each person what support they require at each visit and help them as they wish."
- Staff knew when to act in the best interests of each person and when to involve other healthcare professionals when a person was unable to make decisions that were complex such as taking their medicines and receiving personal care.
- Staff were trained in MCA and attended refresher courses to keep their knowledge up to date. Care records and our discussion with staff showed they followed MCA principles and upheld the rights of people when supporting them. Records showed staff supported people with to make decisions about various aspects of their care such as receiving personal care, support with preparing meals, eating and drinking, managing their medicines and finances.
- Staff were provided with the policy about MCA for guidance and followed the procedures on how support people to make decisions about their care and to uphold their rights.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for with kindness and compassion. Comments included, "I am happy with the way staff treats [person]. The staff are very caring" and "[Staff] are attentive and make sure [person] is comfortable and happy with their work."
- People and their relatives told us staff were kind and caring. They commented, "[Staff] are respectful and genuinely concerned about [person]," and "[Care staff] are thoughtful and patient with [person]."
- People were supported by a consistent team of staff and had developed meaningful and positive relationships with them. Staff were aware of each person's needs as they were regularly assigned to them to provide care. This ensured people received appropriate care to their needs.
- People told us staff provided support in a manner that respected and maintained their equality and diversity. Staff told us they were inclusive and non-discriminatory in their practices when delivering care. They told us this included respecting each person's individuality, and meeting their needs by taking into account their disability, gender, ethnicity and religion.

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

- People were provided with opportunities to express their views and to make decisions about the care and support they required. Comments included, "[Care staff] always find out how I want things done" and "I am asked about care needs and [staff] respect my wishes."
- People and their relatives where appropriate were involved in decision making about the care and support suitable for their needs.
- Support plans contained information about each person's history, preferences and routines needs. Records showed people's decisions were respected and staff delivered appropriate care as required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. Comments included, "[Carers] show patience when caring for [person]" and "The carers are pleasant and respectful."
- Staff knew how to uphold people's privacy such as maintaining their confidentiality by only sharing information with others on a need to know basis.
- People were encouraged and supported to develop and maintain their existing skills to keep independent as far as practicable. Staff supported people to undertake tasks and activities they were able to do for themselves such as washing their face, dressing up, making a cup of tea and doing their hair.
- Care records showed what tasks people could do on their own and the areas they required support. Staff supported people appropriately such as preparing and or warming meals, or with personal care whilst enabling the person to dress themselves.

- People were supported when appropriate to take positive risks to enhance their independence, for example going into the community and taking part in activities to reduce social isolation and loneliness.
- Staff respected people's privacy and confidentiality and only shared information with other health and social care professionals when appropriate.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care that met their needs. One person told us, "[Staff] support me as I wish. My needs are met.". Each person had a care plan that reflected their individual needs and the support they needed. Staff knew the needs of the people they supported and provided care according to their wishes and preferences.
- People and their relatives told us they were involved in planning for their care and support.
- Staff had regular reviews of each person's health and well-being and updated their care plans. This enabled staff to deliver care appropriate to each person. People living with health conditions such as diabetes and dementia received the support they required to maintain their health as needed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern if they were unhappy with any aspect of their care. Comments included, "I have the manager's contact details" and "I feel able to raise any concerns with the [staff] or their manager."
- The manager ensured each person and their relatives were provided with a complaints procedure which detailed the process of raising a concern and what to expect in having their matter resolved.
- People told us and records showed complaints were investigated and resolved in line with the provider's policy and procedures.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were met. Care plans identified people's communication needs and the support they required to communicate effectively. Support plans reflected the manner in which people were able to express themselves. Staff told us they had sufficient guidance about how to effectively communicate with people.
- The provider ensured people had access to information in a format they understood in line with the AIS requirements. For example, people were provided with information in larger print when required. This enabled people to communicate effectively about their needs with staff.

End of life care and support

- People were supported to make their wishes known about their end of life care. Records were maintained and updated to show people's wishes when they shared these.
- The provider understood their responsibility to discuss people's end of life wishes and to ensure they

received dignified and comfortable care at the end of their lives. The provider worked with other healthcare professionals and other agencies to ensure people had access to the resources and support they required at the end of the lives and to ensure a dignified passing.

- At the time of the inspection no-one was receiving end of life care from the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The location had a condition of registration that it must have a registered manager. The provider had taken satisfactory steps to recruit one within a reasonable timescale and they had started the process of submitting an application to CQC.
- People and their relatives were happy with the running of the service. Comments we received included, "This is a good service" and "A well-managed service." The manager and staff understood people's needs and followed guidance when supporting them which ensured each person received individualised and person centred care.
- People told us the manager involved them in planning and making decisions about the care they wished to receive.
- Staff received information about any changes to people's needs, preferences and routines which ensured they delivered person centred care.
- Staff told us they enjoyed good teamwork and felt a shared responsibility in ensuring people received a good standard of care.
- The provider understood their legal and statutory obligations by ensuring they submitted notifications to relevant organisations and raising safeguarding alerts when needed .

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

- People and their relatives told us the manager was honest and approachable to discuss any concerns in relation to the service and care provided.
- Staff told us the encouraged them to take responsibility for any failures in care delivery to ensure they learnt lessons and developed their practice.
- Staff received regular updates and communication between the team, provider and management. They told us the communication within team and with the manager, office and care staff was good and they were open to discussing issues that affected care delivery.

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

- People's care underwent quality assurance processes and improvements were made as necessary.
- The manager carried out audits on care and support plans, risk assessments and management plans, recruitment and induction, training and supervisions, medicines management, customer satisfaction and

record keeping. The provider identified gaps in the findings and ensured they made the required improvements.

- Staff had access to up to date policies and procedures which provided them with guidance on how to provide care effectively.
- Staff had job descriptions, were aware of their roles and responsibilities and felt supported by the provider and manager to care for people effectively. Staff received regular supervisions, attended team meetings, had spot checks, handovers and communication from the provider and manager.

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

- People and their relatives and staff spoke positively about their involvement with the service. People and their relatives, the public and staff were provided with opportunities to be involved and engaged in the running of the service. They felt the provider and management had an open-door policy which enabled clear and easy communication and to discuss care provided.
- The manager held meetings, telephone reviews and undertook customer satisfaction surveys and quality assurance checks to ensure they received the views of people using the service and that they considered and provided for their needs.
- Staff told us the registered manager sought their views and valued their ideas to help develop the service.
- People told us the provider and registered manager ensured they had opportunities to feedback and share their views about the quality of care.
- Staff were provided with regular updates about the service from the provider who shared information about changes at the service and information about people's needs and the support they required.
- The provider ensured staff had opportunities to develop their practice and advance their training and progress in their careers at the service.

Continuous learning and improving care

- People's care delivery improved because the provider encouraged continuous learning to improve care delivery. A relative told us, "[Staff] discuss alternative ways of supporting [person] and ideas about how to help [person] manage their health."
- Accidents and incidents were reviewed which enabled the provider identify gaps in staff's practice. Staff received the support they required and to learn from any mistakes made through mentoring, one to one supervisions and team meetings to improve their practice.
- The provider reviewed and developed their quality assurance systems to ensure they continuously improved the manner in which they delivered care to people.
- Staff attended team meetings which they used as opportunities to learn and share good practice. Records confirmed team meetings and handovers were forums to discuss and share good practice. Staff told us they benefitted from attending these meetings and that these enabled them to improve and maintain good standards of care.

Working in partnership with others

- People benefitted from the provider's involvement of various health and social care professionals and other agencies in their care delivery. For example, the manager and provider worked closely with other agencies when people's conditions changed which ensured care provided was adapted to each person's needs.
- The provider made referrals to other healthcare professionals and agencies when people's needs changed to ensure they received the support they required and support them to lead more fulfilling lives.