

FARJ Services Ltd

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Inspection report

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Date of inspection visit:
09 July 2019
10 July 2019
15 July 2019
16 July 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

FARJ Services Ltd is a domiciliary care agency providing personal care to people with a variety of support needs. At the time of inspection 56 people were receiving care and support in Northamptonshire and the London Borough of Ealing.

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 leadership and the management of the service was ineffective. There was no registered manager in post and the provider had not maintained sufficient oversight.

There was a continued lack of oversight and governance systems to monitor the service. Systems that were in place were not always followed by staff, audits were completed inconsistently, and the findings of audits were not acted upon. People were asked for their feedback on the service but there was no record of action taken in response.

Records relating to people's risks were incomplete, contained misleading information and were not always available to the staff providing people's care. Medicine records were not accurate, and the administration of people's medicines was not consistently recorded. People had not been consistently safeguarded from abuse.

Safe recruitment practices were not followed, and staff were deployed to work unsupervised before criminal records checks had been completed. There was insufficient planning and oversight of staff scheduling and staff were working excessive hours.

People provided positive feedback about the individual staff who provided their care. Measures to prevent and control the spread of infection were followed by staff.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 April 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 26 February 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service. This inspection was prompted in part due to concerns received about the quality, safety and governance of the service. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No new areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for FARJ Services Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to recruitment, safety and governance of the service at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our Safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-led findings below.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant 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.

Service and service type:

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to ensure staff were available to facilitate the inspection.

Inspection activity started on 9 July 2019 and ended on 16 July 2019. We visited the office location and made telephone calls to people who use the service on the 9 July and visited people who use the service at home on 10 July 2019. We made telephone calls to staff and people's relatives on 15 and 16 July 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We also contacted social care commissioners. Social care commissioners commission care from the provider and monitor the care and support that people receive. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and eight people's relatives. We also spoke with eight members of staff, including support staff, a care supervisor, the deputy manager, two managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at various records, including care records for eight people and medicines records for four people. We also examined records in relation to the management of the service such quality assurance checks, staff training records, safeguarding information and accidents and incident information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff scheduling data and sought clarification about recruitment practice.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- At the inspection in February 2019 we found that 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. At this inspection we found people's risks were still not properly assessed. People were at risk of not receiving care that would protect them from known risks.
- Risk assessments were not fully completed and did not effectively address people's individual risks. For example, risk of self-neglect, poor skin integrity, seizures, mobilising and falls.
- People's care plans and risk assessments did not consistently reflect people's needs and risks and contained conflicting information. For example, two people's care plans identified they were at high risk of falls, but their risk assessments did not highlight this or provide any guidance to staff in how to minimise the risk.
- Some people did not have risk assessments or care plans available in their homes for staff to refer to. Staff relied on their knowledge of people and a brief written outline of the care visit they had been deployed to carry out to meet people's needs.
- Abbreviations had been used in people's care plans to inform staff of important medical information. There was no explanation of what these meant, and staff could not tell us. Staff did not have access to important information about people's risks and needs.

These concerns constitute a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Using medicines safely

- At the inspection in February 2019 we found that improvements were required to medicines record keeping. At this inspection we found that enough improvement had not been made.
- Medicines administration record (MAR) charts continued to lack details such as allergy status, the person's name, address, date of birth, GP and the signature of the person who had completed the MAR.
- Where staff were responsible for supporting people to apply creams, this was not recorded on the MAR chart and there was no body map in place to show where the cream should be applied.
- Staff did not consistently sign for medicines they had administered; enough action had not been taken to address this.

These concerns constitute an ongoing breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

- Staff had received training in safe handling of medicines and people told us they received their medicines as prescribed. One person's relative said, "I do all the ordering, the staff administer, I've no concerns."

Staffing and recruitment

- At the last inspection in February 2019 we found that some staff who had previously worked in health and social care did not have employment references from the relevant employer. At this inspection staff did have suitable references. However, a review of records identified that staff had been deployed to work unsupervised before appropriate criminal record checks were in place. The provider had not considered the risks involved and had not assured themselves that staff were of good character before allowing them to work unsupervised with vulnerable people.

These concerns constitute a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

- At the last inspection in February 2019 people provided mixed feedback about staff attendance at care calls and visit records showed that staff were often early or late.
- At this inspection feedback was again mixed. However, most people told us they were happy with the timing and duration of their care visits and that they were informed when staff were going to be late. Comments included; "We have carers every day with the same three carers over the week. We have been with the company for the last three months and have found them to be very good. They are indeed on time and we have had no missed calls." And, "They are not always on time, arrived 10.30am this morning, should be around 9.30am but the carer has to come on three buses. They always phone if there is a problem with punctuality. I have the same carer in the morning and they help me to get washed and dressed and help me into my wheelchair."
- Most people told us they had never experienced a missed care visit. However, two people's relatives told us about a missed visit they had experienced because their regular staff were unavailable at short notice. They were not informed that staff would not be visiting.
- Staff told us that they were able to attend people's care visits at the agreed time and they had enough time to meet people's needs. However, a review of five staff scheduling records showed that all five staff had several visits scheduled back to back, meaning they would be early or late carrying out some people's visits.
- Staff were working excessive hours to cover all the care calls scheduled. For example, one member of staff worked every day between the 10 June and 7 July 2019 and worked an average of 67.25 hours a week. Working this many hours and days consecutively did not allow staff enough time to rest between shifts. There was a risk that this would have a negative effect on their ability to provide people's care safely and appropriately due to being excessively tired.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection in February 2019, we found that people were not consistently safeguarded from abuse due to experiencing missed care visits that put them at risk of harm. At this inspection, we found that staff had not always escalated concerns promptly where people were at risk of self-neglect. For example, a safeguarding referral for neglect had been raised by external healthcare professionals for one person. The manager was aware that the person was at risk of self-neglect and had met with them to discuss how staff could support them. However, there was not enough information available in the person's care plan to guide staff in providing their care or escalating concerns. We saw that staff continued to record that the person refused personal care.
- People and their relatives told us they were confident in the staff that provided their support. The relative of two people who used the service said, "[family member] and [family member] are confident with the carers. One carer in particular is impeccable and makes [family member] feel more secure and confident."

There have been no missed calls and they are on time."

- Staff had received training to recognise abuse and protect people from the risk of abuse.

Learning lessons when things go wrong

- The provider had very basic systems to review the service. There had been little opportunity to learn from incidents or concerns as record keeping of quality monitoring was poor. The provider needs to implement systems and processes to use information to learn how to improve the service.
- Accidents and Incidents were monitored, and action taken to address any identified concerns.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. One person's relative said, "The carers are clean and tidy and follow hygiene rules".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- At the inspection in February 2019 we found that the provider had not taken sufficient, timely action to address concerns with the safety, quality and governance of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. The provider produced an action plan to demonstrate how they would make the improvements needed and ensure that these were embedded and maintained.
- The provider had received support from local authority commissioners, however had not maintained the initial improvements they had made. The provider had not complied with the previous breach of regulation 17 and had not implemented the actions stated in their action plan. They had stated that all actions would be completed by 30 June 2019.
- People were at ongoing risk of receiving unsafe, poor quality care due to the lack of leadership in how the service was managed. There was no registered manager in post and no record of provider oversight. The nominated individual stated they had conversations with the manager about the service but none of these conversations were recorded and they did not carry out any regular audits or checks. The manager did not have sufficient systems in place to monitor all necessary aspects of the service.
- The provider had not displayed the latest Care Quality Commission (CQC) inspection report on their website correctly, which is a legal requirement. They explained that this was due to technical difficulties. The report was displayed at the office location and they provided assurances that they would resolve the technical issue with their website to ensure the correct report was displayed.
- At the inspection in February 2019, it appeared that we had not received statutory notifications for notifiable incidents. We are currently looking into this matter. Following the last inspection, the provider had ensured statutory notifications were provided for all notifiable incidents.

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

- There was a lack of systems in place to ensure effective governance of the service and the systems that were in place had not been implemented effectively.
- There was no system in place to monitor that people had care plans and risk assessments in their homes or that there was a copy of the completed document in the office. We saw that four people did not have care plans or risk assessments in the office, one person had no care plans or risk assessments in their house and one person had no risk assessments in their house.
- FARJ Services Ltd had been subcontracted by another provider to support two clients with complex

needs. There was no FARJ Services Ltd paperwork in place for these two people, and no care plans or risk assessments in the office.

- The system in place to review and monitor people's care plans and risk assessments continued to be ineffective. People's risk assessments and care plans contained conflicting information about areas of risk in their lives. Risk assessments were not fully completed.
- The systems in place to ensure staff were recruited safely were ineffective as management staff had not followed them.
- The governance system in place had failed to ensure there were sufficient staff available to cover all people's care calls without staff working excessive hours. The system in place to monitor staff scheduling was not managed effectively and some people's care visits were scheduled with no travel time between them.
- There was no plan of audits in place to show how often audits were to be carried out and no overview of previous audits that had been completed. We were told the manager carried out random spot checks each month.
- The manager told us that the electronic call monitoring (ECM) system was monitored and audited, and action taken if staff clocked in outside the tolerance time of 15 minutes. A review of ECM records showed visits occurring outside of the planned time and the manager could not provide evidence of what action was taken in response to this. ECM audits could only be seen for 1 April 2019-28 April 2019, the manager said these should be done weekly.
- Audits that were in place were not carried out consistently. For example, we saw old MAR charts that had not been filled out correctly that had not been audited. No action had been taken to investigate the concerns with these records. We reviewed financial records for one person who staff supported with shopping. The financial record sheets did not match the information in the care logs. The person had not been asked to sign the record sheets as per the provider's policy. This was only identified during the inspection, audits had not identified this concern.

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

- Telephone monitoring was carried out with people, but there was no record of action taken in response to people's feedback. We saw six people had provided negative feedback about staff being late and not receiving a phone call but there was no record of action taken.

The provider failed to have systems or processes in place to assess, monitor and improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Staff had the opportunity to meet together with the manager and discuss all aspects of their work. This included; safeguarding, complaints, people's preferences and needs and timing of care visits. 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.

Working in partnership with others

- Representatives from the local authority quality team had conducted monitoring visits and identified concerns about the leadership and governance of the service. They found the management team was responsive and had taken action to ensure people were safe, but further improvements were still needed.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not have suitable risk assessments and risk management plans in place to minimise known areas of risk in their lives.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that all necessary checks were carried out before staff worked unsupervised with people.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider continued to fail to ensure sufficient arrangements were in place to monitor the quality and safety of the care and support provided to people.</p>

The enforcement action we took:

A warning notice.