East Boro Housing Trust Limited

Faulkner House

Inspection report

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20 May 2019
21 May 2019

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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:
Faulkner House provides domiciliary support services to people in their own homes. It provides a service to older people and younger adults some of whom have a physical disability, sensory impairment or dementia. At the time of our inspection there were eight people receiving a regulated activity of personal care.

People's experience of using this service:
People were protected by staff who had knowledge of the signs and symptoms that could indicate a person was being harmed or abused. Staff understood how to raise safeguarding concerns both internal and external to the service. People told us that staff made them feel safe.

Staff worked with people, where appropriate their relatives, and healthcare professionals to manage and reduce the risks they faced in their day to day lives.

People were supported by a consistent group of staff who knew them well and had been trained to meet their needs. Training included mandatory courses and on-going support to ensure staff had the necessary skills to support people competently.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and demonstrated this when supporting people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's desired outcomes were identified and plans created to achieve them. People received person centred care which understood, respected and met their current and emerging care needs. Regular reviews were held with involvement from people, their legal representatives or people important to them, familiar staff and relevant health and social care professionals.

People were supported to access health care services, such as district nurses, in a timely way when required and to attend appointments in order to maintain their health and wellbeing. Care visit times were amended to accommodate this.

People's and staff member's views were sought in meetings, reviews and annual surveys. People fedback they felt listened to and spoke positively about the care they received. People told us they knew how to complain should they need to and were confident that action would be taken to resolve any identified issues. Staff told us they felt supported, that the team worked well together and that their learning needs were explored.

The management conducted audits to help ensure the quality and safety of care people received was maintained and improved. There was a positive, open and encouraging culture at the service.

Rating at the last inspection:
At our last inspection we rated the home Good (published 26/11/2016).

Why we inspected:
This inspection was a scheduled inspection based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service 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?

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.

Faulkner House

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 adult social care inspector. We visited the office location on the first and second day to see the registered manager and service manager and to review care records and policies and procedures. On the second day the inspector carried out general observations and checked care records during three visits to people in their homes. The people we visited had given their permission for this to happen.

Service and service type:
Faulkner House is a domiciliary care service. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people and younger adults some of whom have a physical disability, sensory impairment or dementia.

The service had a manager registered with the Care Quality Commission. This means that they 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 48 hours' notice of the inspection visit so that we could be sure the office manager was available when we visited and that consent could be sought from people to receive home visits from the inspector.

Inspection site visit activity started on 20 May 2019 and ended on 21 May 2019. We visited the office location on both days to see the manager and office staff; and to review care records and policies and procedures. On day two of the inspection we visited people in their homes with their consent.

What we did:
Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited three people in their own homes and discussed the delivery of care. We met with the registered manager, service manager, care team leader and two care staff. Following the site visit we had telephone conversations with two care staff, three relatives and two healthcare professionals.

We reviewed three people's care files, policies, risk assessments, complaints, quality audits and the 2018 quality survey results. We looked at four staff files, the recruitment process, staff meeting notes, training, statutory notifications and accident and incident logs.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

●People told us that staff made them feel safe. One person said, "Oh yes, I certainly feel safe."

●People were supported by staff who knew how to keep them safe from harm or abuse. Staff explained how they would raise any concerns internally or externally if they felt action was not being taken. A staff member told us when they had previously raised concerns about potential domestic abuse the management had listened and "dealt with it immediately."

Assessing risk, safety monitoring and management

●People had individual risks assessments which helped them, staff and relatives minimise risks linked to things such as their personal hygiene, nutritional intake, specific conditions such as diabetes or poor mobility. Carers knew and understood the risks that people faced. For example, one person had been encouraged to wear appropriate footwear to reduce the risk of falls. Carers were aware that one person's safety relied on 'a pace which is at [name's] ability to move.' Staff encouraged another person to accept support with their personal hygiene by running their shower and putting out clean clothes for them. A relative commented, "They (staff) cream [name of relative] legs so they don't crack and were very good when [name] needed extra support after a hospital stay."

●The service had a business contingency plan which included a continuation of support during fire, flooding, extreme weathers or traffic disruption due to local events.

●Care plans encouraged staff to support people with protecting themselves from sunburn or dehydration during the summer months.

●General environmental risks to people were assessed such as home security and fire safety. The service had contacted the local fire service with people's consent to arrange a fire risk assessment of their property. This had helped people stay safe at home.

●The service provided travel time for staff between visits. This helped them get to people on time and promoted safe driving.

●The management provided reasonable adjustments for staff when risks were identified in relation to supporting people, for example when needing a wheelchair to access the community or visiting people who smoked or who had pets.

Staffing and recruitment

●There were enough staff to support the number of people they visited. Due to the size of the service people were supported by a consistent group of staff which meant they got to trust and know them well. The service did not use agency workers. One staff member said, "This helps with familiarity and people feel more comfortable. You are able to discuss intimate needs more easily." A relative said, "[Name of family member] gets to see the same carer."

●The service had a robust recruitment and selection process. This included background checks to help ensure that prospective staff had the necessary skills, values and good character to support people.

Using medicines safely

●Medicines were managed safely and only administered by staff that had received the relevant training and competency checks. A senior staff member told us they carried out the competency checks and had received extra training for this. The local authority had recently written to the service requesting a care package for one of the people they funded due to their 'good reputation with medication.'

●Reviews were undertaken to help ensure that people were only taking medicines that continued to be of benefit to them and to consider if any aids would help them manage this task more independently.

●Medicine Administration Records (MAR) were completed and legible. Dosage information was sufficiently detailed which helped ensure staff knew how often and how much of a particular medicine was required.

●Due to particular health conditions some people required their medicines at particular times. This was supported.

●Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

●Staff received training in infection prevention and control and understood their responsibilities around this. Staff told us they had enough Personal Protective Equipment (PPE) such as disposable aprons and gloves to do their job. Staff used this equipment appropriately when supporting people.

Learning lessons when things go wrong

●Staff completed accident and incident reporting forms. These were reviewed by the registered manager and the provider's board of management to determine the root cause, trends and any proactive action required to limit the chance of a reoccurrence. Learning was then shared with staff and the person affected.

Good

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

Good: 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 had an assessment prior to them receiving a service. This was completed by staff who had received training to do this. The assessment captured their needs, abilities and preferences. The service manager told us, "These assessments allow me to visualise the person's needs and best match them to staff."

●People had identified outcomes and support was measured and reviewed against these. For example, with one person's wish to regain their independence around their continence. This was achieved with the person telling us they were happy they no longer needed to use continence aids. A relative expressed, "The visits have made a massive difference. I would certainly recommend them to other people."

Staff support: induction, training, skills and experience

●New staff received an induction which included shadow visits with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The competency checks covered areas such as medicines and respectful interactions. Spot checks were carried out by the management, but these were not recorded. The service manager said they would start doing this.

●People were supported by staff who had been trained to meet their needs. Each staff member had a training plan which included target dates for completion. A staff member said, "I feel we have sufficient training." Mandatory training covered topics including dementia care, mental capacity, communicating effectively and professional boundaries. Other courses included substance abuse, hoarding (this is where someone acquires an excessive number of items and stores them in a chaotic way which may interfere with everyday living or their quality of life) and support for people with Parkinson's Disease and following a stroke. One person told us, "I feel [name of staff member] has the right training." Another person commented, "I don't mind who comes as I'm always satisfied with what they do for me."

●Staff received supervision every three months. Staff told us they were encouraged to raise anything during these sessions and had time to reflect on their performance and learning needs. One staff member said, "I am given opportunity to say what I want in supervision. They always ask us if there is any other training we need or would like to do." Supervisions included discussion about health and safety, confidentiality and learning from training. During the inspection the service manager put a supervision matrix in place which made it easier for the service to track who required, or had received, supervision.

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

●People were encouraged to eat and drink sufficiently to maintain their well-being with prompts and/or support given where this was required. Staff were aware of people's dietary needs, allergies or intolerance to certain foods and their preferences. These were documented and reviewed within people's care plans. People told us staff always offered them a choice of food and drink and were aware of their favourites.

Staff working with other agencies to provide consistent, effective, timely care

●Staff understood the importance and benefits to people of timely referrals to health and social care professionals to help maintain their health and well-being. One person told us, "[Name of staff member] has picked up on most of my infections and contained it. [Name of staff member] spoke to [person's relative] then [person's relative] got the district nurse out. I am so happy with what [name of staff member] does for me." Staff had liaised with a person's close relatives and GP in order to support them to remain at home, which was the person's preference, and avoid unnecessary hospital admissions. The service had reviewed the reasons for previous hospital admissions to help avoid the need for re-admission.

●Two healthcare professionals we spoke following the inspection praised the service. One said, "They are good communicators and focus on the person's best interests. I have never heard anything negative about them. The service manager takes the time to go out and meet people and get to know them." The other healthcare professional commented, "They liaise well. When they noticed the condition of a person's feet was affecting their ability to walk they contacted us straight away." A relative told us, "[Name of staff member] alerted me and the GP when they observed [name of family member] had a possible leg infection. This was later diagnosed."

●Daily records in people's homes were up to date and noted health appointments which helped ensure staff were aware of people's treatment needs and progress. Daily notes we reviewed detailed hospital appointments and sessions with physiotherapists. The service amended people's visit times when required to support them to attend health appointments.

Supporting people to live healthier lives, access healthcare services and support

●When required staff signposted people to community services such as local chiropodists, fire service, a pendant alarm service and hairdressers. Where people wished, or were able to do this themselves, this was respected. Where appropriate, staff liaised with relatives to help ensure that essential appointments were not missed.

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.

We checked whether the service was working within the principles of the MCA.

●Our observations and records showed that staff were working within the principles of the MCA and

demonstrated this in their practice. One staff member said, "Never assume people lack capacity. You should treat each person as an individual and make your own assessment with the person." Staff understood that people's capacity to make important decisions could fluctuate for a number of reasons including: medicines, water infection, dehydration or intoxication. One staff member told us, "To increase a person's ability to make decisions I explain things clearly and in chunks, a bit each day."

●Where complex decisions were required mental capacity assessments had taken place. These were decision specific and covered areas of people's day to day lives including support with medicines and care, consent to photographs and accessing the community safely.

●People's care plans identified when they had representatives with the legal authority to make decisions on their behalf should they lack capacity. This detailed the extent of their authority for example for decisions around property and finance and/or health and welfare. Representatives had been appropriately consulted and involved.

Good

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

Good: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

●We observed staff being kind and caring when interacting with people. We observed people and staff enjoying mutually beneficial conversations punctuated with smiling and laughter. People told us that staff treated them well. One person said, "They are always nice, friendly and cheery. They (staff) always come on time." A relative told us, "The carers are friendly and chatty and that's what [name] likes." Another relative said, "They (staff) are very caring and patient with [name of family member]."

●Staff demonstrated an understanding of how to support people with their emotional needs. A staff member told us, "You listen, provide comfort and observe as everyone is different." A person said, "They (staff) provide a listening ear to offload if you're feeling dark." A relative commented, "They (staff) have encouraged [name of family member] to do their exercises and given [name of family member an emotional lift."

●Staff had received training in equality and diversity. They applied this in their practice for example when understanding, respecting and supporting people's diverse life choices and acknowledging those important to them now and in their past. This ethos was reinforced in written staff guidance. One particular part of this guidance noted, 'Treat others how you would like them to treat you' and, 'If you spend your life trying to fit in you will find you have wasted a lot of effort – we are who we are and we should celebrate that.'

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

●People told us they could make decisions and express their views about the care and support they received. Daily notes we reviewed confirmed that people were given the opportunity to influence their care including declining help and making suggestions. One person told us that management had provided an alternative carer when they and a relative had raised that they did not feel "connected." Another person told us, "I feel I am involved and can say how I want things."

●Staff understood the importance of offering people choice and people told us this happened. One person preferred to leave their hair to dry naturally after being supported with personal care. Staff were aware of this person's preference and respected their choice. Another person had been supported to have lunchtimes visits rather than morning visits as they did not like to get up early.

Respecting and promoting people's privacy, dignity and independence

●People said staff treated them with dignity and respect. One person said, "They knock before they come in and talk me through what's happening when helping me with personal care. They always uphold my dignity. They (staff) are lovely people."

●As it was not appropriate for us to observe staff supporting people with their personal care we asked staff how they protected people's privacy. A staff member said, "I would make sure the door is shut during personal care and ask them if they mind me being there." The care team leader said, "We respect if people don't want young carers supporting them with personal care."

●People were encouraged to remain as independent as possible with care plans documenting the level of assistance people required. People told us staff supported their independence and records confirmed it. One person said, "I can do most of my clothing so [name of staff member] helps me with socks and pants. They (the service) are helping me towards independence." Staff were provided with guidance to help them assist people with challenges related to their specific health conditions. For example, staff supported people recovering from a stroke with clothing choices that helped maximise their independence and dignity.

Good

Is the service responsive?

Our findings

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

Good:□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 had detailed, personalised care plans that documented their needs, social history current interests and people important to them. The care plans were set out in an easy to follow format and used respectful, positive language. For example, one person's plan noted, '[Name] is a very witty [person] who has a remark and reply to all who interact with [them].' Another person's plan detailed, 'Has a good sense of humour and likes to have a laugh and joke with staff.' We observed this during our home visit to this person.

●Care plans provided clear information to guide staff on what people required support with and what they could and wished to do themselves. Staff confirmed this. Plans were reviewed every 12 months or earlier if required. A relative said, "Knowing care staff are visiting [name of family member] makes us feel happier." Another relative told us, "The carers have made a very big difference for us. I would give them 10 out of 10."

●The service met the requirements of the Accessible Information Standard (AIS). This is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them. Management observations included how staff communicated with people. A healthcare professional, who had accompanied a staff member on a visit to a person's home, told us, "The carer was very good with [name]. Clear explanations were given to [name] who has dementia."

Improving care quality in response to complaints or concerns

●People told us they knew who to complaint to if they needed to and felt confident that they would be listened to. A copy of the provider's complaints policy was included in a guide given to people when starting to receive support from Faulkner House. Complaints were logged, tracked and resolved in line with the policy.

End of life care and support

●At the time of the inspection the service did not support any people with end of life care needs. Staff received training in death, dying and bereavement which helped them develop their skills and understanding of people and their family member's needs at this time.

●Most people had a Do Not Resuscitate (DNR) in place and those that did had this recorded in their care

plans. A DNR, also known as no code or allow natural death, is a legal order written either in the hospital or on a legal form to withhold attempts to resuscitate in respect of the wishes of a person in the event their heart were to stop, or they were to stop breathing.

Good

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted 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

●Staff told us they got along as a team and supported each other. Staff comments included. "We have a good staff team. We are very close. We communicate constantly", "I like to think we work well as a team", "We are attentive and caring. The team pull together in a crisis", "I feel supported by management" and, "The management are at the end of the phone when I need them. They follow up when I raise anything. I feel listened to."

●The registered manager understood the requirements of Duty of Candour. They said it was their duty to, "Be open and transparent. If we make a mistake hold our hands up and explain how we're going to put it right."

●The registered manager and service manager were seen as approachable by people, staff and relatives. One relative said, "[Name of service manager] is very easy to talk to."

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

●The management demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or death of a person. The registered manager had ensured that all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding. This is a legal requirement.

●Staff felt recognised and valued. Records showed they received praise and recognition from the registered manager when they had performed well. For example, one staff member had received a letter which stated, 'I would like to take this opportunity of thanking you for the outstanding effort you have shown recently in your role…I would like to make sure you are aware how much it is appreciated.' The service had a merit payment system which rewarded good practice. The registered manager told us, "I am very proud of the team."

●The registered manager and service manager held weekly meetings and also maintained daily contact via telephone. They said this enabled them to "deal with things straight away." The registered manager met

with the provider compliance manager weekly to discuss and agree service development needs.

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

●People were supported to express their views about the service via an annual satisfaction survey. In the September 2018 survey a person had fedback, 'Couldn't wish for a better service.' People had commented positively about the service including that they felt listened to. A relative commented, "I am absolutely involved by the carers."

●Staff meetings were held quarterly. These covered a range of topics including: supporting people with dementia or following a stroke, food and fluid charts and staff sickness monitoring. One staff member said, "You can say what you at the meetings. There is an agenda and then any other business." Another staff member commented, "We are able to raise anything at team meetings." The service scheduled these meetings for mornings and afternoons to help and encourage staff to attend. Records showed staff meetings were well attended.

Continuous learning and improving care

●The management of the home completed regular checks which helped ensure that people were safe and that the service met their needs. Monthly audits covered areas including medicines, daily records, people's individual outcomes, care plans and finances.

●The management had put an action plan in place following a positive quality monitoring visit from the local authority in January 2019. Records confirmed all recommended actions had been completed.

●The registered manager had gained their registered managers award (this is the equivalent to a health and social care level five qualification). They told us they kept their skills and knowledge up to date by linking with other registered managers via a website for adult social care employers in England and by reviewing monthly care industry newsletters.

Working in partnership with others

●The service had developed and maintained good working relationships with GPs, social workers and district nurses. Management had also developed links with a local hospital discharge team that helped reduce delays to people wishing to return home after an inpatient stay.

●The service had been awarded a contract with a local authorities' preferred provider care and support at home framework. This meant the service had been successful through a tender process to receive commissions of packages of care from the local authority. Services winning such contracts undergo regular assurance reviews to ensure they deliver a level of care that is over and above the essential standards regulated by the CQC and those required to be a preferred provider.