

Miss Faith Jennifer Kaye

Faiths Care

Inspection report

The Colchester Centre
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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

This comprehensive inspection was completed on 3 and 9 July 2018 and was announced.

Faiths Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. These include older people, people living with dementia and people with a physical disability. At this inspection, there were 35 people being supported by Faiths Care.

At the previous inspection in November 2016 the service was rated requires improvement overall and we found five breaches of the regulations. This was because the service did not ensure that people had care plans in place that were up to date and held the right information. The service had not ensured that medicines were dispensed and recorded properly. People did not always have access to the services' complaints procedure and could not be confident that their complaints would be dealt with to their satisfaction. There was not always sufficient staff to care for the people who used the service and to enable the provider to run the service effectively.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service to at least good. The provider sent us an action plan after the inspection outlining the actions they were taking in response to our concerns.

At this inspection we found the necessary improvements had been made and the service has been rated good overall.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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.

The registered manager had recruited a new general manager and field care supervisor since our last visit. This management team worked extremely well together and were key to the improvements at the service. Staff were enthusiastic and committed and people gave us positive feedback about the service they received. The registered manager had extremely high standards and expectations. There were regular checks on the quality of the care provided and the management team dealt with poor practice promptly. They used information from feedback and mistakes in a positive way to improve the care provided. This was a relatively new service and the registered manager was still developing formal systems to log and analyse themes over time.

People's safety was a priority and they received consistent support from staff who knew them well. Improved recruitment practices and well organised rotas meant staff were not rushed. They had good information about people's individual needs and guidance about how to minimise risk. Good communication and planning meant people continued to receive safe care when their usual care staff were

not available.

The registered manager ensured any risks from the spread of infection were minimised by requiring staff to have scrupulous cleaning practices. People received their medicines safely and were encouraged to remain independent in this area where possible. Staff had clear guidance about any specific risks when supporting people with their medicines.

There was an effective and established staff team who had the necessary skills to keep people safe. Training had improved, and staff were well supported and monitored. Staff enabled people to make choices and remain in control of the decisions around their care. People were supported to eat and drink in line with their preferences and needs. The management team and care staff communicated well with outside professionals and were committed to supporting people to remain healthy and access outside services where required.

Staff had enough time to care for people and develop compassionate relationships with them and their families. People's wellbeing was a priority staff communicated with them to ensure their views shaped the support they received. Staff upheld people rights and provided care which was dignified and respectful.

The support provided was person-centred and flexible, taking into account peoples' preferences and individual circumstances. Care plans had been revised to provide clear guidance to staff. People's care needs were regularly reviewed and plans amended as required. People felt able to complain and be confident their views would be listened to and acted on. They benefitted from the improved culture at the service which supported them to speak out and provide feedback.

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.

There were enough safely recruited staff who were deployed efficiently to meet people's needs.

Consistent staffing, good communication and guidance meant risk was well managed.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff worked and communicated well to meet people's needs.

Training, support and guidance to staff had improved.

Staff upheld people's rights and enabled them to remain in control of the support they received.

People received the necessary support to eat and drink in line with their preferences and needs. Staff were skilled at working with outside agencies to support people's wellbeing.

Is the service caring?

Good ●

The service was caring.

Improved organisation in the service enabled staff to provide care which was not rushed.

Staff developed positive relationships with people and communicated well with them.

People's rights were upheld and staff provided care with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Support was flexible and person-centred.

Care plans provided staff with detailed information and guidance. People's needs were reviewed as required.

People felt able to complain and their feedback would make a difference.

Is the service well-led?

Good ●

The service was well led.

The registered manager was committed to implementing best practice and driving improvements.

There were ongoing checks on the quality of the service.

The management team and staff worked well together and were committed to the wellbeing of the people they supported.

Faiths Care

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 inspection took place between 3 and 9 July 2018 and was announced.

The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we needed to make sure the right people would be available to answer our queries.

We visited the office location to meet with the manager and office staff; and to review care records and policies and procedures. We also visited the homes of two people who used the service and met with them and the staff who supported them. We telephoned staff and people who used the service and their families to ask them their views about the quality of the support they received.

The inspection team consisted of one inspector and one 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, and their expertise was in the care of older people. The expert by experience telephoned 9 people who used the service.

During our visit, we met with the registered manager, who was also the director of the company. We also met with the general manager and the field care supervisor. These three senior staff are referred to in the report as the 'management team'. We had contact or met with six care staff. We also spoke with two health and social care professionals for feedback about the service.

As part of the inspection, we reviewed a range of information about the service. This included a Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are providing care and any improvements they plan to make. We also looked at safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about

important events, which the provider is required to send us by law.

We looked at three care records for people who used the service. We also looked at further records relating to the management of the service, including recruitment records and systems to monitor the quality of the care people received.

Is the service safe?

Our findings

At our inspection in November 2016, we had concerns there were not enough staff to meet people's needs and staff had not always been recruited and deployed safely. We also had concerns staff did not provide safe support with administering medicines. At this inspection we found the registered manager had addressed our needs fully and we rated safe as good.

Feedback from people using the service about how safe they felt was extremely positive. We were told there were no missed visits and if staff were going to be late, office staff rang to let people know. People were particularly positive about how much safer they felt now the quality of service had improved. One person said, "In the past I used to get any old Tom, Dick or Harry who did not have a clue how to support me. Now I am regularly supported by [named staff]. I get my medication on time. Everything is going very well indeed."

When we last visited the service, people told us they felt rushed by care staff and that there were not enough staff to meet their needs. People now told us care was unrushed and staff had enough time to meet their needs. People told us, "[Named staff] never rushes me and times everything really well like getting my food ready" and "The carers seem to have plenty of time to do a professional job. They are not rushed and do the job properly."

Staff were deployed very efficiently. A person described their care staff as, "extremely reliable, very friendly and completely professional." Rotas were well organised, and as well as routine visits, staff schedules showed where new staff were shadowing and where meetings had been arranged.

Staff recruitment had improved since our last visit and well-ordered systems gave office staff clear information to see where there were any gaps. Safe recruitment practices were followed to check staff were of good character and suitable for the roles they performed. The necessary pre-employment and identity checks in place before staff could commence work.

On-call and out of office arrangements run smoothly. People and staff told us they knew who to ring if the office was closed.

There were good measures in place to manage emergencies, such as when there was heavy snow. The manager described how a member of staff had stayed on at the home of a person who was most at risk to ensure they received their vital medicines, as required. Whilst all office and care staff knew the people who were most at risk, there was no readily available priority list in the case of an emergency, showing for example which people lived alone or who needed support with medicines which were time-critical. The registered manager immediately resolved this and by the end of our inspection, there was a clear priority list in place.

There were detailed risk assessments to support people to keep safe. There was practical guidance relating to each area of risk, such as how to support people with managing their blood sugar levels or when using equipment in the home. A person who needed support with moving told us, "Staff are always gentle and

patient in how they move me from my bed into my wheelchair. I never feel at risk." Senior staff and care staff demonstrated a good knowledge of how to minimise risk for each person. They also knew what to do in an emergency, for example when to ring a district nurse if they had concerns about a person's diabetes.

Guidance to staff provided detailed advice on how to support people to maximise their independence, whilst remaining safe. For example, the advice on supporting a person to transfer within their home, split the task into sections and stated which steps the person could do for themselves.

People who were supported with their medication stated that this was done in an efficient and timely way. A person told us, "My care plan makes it very clear that I must receive my medication at a certain time without fail. My carers have always achieved this since I have been with them." Another person told us how they had specific needs in terms of hygiene when taking their medicines and they described how staff followed clear instructions to ensure the risk of contamination was minimised.

There were protocols in place where medicines were taken as required. Care plans stated clearly where a person chose to self-medicate and who was responsible for collection and disposal of medicines. Staff encouraged people to remain independent with their medicines, where possible. A person told us "My carer tells me not to talk when I take my medicines." Staff recorded when they supported people with taking their medicines. Senior staff carried out regular checks to ensure staff were administering and recording the medicines as required.

Staff had been provided with safeguarding training and understood how to recognise abuse and report allegations and incidents of abuse. Care staff were good at communicating concerns to senior staff who notified relevant agencies when they were concerned with the safety of a person. We noted that all staff advocated pro-actively for people to ensure outside agencies responded as required.

There were effective measures to minimise the spread of infection, for example staff used gloves, apron and alcohol gel as appropriate. The general manager gave an example where a person had a specific infection and we discussed the detailed plans they had put in place to minimise risk for people and staff. The registered manager's expectations were high in this area. They showed us some photos, such as dirty surfaces and dog bowls, which had been used in a team meeting to spell out the standards they expected in terms of cleanliness. A person told us staff had improved in this area, "Staff wear gloves when doing laundry, hair up, wash their hands."

Office staff clearly investigated where incidents and accidents had occurred and the whole service learnt lessons were mistakes were made. Actions was then taken, for example care staff received reminders in team meetings to make sure they were all supporting a person who used equipment in a consistent manner. These systems worked well and were appropriate for a relatively new and small agency with an extremely hands-on provider. We discussed with the management team how they planned to improve the processes for logging and analysing incidents and accidents should the service grow, for example to start capturing themes more formally so that lessons could be learnt over time.

Is the service effective?

Our findings

At our inspection in November 2016, we had concerns not all staff had received training to help them understand the Mental Capacity Act. We were also concerned that people did not receive their meals as required due to the poor timing of visits. At this inspection we found these areas had improved and we rated effective as good.

The improvements in staffing discussed in the safe section of this report meant people received their meals at the times which had been agreed in their care plan. Feedback from people was very positive around the support they had with meal preparation. People told us, "Food and drink preparation is very easy. I tell them what I want and they get on and sort it out" and "The carers always listen and give me choices about what I want to eat and drink." During one of our visits a member of staff described how they supported a person to choose what they had for a meal. They said, "We tell [Person's name] what is in the cupboard, fridge and freezer and they tell us what they want, today it was chunky soup."

Staff were knowledgeable about any specific needs around people's nutrition and hydration. A person with diabetes told us, "The carer and I discuss my meals for the week. We pay careful attention to managing my sugar levels." Care staff supported people to remain independent and develop skills in preparing meals, as appropriate. A person said, "They have taught me how to cook chicken. I can now do a pasta meal with the sauce, vegetables and chicken."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether training in this area had improved. This Act 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. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP).

We found the service was working within the principles of the MCA. Staff had received training in this area and clear information about capacity was threaded through people's care plans. They were skilled and committed to supporting people to stay in control of their care. People had signed to consent to care. Where people were not able to sign, some family members had provided consent on their behalf. We discussed with the registered manager the need to ensure families were only asked to consent to a person's care when they had legal authorisation to do so. By the end of our inspection visit, the registered manager had amended the systems to address this issue.

Staff were skilled and knowledgeable. A member of staff told us, "We all had our training done online and explained to us in the office. Once we had an exercise in our general meeting (about using equipment) so the office knows if everybody is doing it correctly." There had been improvements in the training of staff since our last inspection. For example, there was an increase in the length of time a new member of staff

shadowed other staff before administering medicine. In addition to a comprehensive schedule of online training, staff were supported on an ongoing basis to develop their skills, for example, senior staff regularly went out with staff on visits to promote good practice.

New members of staff undertook training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. They also spent time shadowing more experienced staff to help develop their skills. A person told us, "I like the fact that if I have to have a new carer I am introduced to them and they shadow a more experienced carer for at least three visits. This way there are no surprises and I receive continuous, high quality of care."

Staff also attended additional training, such as diabetes, where required. A person described how staff had received training to make sure they knew how to use a specific piece of equipment. There were clear systems in place to track when people had training, meetings and competency checks, which meant senior staff could easily check for gaps and ensure staff were being supported and monitored as required.

Communication at the service was extremely effective, which meant people received a consistent service. A person told us, "If my usual carer is ever absent the replacement carers are also very supportive and have a very good understanding of what they have to do for me." As well as daily notes, each person had a communication book in their home where staff wrote down updates such as upcoming hospital appointments. We could see from feedback and the daily notes that care staff worked well as a team. A member of care staff had written, "Please keep a close eye on [Person's name] as they are a bit low."

There were regular team meetings and these were well planned, for example, to introduce change and drive improvement. Office staff communicated regularly with care staff, for example, to let them know of the arrival of new equipment at a person's house. Staff had regular supervision sessions where they met with their line manager for support and to discuss any required learning. These meetings were prioritised by the management team and were part of staff rotas. Senior staff also carried out regular competency and unannounced checks to ensure staff had the necessary skills and were supporting people in line with their needs and the provider's expectations. We saw specific examples where this had improved the quality of the service people received.

We observed office staff speaking with other professionals to make sure people accessed the support they needed, such as equipment to help them remain mobile in their homes. We noted the staff were knowledgeable about the options open to people and about the different organisations they could contact to help people get the best care possible.

Staff enabled people to maximise their physical health and wellbeing. During a visit to a person's house we saw staff had been pro-active in supporting a person to access a district nurse to treat a pressure sore. Communication and support around health appointments was practical and personalised. For example, there was a reminder on a rota to staff to make sure a person with dementia was ready for an appointment, which included times and the reference number of the hospital transport.

Where people had complex health and social care needs, senior staff carrying out assessments of their needs consulted with relevant professionals, such as occupational therapists, to ensure staff had advice about current best practice. Senior staff had revised existing care plans since our last visit and the new plans gave improved guidance to staff about people's health care needs and the support they needed. For example, staff were given step by step instructions on how to bathe a person's eyes or how to use specialist equipment.

Is the service caring?

Our findings

At our inspection in November 2016, we found the lack of organisation meant staff were not able to support people in a caring manner. The overall improvements in staffing and management meant staff now had the time to provide caring and compassionate support and we rated caring as good.

Feedback from people was positive and reflected the improvements since our last visit. People spoke warmly about specific members of staff, which reflected a consistency in the support they received. They told us, "[Named staff] supports me all the time and is fantastic. I lost use of one arm and they have literally become my second hand. I am really blessed to have such a lovely carer" and "My carers are great. They know me really well and meet my needs properly. They fit in with what I want them to do and we rub along really well."

We received equally positive feedback from a professional working with a person at the service. They told us, "The carers I have met on my visits have been kind, considerate and empathetic, treating [named person] with respect. On the occasions I have visited my client when the carer is present, I have been left with a very positive impression. My client cannot speak more highly of their carers."

Staff supported people to maximise their independence, remaining in control of their care and making choices about the support they received. Staff had time to sit with people and plan what they wanted to do each week. A person told us, "[Named staff member] has a genuine empathy for my situation and can almost anticipate what I want them to do. We sit down and chat through the daily routine. We then get on with jobs together." A member of staff described the difference it made to people's lives to receive the care they had asked for. They said, "We always respect people's wishes, even the order they wish to get washed and little things like that." Where people were not able to communicate their wishes verbally, staff had clear guidance about their preferences to ensure support was provided as required.

Staff treated people with respect and dignity. A member of staff described how they drew curtains in a room before providing personal care to respect a person's privacy. A person told us how staff had respected their wishes when they had said they did not want a family member contacted, and guidance around this was included in their care plan.

People described how staff were sensitive when providing personal care. They told us, "They help me to shower and are respectful of my modesty. They wash and dry the parts of me I cannot reach and there is no embarrassment at all" and "The carers know exactly what to do and they always listen to what I ask of them. I need help with toileting but they do this in a gentle and respectful way."

Staff saw people as individuals and provided holistic support which was not directly linked to allocated care tasks but impacted on the person's wellbeing. In one instance, a senior member of staff had advocated on behalf of someone in relation to their human rights and succeeded in resolving an issue which was very important to the person. In another example, staff had helped a person change the layout in their house, they told us, "[Person's name] didn't like where they used to sit in the dining room so we had a chat and

moved it round, so now they can watch TV."

Staff developed positive relationships and supported people's families as appropriate. People told us staff provided companionship to the whole family and gave examples where this had made a difference to family life, for example, when a member of staff had helped organise a birthday party.

Is the service responsive?

Our findings

At our inspection in November 2016, we found care plans were not in always in place and were not reviewed regularly to ensure they reflected people's needs. Also, people were not always confident their complaints would be dealt with effectively. At this inspection we found these concerns had been dealt with and we rated responsive as good.

The registered manager had created a new role of field care supervisor in the last year. This member of staff focused on assessing people's needs and developing care and support plans. We found this role had been extremely positive and had improved the quality of the guidance provided to staff. The supervisor developed a good understanding of people's needs as part of the initial assessment process and worked in a holistic way to improve people's quality of life, so that the support was not just focused on a specific list of tasks. Assessments took into account people's personal circumstances, for example, considering the needs of other family members or pets.

All the care plans had been revised since our last inspection to address concerns we had raised. They provided very personalised guidance to people, for example, one person's care plan had an exact description of what needed to go on a tray by the side of their bed each night. People knew what was in their care plan and told us the plans reflected their needs and the service provided.

Care plans were now kept updated to ensure staff had the necessary information to provide personalised care. People's needs were regularly reviewed every six months, or sooner if required. People gave us examples of where their care had been regularly tweaked due to ongoing reviews of their care. One person told us, "[Named senior staff] and I have discussed small changes to my care plan mostly to do with the type of food I need to eat" and "They have done informal reviews with me over the phone to check that everything is going well. I asked for continuity of care with the same carers and they have delivered on this. [Named staff] supports me the whole time."

Support was flexible and tailored to people's needs. For example, some people had a number of hours a week which they could use as needed to enable them to meet their health needs. Another person with complex needs frequently cancelled, yet we noted staff consistently adapted what they did each day to ensure the person was consistently monitored and supported to keep safe. A person told us, "They are very flexible in managing the times of my visits so that I can get to different appointments. With their help I feel much better and more comfortable."

Where a person had requested only female care staff, we were told by people and staff that this was respected. We found the management team spent a long time matching care staff to people, not only to ensure they had the correct skills but also similar interests and compatible personalities.

Each person had an information pack in their homes which included advice on how to make a complaint. People told us they never had to complain but they could give us the name of the member of staff in the office who they felt they could complain to, should they need to. Any concerns were logged, dealt with and

responded promptly by the management team. The open culture discussed further in the well led section of this report meant people felt able to speak out and raise concerns freely.

At the time of our inspection the service was not supporting anyone who required end of life care. The director had arranged end of life training for staff to enable them to develop the skills, should this be needed in the future.

Is the service well-led?

Our findings

At our inspection in November 2016, we found the registered manager had not put systems in place to ensure people received good quality care. At this inspection we found these concerns had been dealt with and we rated well-led as good.

Feedback from a person who used the service throughout this period summarised the improvements which had taken place, "I organised a meeting with the registered manager at the time the team had had a bad inspection report. We thrashed everything out and everything since that time has been excellent." Feedback from people about the care they received was positive and enthusiastic. People said, "This is the best care company I have been with" and "I am really glad that the registered manager has been able to sort things out. I am really happy now."

Staff were equally positive and told us they would recommend the service to a family member. Staff said, "I have worked in the care sector for many years and this is the best company by a country mile" and "I think Faiths Care is brilliant & would be happy to use them for my friends and family."

Professionals who worked with the service told us this was a good organisation to work with. One professional told us, "[Senior staff member] and all the carers involved who have gone above and beyond to achieve the best possible outcomes for this person. I have to highlight that having been in the profession for over 10 years I have never worked with such a dedicated and committed provider."

There had been a number of changes at the service which had supported these improvements. The director had employed a new general manager and introduced the role of field care supervisor. We noted roles and responsibilities amongst the management team were very well defined and they worked well together. Staff told us these were positive appointments. A member of staff told us, "The management team are friendly and approachable. Staff are listened to and any problems addressed in a timely manner."

The director had a passion for driving improvements. They had used the report from the last inspection as one of their motivations. We visited the service on two separate days and on the second day they had already made changes in response to discussions on our first visit. For example, they had improved the way they recorded and prioritised risk, to ensure they had captured exactly which people were most vulnerable within the service. They had arranged a staff meeting to introduce the new system.

The registered manager was extremely involved in the service. Staff told us they supported the service when needed, such as going out to provide care or doing an assessment for a new person. A member of staff told us the registered manager was, "A good mentor with a hard-working ethos." People told us they knew the registered manager and gave us positive feedback. One person said, "I get on extremely well with [name of registered manager]. They know exactly what I want from the care team. They are excellent in all respects and my well-being has definitely improved since I have been with the service."

Poor practice was challenged and addressed rigorously. We saw that as soon as concerns were raised they

was discussed with individuals or the team. For example, the registered manager described how they had worked with a member of staff to improve the way they spoke to the people they supported, following feedback they had received.

We found evidence of continual checks on the quality of the service, for example, through spot checks and in staff files. A person told us, "They have really got their act together and [named senior staff] pops in for a social chat and makes a lot of checks to keep up the better standards." People, family and staff were given opportunity to provide feedback to the management team, which ensured improvements were informed by the reality of care within the service. We discussed with the management team about plans to structure these checks in the future as the service grew, to ensure they had more formal oversight of the service. We found they were open and pro-active and were already considering how to make any necessary changes.

The registered manager had resolved the concerns from our last inspection and were focused on ensuring a consistently and sustained quality of care. The whole service shared an enthusiasm and commitment to implementing best practice and to continue improving, for the wellbeing of the people they supported.