Feelcare Domiciliary Services Ltd

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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

We conducted an inspection of Feelcare Limited on 15 March 2018. This was our first inspection of the service.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. At the time of the inspection the service was supporting nine people. Not everyone using Feelcare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. 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.

People's care records contained sufficient information about their health and nutritional needs. Where people had complex nutritional needs, care records included appropriate instructions for care workers to provide safe care.

The provider's quality assurance systems supported the delivery of good care. The registered manager visited people and reviewed daily notes on a weekly basis to ensure people were satisfied with their care and that records were up to date.

Staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). Care workers obtained consent prior to supporting people and care records were signed by people using the service to demonstrate that they consented to their care.

People gave positive feedback about care workers. Care workers helped people maintain their independence and ensured people's privacy and dignity was respected and promoted.

Risk assessments and support plans contained detailed risk management guidelines for care workers.

Care staff understood people's personal preferences and had a good understanding of their life histories. Care records included information about people's hobbies and pastimes.

Care workers had received training in safeguarding people they supported from abuse and had a good understanding of the procedures in place.

People we spoke with told us they were involved in decisions about their care and how their needs were met.

The provider used safer recruitment procedures which helped ensure care workers were suitable to work with people. There were a sufficient number of suitable staff sent to assist people with their needs.

The provider had an appropriate complaints procedure in place.

Staff had the appropriate training to deliver effective care and support, and received support for their roles. There was an induction programme for new staff and ongoing supervisions to support care workers.

Care workers had a good understanding about infection control and had received appropriate training.

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.

The provider had effective safeguarding policies and procedures in place. Care workers had a good understanding of their responsibility to safeguard people they supported.

Risks were managed appropriately. Care workers had a good understanding of how to mitigate the risks to people they were supporting.

Sufficient numbers of suitable staff were despatched to people. The provider used safer recruitment procedures to help ensure care workers were suitable. Appropriate investigations and learning was undertaken when things went wrong.

Care workers had a good understanding of how to provide hygienic care to people.

Is the service effective?

Good

The service was effective.

People's care records contained sufficient information about people's health and nutritional needs.

The provider was working in line with the Mental Capacity Act 2005 (MCA).

Staff received an induction, training and ongoing supervision of their performance.

Is the service caring?

Good

The service was caring.

Care staff showed concern for people's wellbeing and care records included information about how to communicate effectively with people.

People's privacy and dignity was respected and care workers provided us with examples of how they provided dignified care.

Care staff had a good understanding about people's personal preferences in relation to how they wanted their care delivered and people were encouraged to maintain their independent living skills.

Is the service responsive?

Good

The service was responsive.

People were involved in developing their care plans and planning their care.

People were supported to participate in activities they enjoyed.

The provider worked closely with family members and supported people to maintain their relationships with them.

There was an effective complaints policy and procedure in place. The provider responded appropriately to complaints raised.

Is the service well-led?

Good

The service was well led.

The registered manager reviewed the culture of the service to ensure care workers were happy in their roles. The registered manager had the knowledge and skills to perform her role and she received good feedback from care workers.

Quality monitoring systems helped ensure the provider delivered safe care. The provider conducted telephone calls on a daily basis to ensure care workers were attending to people on time.

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Detailed findings

Background to this inspection

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

We visited the office location on 15 March 2018 to see the registered manager, office staff and to review care records and policies and procedures. We were not made aware of any risks prior to our inspection. The provider was given 48 hours' notice as we needed to be sure that the registered manager was available. After the site visit was complete we then made calls to people who used the service and care workers who were not present at the site visit.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission (CQC) as well as the previous CQC report.

At the time of our inspection there were nine people using the service and we spoke with two of them and two relatives on the telephone. We were unable to speak with more people as they had not given their consent to be contacted. We spoke with two care workers after our visit over the telephone. We spoke with the registered manager and two members of the administration team. We also looked at a sample of five people's care records, four staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. People's comments included "I trust the carers" and "I feel safe with the carers."

Care staff received annual training in safeguarding adults. They demonstrated a good knowledge of the different types of abuse and how they should respond if they suspected someone was being abused. One care worker told us "I've never had any concerns about anyone being abused, but if I was worried, I would report it to my manager" and another care worker said "I talk to my clients when I visit them, so I would always ask questions if something didn't seem right."

The provider had an appropriate safeguarding policy and procedure in place, which stipulated the actions required in the event of a concern being raised. Care workers confirmed they were aware of the policy and procedure and also confirmed there was a whistleblowing policy in place. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. One care worker told us "We have spoken about whistleblowing and I would report anyone if I thought they were doing the wrong thing. My clients come first."

We spoke with the registered manager about safeguarding procedures. She confirmed that whilst no safeguarding concerns had been raised at the service, she was aware of the need to report these to the local authority for investigation.

The provider had effective systems in place to ensure risks were managed appropriately. The registered manager conducted a needs assessment before people started using the service. This included comprehensive health assessments in areas such as moving and handling, skincare needs and nutritional needs. The information from the assessments included details of whether any equipment was used to provide care for the person, any advice from external professionals and any risk management guidelines for care workers. For example, in one person's skincare assessment we saw details of a skin condition they had developed. The person had been seen by a district nurse and their advice was incorporated into their plan of care. In another person's moving and handling risk assessment we saw details of the equipment they used, what they were able to do for themselves and exactly how much help was required from care workers in assisting the person to move.

A comprehensive mental health assessment was also completed. This included details of whether the person had depression, demonstrated any behaviour that challenged or was at risk of harming themselves. Depending on the level of risk concerned, the assessment determined whether the person needed to be referred for specialist mental health services and whether the service was able to provide them with appropriate care. The risk assessments we saw did not indicate that any person using the service had any significant mental health needs, but did include practical advice for care workers, for examples when supporting people who were low in mood.

Care workers had a good level of understanding of the types of risks involved in providing care to some people. For example one care worker told us, "Everyone has different needs, so we make sure we read the care plan and risk assessments before we provide care" and another care worker told us "Some people have moving and handling needs. We make sure the environment is safe, that they have their equipment in place and that we monitor them closely."

Care records were legible and accurate. We found these were stored securely within a locked cupboard in the provider's office and were updated every three months when the person's care was reviewed or sooner if necessary. Copies of these records were also kept in people's houses for care workers to refer to if necessary and relatives confirmed this. One relative told us "Yes all the paperwork is in [my relative's] house. They also fill in notes every time they come."

The provider ensured there were sufficient numbers of suitable staff supporting people. The service had nine people using the service when we visited and there were an appropriate number of care workers to meet their needs. Where people had specialist needs, care workers were given the appropriate training to ensure they were able to meet people's needs effectively. For example, care workers had received training in stoma care to enable them to meet one person's needs.

The provider promoted safer recruitment practices as appropriate checks were undertaken before care workers were employed. We saw records for four care workers employed at the service and found a full employment history had been taken as well as references from the most recent employers. Identity checks had been undertaken as well as their right to work within the UK and a check had also been obtained from the Disclosure and Barring Service. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

The provider ensured the proper and safe use of medicines. We found there was an appropriate medicine administration policy in place and this included details of the procedure to be followed when administering medicines to people, including keeping an accurate record of what people had taken. Care workers had a good understanding of their responsibility to keep accurate records of medicines given to people. Their comments included, "We make sure we record what people have taken" and "If people refuse their medicine, we record this and report it." People's medicines were recorded on medicine administration record charts (MARs) and these included the name of the medicine to be given as well as the dose and required time of administration.

The registered manager confirmed she checked people's MAR charts every week when she visited them. She explained that if there were any discrepancies in people's records, she would query this with the relevant care worker and if a concern was identified she would report this to the person's GP and pharmacist.

Care staff understood their responsibility to raise concerns and report any safety incidents. Care workers comments included "I would report anything that I thought was not right" and "We have good communication with the manager about people's care. She wants to know what's happening and helps to sort things out."

The registered manager explained that she investigated all complaints, any safeguarding matters or accident and incidents if they occurred. She was aware of the need to report any incidents to the Care Quality Commission when needed. We saw records of accidents and incidents and found these had been appropriately investigated and appropriate follow up actions had been conducted to minimise the risk of a reoccurrence.

The registered manager explained that she reviewed all accidents and incidents to ensure lessons were learned as a result of these. If any themes were identified, she explained that she would instigate changes to the service to appropriately manage these. We saw an example of an accident that had occurred within a person's home when care workers were not present which caused a minor injury. Documentation included details of how the accident occurred, actions taken to try to prevent this from happening again and external professionals contacted.

Lessons from incident investigations were shared with care workers during handover handover meetings, general team meetings and supervision sessions and where appropriate changes were made to individual care plans and ways of working. Where immediate changes were required, these were shared with care staff either over the telephone or face to face and people's care records were updated to reflect these.

Care workers were aware of their responsibilities in relation to infection control and they gave us good examples of how they provided safe and hygienic care. One care worker told us "I make sure I wear gloves" and another care worker said "I wash my hands thoroughly before and after I provide care as well as in between." People told us their homes were kept clean and clutter free by care workers. One person told us their care worker "Keeps everything spic and span."

The provider had an appropriate infection control policy and procedure in place. This included details of appropriate food hygiene measures that were required when care workers supported people with their meals.

Good

Is the service effective?

Our findings

People's care was delivered in line with current legislation and evidence based guidance to help achieve effective outcomes. The registered manager explained that policies and procedures had been devised in accordance with current legislation so care workers were aware of standards to maintain. For example we found the provider's safeguarding policy included reference to The Criminal Justice and Courts Act 2015 section 20-25, Public Interest Disclosure Act 1998 and the Care Act 2014. Policies and procedures were reviewed by the registered manager on an annual basis and where changes were required, she explained she consulted with external agencies such as training providers to ensure she was giving the right guidance to care staff.

Care staff were given refresher training sessions on an annual basis in online modules to ensure their knowledge was up to date and met current guidelines. The registered manager explained that if any significant changes were made to care worker's roles, these would also be discussed individually and in team meetings to ensure all were aware of how to perform their roles. Care workers confirmed this. One care worker told us "We discuss what we should do in different situations in team meetings."

People were supported with their care in accordance with their valid consent in line with relevant legislation. 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.

Care records were signed by people to indicate they consented to their care. People also signed specific consent forms demonstrating that they consented to care staff obtaining and sharing information in relation to their care and support. This consent form included questions about whether the person had the capacity to consent to their care and if there was a query about this, the provider was required to complete a separate mental capacity assessment. At the time of our inspection no people using the service lacked the capacity to consent to their care.

Care staff had a good understanding about the need to obtain consent before providing people with their care. They told us they obtained consent to provide care at every visit and also demonstrated an understanding of the need to ensure people had capacity to make decisions. One care worker told us "I always ask for permission before I do anything" and another care worker said "All my clients have capacity, but if I thought that had changed, I would report this to the manager."

The provider gave appropriate assistance to people with their healthcare needs. People's day-to-day healthcare needs were met by care staff who followed instructions as specified on their care plan. This included general assistance in attending appointments, assisting them to maintain a required diet or ensuring they took their medicines as required. Where the provider identified changes to people's healthcare needs, they ensured healthcare professionals were notified quickly. We saw people's care

records included contact details for healthcare professionals they were currently seeing. We identified two examples where people's needs had changed and found the provider had sought the assistance required as necessary. In one example, the provider had liaised with the person's relatives and sought external advice from the pharmacist and the person's GP before taking any action. In another example we found the provider liaised with the hospital service to ensure all appropriate discharge information was provided to them and they could ensure safe continuing care.

People were supported to eat and drink enough and were involved in decisions about their diet. Care records included a nutritional needs section which specified people's likes and dislikes in relation to food and stipulated the type of food people liked to eat. All care records were signed by people using the service to confirm they agreed to them.

People told us they were provided with food in accordance with their wishes. One person told us "They make me hot drinks and ask if I want anything." Care staff confirmed they read people's care records to ascertain their likes and dislikes in relation to food, but also asked people what they wanted to eat or drink when they visited them. One care worker said "We always read the care plan, but we have to ask people what they want when we visit. They might have changed their mind or they might have developed a taste for something else."

Risks to people with complex nutritional needs were identified and met. Care records included specific details of people's dietary requirements and how care workers were required to meet these. For example, one person required food supplements. Their care records included details of what they were supposed to take and when. Another person was on a soft food diet. Their care record included details of the type of food they were able to eat and how this was supposed to be prepared.

Care staff had the appropriate skills to conduct their roles as they received adequate training from the provider. Training records for care workers included mandatory training in subjects such as safeguarding adults, medicines management and infection control. Where additional, more specialist skills were required to care for people, this was provided, for example in stoma care when this was needed.

Care workers received effective initial and ongoing support from the provider in order to perform their roles. When care workers first started working at the service they completed an induction which involved completion of the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers meet in their daily working life. The induction also involved an introduction to internal policies and procedures, a period of shadowing and supervised work before care workers could work independently with people. Care workers told us they found the induction useful and felt prepared to start caring for people once they had completed it. One care worker said "The induction was good. I felt ready to start working on my own."

Care workers received supervisions of their performance every two months. The registered manager conducted one to one meetings with care staff where they discussed any issues, training needs and any other issues that affected their work. Appraisals were also conducted on an annual basis, but at the time of our inspection, no care workers had received an appraisal of their performance due to not having worked at the service for a year. Care workers told us they found supervisions to be important to their work. One care worker told us "I think the supervisions are very useful. You can ask anything."

The provider worked with external organisations to deliver good quality care. Records indicated that the registered manager liaised closely with people's GPs and pharmacists when needed, as well as their family members to ensure continuous, joined up care was being provided. Where people had attended hospital,

the registered manager ensured they had appropriate handover information from the hospital team so that care workers had all the information necessary to provide safe care. For example, one person's record indicated that the person had spent some time in hospital. We saw the person's care records included information and advice following their return home and the registered manager carried out additional visits to the person to ensure they were settling well at home after their period of time away.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion by care workers. Their comments included "The carers are very kind" and "They are very lovely. They treat me well."

The registered manager showed concern for the people using the service and records included examples of actions taken out of concern for people's wellbeing. For example we read that one person using the service had suffered a bereavement. The registered manager visited the person every day for a period of approximately two weeks to ensure they were coping. The registered manager also arranged a birthday party for one person as she did not want the person to be alone on their birthday.

The provider ensured people were listened to in a way they could understand. Care records included a communication care plan and this included useful information about how care staff should communicate with people. For example, one person's care plan stated that they needed to be spoken to slowly, in simpler sentences and that care workers were required to be patient in waiting for a response. We spoke with care workers and they gave us good examples of how they communicated with people. One care worker gave us the example of how they communicated with one person who had hearing difficulties and they told us "I face [them] when I'm speaking… I talk loudly and clearly."

People told us their privacy and dignity was respected particularly during intimate care. One person told us "They help me with what I need and I trust them with this" and another person said "They show respect." Care workers gave us examples of how they supported people and explained the importance of providing dignified care. One care worker told us "I always make sure the door and curtains are closed when I give personal care" and another care worker said "I'm careful when I give personal care. I always ask questions to make sure everything is ok, like, if the water [temperature] is ok."

Continuity of care was maintained because people saw the same care workers who were trained and understood their needs. People told us "I see the same girl. She's very good and understands what she's supposed to do" and another person said "I have the same carers, I know them well."

We saw a copy of the provider's rota and this showed the registered manager appropriately planned for people to see their regular care workers. The registered manager explained that where care workers were not working for any reason, people saw other care workers who had visited them before. She told us "We try hard to make sure the same carers see people."

Care workers knew people well including their preferences about how they wanted their care to be delivered and their personal histories. Care records included some details about people's background, including people close to them, their previous occupations and the circumstances under which they started receiving care. Care workers had a good understanding about the backgrounds and preferences of the people they were supporting. Care workers gave us specific examples about how they delivered care for some people. This included the type of food they liked to eat, how they had their tea and what activities they liked to take part in. People confirmed they had developed good relationships with their care worker and they knew one

another well. One person told us "We're good friends now."

People were supported to be as independent as they could be. Care workers gave us examples of how they encouraged people to maintain their independent living skills whilst providing them with the support they needed. One care worker told us "We support people to live in their own homes. The last thing we would want to do is take people's independence away." Another care worker gave us examples of how they supported people to be independent. They told us "There's lots of things we can do. We supervise people when they just need a little extra assistance. We give people choices over things, so they are still in control."

The registered manager confirmed what care workers told us. She told us that whilst they did not have written objectives, the purpose of the service was to keep people active and independent and minimise the need for care if possible. She told us "Our clients have worked hard their whole lives. I feel passionately that we should support people to enjoy their retirement and stay as active as possible."

Care records included details about people's ethnicity and whether they had any cultural or religious needs. When we spoke with care workers they expressed the importance of meeting people's cultural needs and treating people equally. One care worker told us "I don't judge people if they are different from me. I try my best to understand and respect their culture and help them if I can."

Good

Is the service responsive?

Our findings

People were involved in planning their care and their care plan took account of their individual needs. One person told us "They asked me all sorts of questions" and another person said "I have a copy of the care plan, it is correct."

Initial assessments determined the amount of support people required and their objectives in relation to the support they received in terms of maintaining their level of independence. For example we found people's health assessments included a section which detailed the 'client's perception of needs and aspirations'. This section detailed the person's views about what their needs were including whether they agreed with the results of the health assessment conducted. Every section of the care plan also included advice about what the person required from the care worker to assist them and how they could encourage the person to be as independent as possible. For example, the personal care sections of people's care plans stated what the care worker was required to do and if people were able to manage some of their own personal care, this was also specified.

People's care plans were holistic and reflected their physical, mental, emotional and social needs. Initial assessments included clear information about what people's health needs were and this included a mental health risk assessment which specified whether the person had any specific mental health needs. There was also a section about people's general wellbeing and mood. For example, we saw one person's care record stated that the person could feel low in some circumstances and included advice for care workers in how to manage this. People's care records also included information about their social needs including whether they required any assistance with activities and any relevant information about family contacts.

The provider encouraged people to take part in activities. Care records included details about people's hobbies and information about how care workers could support people to enjoy these. This included details of therapeutic activities that could assist people. For example, one person responded well to doll therapy and the person's care plan encouraged care workers to support the person to participate in this activity. Care records also included details about people's life histories for example, people important to them and their former occupations.

Care workers had a good understanding of people's hobbies and gave us examples of how they assisted people with these. One care worker told us "We often go out for walks together and have a chat."

The provider assisted people to maintain relationships with people that mattered to them. The registered manager explained they worked closely with family members who sometimes acted as informal carers. This necessitated a close working relationship between care workers, the registered manager and family members to ensure continuity of care and a friendly home environment for people. The provider showed concern for family members by completing a 'family/carer assessment'. The purpose of the assessment was to determine the family carer's needs and where necessary, prompted the provider to refer the family carer for financial or social support or provide them with other support where possible.

We spoke with the registered manager about the importance of family relationships. The registered manager and another administrative staff member explained that part of assisting people to live in their own homes necessarily included encouraging them to maintain the relationships with people they lived with and saw frequently. We were given examples of how the provider had assisted people, in challenging personal circumstances, to maintain the relationships that mattered to them.

The provider had an effective complaints policy and procedure that specified how complaints were to be dealt with. This stipulated the timeframe for producing an action plan for the investigation of a complaint as well as a 25 day timeframe for completing the investigation itself. People told us they were aware of the complaints policy and felt comfortable raising concerns with the registered manager directly. One person told us "I would tell the manager if there was something wrong". Care workers confirmed they would also report any concerns to the registered manager and ensure these were investigated. One care worker told us "If I was concerned about anything I would tell the manager and follow it up" and another care worker said "The manager is really good. If you tell her something's wrong, she'll do something about it."

We looked at the provider's complaint records and saw none had been received from people using the service, but some concerns had been raised by care workers. Records included details of the concern raised as well as actions taken to remedy these.

Good

Is the service well-led?

Our findings

The registered manager reviewed the day-to-day culture in the service by speaking with care workers and people using the service on a weekly basis. She ensured care workers were happy in their roles and took their concerns seriously. Care workers told us "I am happy working for this service. The manager listens to us and cares" and "I love working here. I can speak my mind and can really make a difference to the way things are done."

The registered manager demonstrated she had the knowledge, experience and integrity to lead the service effectively. Before establishing the organisation she held a senior post within a large domiciliary care provider. She explained her motivation for starting this service and explained that it was her vision to provide personalised care that made a difference to people's lives. We spoke with care workers and they shared this vision for the service. All care workers we spoke with were motivated by their own personal experiences of the care industry and shared a desire to deliver a service that put people at the forefront. One care worker told us "I've always wanted to do something important to really help people and spread a bit of happiness. When I started working in care, I knew this was the job for me."

Care staff understood their responsibilities in relation to the people they supported as well as their role within the organisation in general. We read care workers job descriptions and these supported their interpretations of their jobs. Care workers told us "It's our job to support people to lead the lives they want" and another care worker said "We give people choices in their care and report anything that isn't right."

The provider had effective quality monitoring systems that helped the service learn and improve. The registered manager explained that she reviewed people's notes and MAR charts every week when she visited people within their home. Where she identified discrepancies she recorded this on a specific form and conducted an investigation which involved speaking to the care worker to obtain their feedback and conduct any further actions as necessary. We saw one written example of an issue the registered manager had identified. This indicated the nature of the issue as well as the actions taken by the manager to rectify this.

The provider monitored care workers attendance to people by making daily telephone calls to care workers at the start of each shift, in order to ensure they were present. We spoke with the member of staff who was responsible for conducting these calls and we overheard them making these. They explained they kept in daily contact with people to ensure each care visit was attended to on time. People's care records were stored securely in a locked cupboard within the office. Records were also kept electronically so care workers could access these as needed.

People who used the service and care staff were engaged and involved. The registered manager ensured each person had her personal mobile number in the event of any issues and she visited people every week in order to personally obtain people's feedback. Care workers also provided regular feedback about aspects of the service and told us the registered manager had an 'open door policy' to manage any issues. Care workers told us they could otherwise discuss matters with her during monthly team meetings or within their

supervision sessions. Care workers told us "Team meetings are a good way for us to have regular discussions", "I can speak to the registered manager whenever I want. I don't have to wait for a meeting" and "I think communication with the manager is good. She keeps us in the loop."

The provider worked with members of the multidisciplinary team in providing care to people. This included people's pharmacist and their GP. We saw examples of referrals being made to external healthcare providers including occupational therapists in order to ensure people had the specialist support they needed.