

Faith Health Care Agency 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

About the service

Faith Health Care Agency Ltd is a domiciliary care agency providing support to people in their own homes. At the time of our inspection there were 10 people receiving support. Most were under 18 years old but they were also supporting some people who were transitioning to adult services. Everyone receiving support at the time of our inspection had a learning disability and/or autism. However, the agency was able to support people with a wide range of needs and ages should that be required.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. Staff liaised with health and social care professionals and teaching staff, so there was a shared approach towards skills development and everyone was working together to support people to achieve their goals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff worked with people and their families to ensure they felt fully involved and informed in the care planning process. There were regular reviews and there was a flexible approach towards service delivery to ensure it continued to meet people's needs.

Right Care:

People received kind and compassionate care. People were allocated a care worker to work with them. This enabled consistency in care provision and the development of relationships. Care workers understood and responded to people's individual needs. Staff protected and respected people's privacy and dignity. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Care workers liaised with people's teaching staff to gather further information about communication aids used in the teaching environment so this could be continued in people's homes and support people to develop their communication skills.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

People received good quality care, support and treatment because trained staff could meet their needs and wishes. There was continuous staff development to ensure they had up to date knowledge and skills to meet people's needs. There were regular meetings with other professionals involved in people's care to ensure care workers were updated on current practice and what was working well for the people they supported. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The management team were approachable and welcomed feedback about the service. There was a commitment to continuous learning and improvement.

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

Rating at last inspection and

This service was registered with us on 3 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Faith Health Care Agency Ltd

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave short period notice of this inspection and explained what was

involved under the new methodology.

Inspection activity started on 3 October 2022 and ended on 10 October 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information held about the service since their registration. We used all this information to plan our inspection.

During the inspection

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

We spoke with two people's relatives and five staff members, including the operations director, the registered manager, the care co-ordinator and two support workers. We reviewed four people's care records, records relating to staffing and records relating to the management of the service. We also received feedback from five social workers allocated to support the needs of people using the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. This included safeguarding children and vulnerable adults.

Assessing risk, safety monitoring and management

- The service helped keep people safe through formal and informal sharing of information about risks. There were regular meetings with people, their relatives, social workers and teaching staff to ensure all involved in people's care had up to date information about how to keep people safe.
- Staff assessed people's sensory needs and did their best to meet them. A social worker told us, "They understand the needs of the young people with disabilities very well and how to support them adequately – most of the young people I have referred to them display behaviours that challenge... Faith Health Care Agency has managed to provide trained carers who have supported these young people with excellent results."
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- A relative told us, "I'm very happy with service [their family member] has. They are very reliable and good." Relatives told us care workers turned up on time and stayed the required length of time to meet their family members' needs.
- There was consistency in the care provided as people were allocated a care worker to work with them. The registered manager said, "Most children [we support] are autistic so they like a set pattern. They like consistency. Changing the care worker is not good for the child. The care worker needs to know their likes and dislikes, their routines, studying their needs and their nuances."
- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks. The registered manager told us, "During the recruitment process we look at their experience and what they are bringing to us. We look at what training they have completed and what training they need from us."

Using medicines safely

- At the time of our inspection people's medicines were being managed by their families. However, the staff had received training on safe medicines management and there were policies in place should support with medicines be required.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were processes in place to manager incidents affecting people's safety. Staff told us they would report them to their manager so they could be investigated, and lessons learned shared.
- If things went wrong, staff said they would apologise and gave people, and their families, honest information and suitable support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. One relative said, "We were involved in the care plan. Someone came round and did the risk assessment and developed a support plan." They also told us, "There has been a review of care to ensure it is still appropriate."
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. A staff member told us, "There are clear records about what support people need, but I still sit down with [people's relatives] to really understand what I'll be doing."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools and positive behaviour support. A social worker told us, "Faith Health Care have worked with some of my most complex cases, and they have also ensured that their care staff have the relevant training required to work with some of our most vulnerable children in meeting their needs as outlined in the care package of support." Another social worker said, "Staff are continuously being trained to have up-to-date skills to enable them to provide effective care and support."
- Updated training and refresher courses helped staff continuously apply best practice. A staff member told us, "The management team undertook a competency check to ensure I understood [my training]...I had a bit of shadowing for using the hoist, to ensure I was competent at using it."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- At the time of our inspection people's nutritional needs were being met by their family. However, staff had knowledge and training in how to support people with their nutrition should this be required.

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

- At the time of our inspection people's health care was being coordinated by their family. However, staff did liaise with other health, social care and educational professionals involved in people's care to ensure they received coordinated and consistent support.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The MCA only applies to people over the age of 16 years. For those under the age of 16 years the MCA did not apply, however, staff tried to involve people as much as possible in decisions about their care and the support provided to ensure it was in line with their preferences.
- Staff liaised with people who were legally authorised to make decisions on a person's behalf, to ensure their consent was obtained prior to care and support being provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people. One relative said, "I trust the care workers. They interact with [the person] and he is learning to vocalise."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff members showed warmth and respect when speaking about people.

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences and develop new skills
- Each person had a plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. One relative told us, "We have an arrangement in place that helps both the carer and myself." They also said, "Since I've been with the agency I have stability [in the care provided]." A social worker told us, "They are very flexible and I have carried out observations and have seen the outstanding care given to clients."
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. One relative said, "They came over and had a talk, and the social worker came as well. They keep me updated."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. One staff member told us, "I had a non-verbal client but I was working with her and she was coming on well. ...I've learnt to anticipate what they need."
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids. The registered manager said, "We ask people's teachers what communication aids they use at school. They teach us how to be more observant of any small changes in people's behaviour...Every child is different so it's getting to know what their particular needs are."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. A staff member said, "I support them in the home, but I also support them with activities they enjoy."

- Staff provided person-centred support with self-care and everyday living skills to people. The registered manager told us they liaised with people's teachers and "we try and support learning opportunities during the holidays."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative told us, "I've not needed to make a complaint. They have a book at the home that includes the complaints procedures, but I do not have any concerns." A social worker said, "The communication between the agency and the families is good and any issues that may be identified are quickly resolved by management."

End of life care and support

- Staff had discussions about people's diagnosis and what this meant for their future. If they had a life limiting illness staff liaised with people's GP, social worker and family to discuss how best to support the person should their health deteriorate.

Is the service well-led?

Our findings

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

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

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. A staff member said in regard to the registered manager, "She's lovely. I can speak to her about anything. Anything needed she'll let me have it as quick as possible."
- Another staff member told us, "I have a very good relationship with [the registered manager]. If we have any issues or concerns we discuss and talk with them. She's very attentive."
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Management and staff put people's needs and wishes at the heart of everything they did. The registered manager said, "We want to provide a duty of care and flex our service according to the needs of the child and the family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a regular programme of telephone monitoring calls and spot checks to ensure care was provided which people and their families were happy with and in line with the provider's policies and procedures.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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

- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. A social worker told us, "They endeavour to change anything that may not be working

well once it is mentioned to them and ensure that they deliver a better service. They are my go-to care provider for young people with disabilities who display challenging behaviour."

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service.
- The service worked well in partnership with other health and social care organisations. A social worker working with the team told us, "Throughout my involvement this agency has been a pleasure to work with, staff are clear and consistent in expressing what they are able to provide and the staff I have met are professional and courteous and have the experience to deal with complex health care cases." Another social worker said, "Faith Health Care have maintained their professionalism in the working relationship with myself and the families we support and have continued to show that they and the care staff are safe, effective, caring and responsive to the family's ongoing needs and any identified changes."