Fairway Homecare Limited

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 19 April 2016 and was an announced inspection. At the last inspection on 29 May 2014 the provider was meeting the regulations we looked at.

Fairway Home Care is a domiciliary care service which is registered to provide personal care to people in their own homes. At the time of our inspection we were told that Fairway Home Care was providing care and support to 21 people. However, some of these people were only receiving support with domestic tasks such as shopping and household cleaning of which we do not regulate. Therefore, we found that 12 people were receiving support with the regulated activity; personal care.

Fairway Home Care is required to have a register manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post at the time of our inspection.

The service was not always safe because people and staff were not always protected from avoidable harm. The provider's recruitment processes were not always robust and some of the risks associated with people's care needs had not always been assessed or recorded effectively. Furthermore, whilst people were included in the planning and review of their care; their care plans and risk assessments did not always reflect their individual needs to ensure they received person-centred care.

People's rights were not always protected because staff, including the registered manager did not always understand their responsibilities related to the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Systems in place to assess and monitor the quality of the service provided to people were not always used effectively to identify or manage risks and it was unclear how the outcome of these processes had been used to drive improvements.

People were supported by staff that were reliable and punctual in meeting their needs and people were treated with kindness, dignity and respect. People's needs were also met by staff that were trained and supported to carry out their role including supporting people with safe medication management. People were protected from the risk of abuse because staff were aware of signs and symptoms of abuse and knew what the reporting procedures were.

People knew how to complain if they were unhappy and were confident that their concerns would be acted upon in a timely manner. Staff also felt supported in their work by an approachable management team that promoted an open and transparent culture within the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

People and staff were not always protected from avoidable harm because some of the risks associated with peoples care needs were not always assessed or recorded effectively.

People did not always receive care from people who had been recruited safely because the provider's recruitment processes were not always robust.

People were protected from the risk of abuse because staff were aware of signs and symptoms of abuse and knew what the reporting procedures were.

People were supported to take their medication if they required it by staff who had the knowledge, skills and confidence in safe medication management.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People's rights were not always protected because staff did not always understand their responsibilities relating to the Mental Capacity Act 2005 and the registered manager had failed to identify people at risk of having their liberty restricted.

People's needs were met by staff that were trained and supported to carry out their role.

People received support to have the food and drink that they enjoyed.

### Is the service caring?

**Good**

The service was caring.

People were supported by staff who were reliable and punctual in meeting their needs.

People were treated with kindness, dignity and respect.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People were included in the planning and review of their care but care plans and risk assessments did not always reflect their individual needs to ensure they received person-centred care.

People knew how to make a complaint if they were unhappy and were confident that their concerns would be acted upon in a timely manner.

## Is the service well-led?

**Requires Improvement**

The service  was not always well led

The registered manager was not always aware of their roles and responsibilities in meeting the requirements of their registration.

Systems in place to assess and monitor the quality of the service provided to people were not always effective at identifying or managing risks and it was unclear how the outcomes of these systems were used to drive improvements.

Staff felt supported in their work by an approachable management team that promoted an open and transparent culture within the service.

# Fairway Homecare Limited

**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 on 19 April 2016 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team comprised of one inspector.

As part of the inspection we looked at previous inspection reports and checked the information that we hold about the service. This included notifications from the provider that they are required to send us by law, safeguarding alerts and information from local authorities.

During our inspection we spoke to two people who used the service and one relative. We also spoke with six members of staff, including the registered manager, the co-ordinator, a member of the Human Resources Team, a trainer from the Learning and Development Department and two care staff.

We looked at three staff files to check the provider's recruitment processes, the care records of four people, the medicine management records and at records maintained by the provider about the quality of the service.

Requires Improvement

# Is the service safe?

## Our findings

People we spoke with told us they felt safe receiving care from Fairway Home Care and were aware of having risk assessments associated with the care they received. One person said, "When we first joined, the co-ordinator came out to see us and done [risk] assessments with us". Another person told us, "They did all of the assessments at the beginning". However, we found that the service was not consistently safe because some of the risks associated with people's care needs and safety had not always been assessed effectively and management plans were not in place.

Records we looked at showed that some people's complex health care needs meant that at times they could put themselves or others at risk. For example, we saw that one person could become aggressive at times due to their dementia. However, there were no risk assessments relating to these care needs in the care files and management plans had not been established. We discussed this with the registered manager at the time of our inspection. They told us that the same staff visit people regularly and therefore are aware of the risks and know how to support people. However, they acknowledged that risk assessments should be implemented and reviewed to ensure that people and staff are kept safe, as sometimes other staff may need to cover care calls that are not as familiar with peoples care needs. We saw that the registered manager had started to address this issue during the inspection.

Staff we spoke with told us that they were required to provide two references, proof of identification and complete a Disclosure and Barring check (DBS) before being successfully recruited. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and prevents unsuitable people from working with people who require care. Whilst records we looked at confirmed that these processes had been implemented, we found that they were not always followed robustly to ensure that the staff that were employed were safe to work with people who required care.

However, we found that gaps in the employment histories of some staff were unaccounted for. References were not always obtained from the referees identified on application forms. Dates provided by past employers did not reflect employment histories and had not been clarified. References were not always from the most recent employer so that the provider was unable to check if there had been any recent issues relating to the persons employment.
We also saw that one person had been provided with a character reference from someone who had not had contact with them for three years prior to them applying for the position and therefore could not provide a reference of their character for the last three years. We discussed this with the registered manager and they assured us that they would develop the quality monitoring processes to ensure recruitment processes are robust in the future.

People we spoke with told us that they felt safe receiving care from the staff that supported them. One person told us, "I am very safe with them [staff]; they are very careful and make sure I don't fall". Another person said, "I was very happy to have them in my house, I knew I was safe". Everyone we spoke with told us they would speak to the staff, the office staff or the manager if they had any concerns relating to their safety. One person told us, "If I needed to I would call the office to raise any concerns; I have the [telephone]

number". Another person told us, "If we had any problems or concerns we would speak to the manager or the co-ordinator". A relative we spoke with was confident about the staffs' abilities to keep people safe and were confident that any concerns relating to safe practice would be acted upon. They told us, "They are very good; we have never had any complaints but I know if I did have any concerns, they would be acted upon immediately".

Staff members we spoke with were able to tell us how they kept people safe and explained to us their understanding of abuse. They were aware of their roles and responsibilities in protecting people from abuse and knew what the reporting procedures were. One member of staff told us, "We have a lot of training on keeping people safe, like first aid and safeguarding training; if I thought someone was at risk of anything like that [abuse] I would report it straight away". Another staff member told us, "There are different types of abuse that we need to be aware of like financial, physical abuse, verbal abuse, neglect…I'd speak to the person first so they were aware that I was concerned and needed to report it to someone and I would reassure them that it will be ok; I would then speak to my manager". Records showed that all staff had received training on how to keep people safe from avoidable harm and abuse and the provider followed the necessary procedures when raising safeguarding concerns.

People told us that staff would remind them to take their medication if they needed them to. One person told us, "I don't need help with my medication but it was offered to me, so I know they [staff] do help people who need it". Staff we spoke with told us they received training on medications management and they were confident that they could safely support people who needed it. We saw that staff received this training as part of their induction in to the service and that this was maintained through refresher training. Medication Administration Records (MAR) we looked at showed that where people were supported by staff with their medication, this was recorded appropriately and the registered manager audited these regularly.

Requires Improvement

# Is the service effective?

## Our findings

People we spoke with told us that care was provided to them with their consent. One person said, "They always ask you what you want or need before they do anything". Another person told us, "I am able to tell them what I want help with and they know what I need now anyway, but they do always ask, out of courtesy I suppose; they are very polite". Staff members we spoke with had some understanding and awareness of the Mental Capacity Act (2005) and were able to explain to us how they applied some of the principles of this legislation within their work. The MCA 2005 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. One member of staff told us, "I think we touched on this in our induction, it's about involving family or advocates in making decisions on behalf of people if they are unable to make decisions for themselves". Another staff member said, "I always give people choice and ask them what they want me to do".

However, staff we spoke with including the registered manager were not always aware of what action they needed to take to protect people from the risk of having their liberty deprived if they lacked the mental capacity to consent to care. The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment and their liberty is being restricted. They are also required to notify the local authority so that an application can be submitted to the court of protection for the authority to deprive a person's of their liberty within the community in order to keep them safe. The provider was able to articulate their understanding of DoLS, but had difficulty understanding its application within the community and was not aware of their reporting responsibilities. We saw that they were providing care to people who were considered to lack the mental capacity to consent to this care and records we looked at showed that care had been deployed to provide constant supervision to a person to prevent them leaving the house in order to keep them safe. The registered manager had failed to identify that this was a potential deprivation of the person's liberty and had not informed the local aurtority who would have responsibility for making an application to the court of protection to continue to provide this care lawfully. However, the registered manager took immediate action to address this during the inspection process and suggested that an additional training session for DoLs in the community would be beneficial to all members of staff including them self.

People we spoke with told us that the staff who visited them had the knowledge and skills they needed to meet their needs. One person told us, "The carers are excellent; they know what they are doing". Another person said, "They [staff] were very good; what I needed doing was very simple but they knew what was needed". A relative told us, "They [staff] know what they are doing, they have a lot of skills; one is a qualified nurse and the other one has a lot of experience; we have a lot of confidence in them". Staff we spoke with told us the training they had received ensured they were able to do their job effectively. This included an induction programme and shadowing experience when they first joined the service to ensure they were confident and skilled before they started attending care calls independently. One member of staff told us, "I had training when I first joined and we can request additional training if we want to; there's plenty of training

available". Another staff member told us, "When I first joined I attended induction training which included all the mandatory [core topics] training and shadowing; it was very supportive and I felt confident that I had the skills I needed to do the job".

Training records showed us that staff had received the training they needed to meet people's needs. We also found that if staff training was out of date, there was a computer system in place that would prevent them from being scheduled to do home care calls. We saw that this system was being used effectively to ensure people were receiving care from staff that had the necessary skills to provide it.

Staff we spoke with told us that they felt supported within their work and that there was always someone available to offer help and advice during both the day and out of hours. One member of staff said, "The management are very supportive, we have supervision and spot checks and I can always call the office if I need to and things are sorted quickly, like any issues with the rota for example". Another staff member told us, "I feel supported; I can contact them [the office] if there is anything I need to know or need them to help me with". The registered manager told us that there was an on call system which ensured that people who used the service and staff had access to support 24 hours a day, seven days a week if they required it or in an emergency. Everyone we spoke with told us that the management team were accessible, approachable and effective in taking action where required.

We found that people were supported to have sufficient to eat and drink. People we spoke with and records we looked at showed that staff supported people with planning and preparing their meals. One person said, "They help me to prepare my meals". Records we looked at identified people's likes and dislikes and people were supported to have food they enjoyed. Staff we spoke with told us how important it was to offer choice. One member of staff said, "I always ask people what they want to eat or drink; it gives them choice and independence".

Staff members we spoke with were clear about the signs and symptoms people may present with to indicate that they were physically unwell and knew what action to take. One member of staff said, "In an emergency I would administer first aid and call an ambulance". Records looked at showed that staff had identified changes in people's care needs and the manager had made referrals to the relevant health and social care professionals as required.

Good

# Is the service caring?

## Our findings

People we spoke with told us that the staff that provided their care were kind and caring. One person told us, "They are lovely; very pleasant and polite and very thorough". Another person said, "They [staff] were helpful and nice". People we spoke with also told us that they were pleased with the consistency in the staff that provided their care and that the service was reliable. One person told us, "I have the same two carers; they are excellent, they are always on time". A relative we spoke to said, "The carers we have are great, you can set your clock by them and if they are running late they let you know; if they can't come for whatever reason either [registered managers name] or [co-ordinators name] come themselves as quickly as they can".

Staff we spoke with told us how they developed positive relationships with the people they cared for. One member of staff told us, "We see the same people, so we get to know them well". Another staff member said, "We get to know people because we see the same people, it helps us build relationships with them so they are at ease with us and get to know us…it helps because you know when someone's not quite right".

We found that people were supported to be independent. One person told us that they liked to do a lot for themselves and staff only supported them with things they couldn't manage independently. They said, "I was very independent before and I wanted to keep some of my independence; the girls [staff] were very good at helping me to get back on my feet; I now no longer need the care package". Another person told us, "I can still do a lot for myself and I make sure that I do". Staff we spoke with were able to tell us how they promoted people's independence. One member of staff said, "Most of the people I care for are independent and only need a bit of help; like personal care, I will provide all the things they need and make sure they know I am there if they need me but I let them get on with it; it keeps them independent and gives them a bit of privacy too".

All of the people we spoke with said that the staff treated them with respect. One person said, "They [staff] are very respectful, they made sure I was covered up and that I had what I needed to get it done quickly". Another person told us, "I'm not too bothered about privacy, it's their job at the end of the day but we kept chatting and kept it relaxed; they were very good and I felt comfortable with them". Staff we spoke with were mindful of people's rights to have their privacy and dignity respected. One member of staff told us, "We always make sure doors are closed and curtains are shut; I try and be as discrete as possible and encourage them to do as much as they can for themselves to keep it dignified. I think it's important to reassure people as well and not make a fuss of things, if they know you're not bothered then they aren't bothered as much either". We saw personalised care plans where people were referred to by their preferred name and treated as individuals.

People told us and records showed us that people were actively involved in their own care and they felt listened to. One person told us, "They [management] will call us or come out to see us to review how things are going". We saw care plans were reviewed every six months or sooner if people's needs changed and their opinions and feedback were obtained. Staff we spoke with were mindful of the need to involve people as much as possible in day to day decisions relating to their care. One member of staff said, "I make sure I

respect people's choices and preferences; who am I to say how they should have things done; if they have done things that way for years, I am not going to try and change it now and sometimes family members have a say in how they want things done, but if the person can make their own decisions, it's their direction I will follow".

Requires Improvement

# Is the service responsive?

## Our findings

Is the service responsive?
Our findings
We found that some people were receiving personalised care that was responsive to their individual needs. One person told us, "When we first joined, the co-ordinator came to see us to make sure they [staff] knew what we needed, they wrote it all down and we now get all the help we need". However, records we looked at showed that care plans did not always reflect person-centred care. We found that some care plans did not always include enough detail to ensure that staff were aware of people's individual needs, likes, dislikes and preferences. Staff we spoke with told us they consulted the care plans for information if they were covering care calls. We addressed this with the registered manager at the time of our inspection and we found that they were responsive to our feedback. We saw that the registered manager had updated one person's care plan with the additional information they knew about the person to make it more detailed, person-centred and to reflect their individual care needs. They had also made arrangements to visit this person and their relative to review and discuss the changes made to involve them in the process and to ensure any additional information they may wish to provide was included.

People we spoke with told us they were involved in the planning and review of their care. The registered manager told us that reviews took place at least twice a year or as and when people's needs changed. They explained that these reviews took place either face to face or over the telephone; people we spoke with confirmed this. Records we looked at showed us that people were having regular reviews, however we found that care plans and risk assessments were not always updated to reflect these reviews or changes to people's needs. The registered manager told us that staff had been made aware of the changes and knew what was expected of them. However, we saw that some changes had not been implemented in response to some of the risks that had been identified at the reviews. For example, we saw that allegations had been made regarding some inappropriate behaviour towards female carers. We found that risk assessments had not been updated and one female care continued to be deployed to this care call. The registered manager acknowledged our concerns and recognised that this is an area in need of improvement.

Staff we spoke with gave us examples of how they respected people's equality and diversity needs. One member of staff said, "People of different cultures sometimes like things done differently; I always make sure that I ask them how they like things done and I am keen to learn new ways of doing things". Another staff member told us, "I had to learn a new way of cooking for one lady who was African; it was interesting but I guess giving people the choice of having cultural specific carers or gender specific carers is the best way to go about it; but if that's not possible, we do the best we can to learn".

People we spoke with told us that they knew how to complain and that this was included in the care manual which was given to them when they joined the care agency. They told us, if they were unhappy they would tell the staff or contact the office. Everyone we spoke with told us that any issues or complaints were dealt with quickly. One person said, "I have never had to make a formal complaint but I have contacted the office with minor issues and they have always been quick to respond". Another person told us, "I have called the office and they were very helpful and the issue was sorted immediately".

Requires Improvement

# Is the service well-led?

## Our findings

The service was required to have a registered manager in place as part of the conditions of their registration. There was a registered manager in post at the time of our inspection. However, we found that the registered manager was not always aware of their responsibilities in fulfilling this role, such as identifying people who were potentially at risk of having their liberty deprived as well as other risks relating to their care needs. For example, the registered manager had failed to implement appropriate risk assessment and management plans to keep people and staff protected from the risk of avoidable harm in response to their changing care needs. We saw that some staff had raised concerns about one person being inappropriate towards women. However, this person's risk assessment had not been updated to reflect this risk and we saw that female carers continued to be deployed to provide care for this person alone.

There were some systems in place to monitor the quality and safety of the service, including the training management systems, audits to monitor daily record notes and medication administration records as well as staff spot checks, feedback questionnaires and reviews. However, we found that some of the systems and quality audits were not always used or recorded effectively and therefore did not independently identify some of the shortfalls found during our inspection, such as the issues identified with the recruitment processes. We addressed these issues with a member of the Human Resources Team who explained that it was the responsibility of the registered manager to ensure that the recruitment processes met the required standard and to identify any further information required. The registered manager told us that they were not involved in the administration side of the recruitment systems and processes, but acknowledged that improvements were required in this area.

We also found that where quality monitoring systems had been implemented, there was no evidence of how this information had been analysed or used to drive improvements. We discussed this with the registered manager at the time of our inspection and they acknowledged that this was an area in need of improvement.

During the inspection, we asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us of their understanding of this regulation and demonstrated their compliance with this legislation in practice. We saw that complaints had been dealt with efficiently and appropriately and any outcomes had been communicated openly with the people involved. We also found that the registered manager was responsive to our requests for information throughout the inspection process and that they were open and honest when discussing service deficiencies.

Staff we spoke with were aware of their roles and responsibilities with regards to whistle-blowing and we saw that the provider had a whistle-blowing policy in place which detailed the contact details of external agencies, including CQC. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about risks to people's safety, malpractice or illegality without the fear of

workplace reprisal. They may consider raising a whistle-blowing concern if they do not feel confident that the management of their organisation will deal with their concern properly, or when they have already raised a concern but the problem within the organisation or with the provider has not been resolved. One member of staff told us, "If I had any concerns I would report it straight to the manager and if nothing was being done I know I could contact CQC". Another member of staff said, "We have a whistle-blowing policy and I know it's about raising concerns about a service in confidence, particularly if you don't feel like you can speak to your manager about it". Information we hold about the provider showed that there had not been any whistle-blowing concerns raised since our last inspection.