

FARJ Services Ltd

# FARJ Services Ltd

## Inspection report

University of Northampton, Innovation Centre  
1 Green Street  
Northampton  
Northamptonshire  
NN1 1SY

Tel: 02039501884

Date of inspection visit:

11 March 2020

13 March 2020

16 March 2020

17 March 2020

Date of publication:

22 April 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Farj Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in Northamptonshire and the London Borough of Ealing.

Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of inspection 39 people were being supported with personal care.

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

The systems in place to monitor the quality and safety of the service were not effective. Reviews and monitoring of care plans failed to identify when significant information was missing. The provider had not ensured the systems they had in place were enough to enable them to have full oversight of the service.

Risks to people's care were not always identified or assessed and plans to support staff to deliver safe care were not always in place. Although no one had been harmed by this failure, this put people at unnecessary risk of harm.

Staff understood their responsibilities to keep people safe from abuse or harm. People received their medicines safely and there were effective practices in place to protect people from infection.

People were cared for by staff who were caring and kind and passionate about their work. They arrived on time and stayed with people for the time agreed. People's dignity and privacy was maintained, and people felt in control of their lives.

People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences likes and dislikes and their cultural and religious backgrounds.

Staff received the training they required and were supported through regular supervision. They liaised with other health and social care professionals to look at ways to improve people's life experiences.

The registered manager was open and honest and was receptive to suggestions as to how to improve the service. There was a complaints procedure in place and people knew who they could speak to if they had any concerns.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 September 2019). The service remains requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

At our last inspection we found three breaches of the regulations in relation to safe care and treatment, fit and proper persons employed and governance of the service. The provider was issued with a warning notice after the last inspection to make the improvements required to comply with the regulations.

Not enough improvement had been made at this inspection and the provider was still in breach of two regulations.

There was not always risk assessments and plans in place to minimise the risk to people's care which put people at risk of harm.

This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes were not effective enough to monitor the quality and safety of the service. This placed people at risk of harm.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

### Enforcement

We have found continued breaches in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of the full version of this report.

### What happens next?

We will meet with the provider to discuss how they will make improvements. We will work with the local authority and continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# FARJ Services Ltd

## Detailed findings

### Background to this inspection

#### Inspection team

The inspection was carried out by one inspector and an assistant inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection and sought feedback from partner agencies who commission care packages with them. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives. We also spoke with 11 members of staff including the registered manager, deputy manager and nine care staff.

We looked at the care records of six people who used the service, staff recruitment and training files and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing and managing risks; Ensuring equipment and premises are safe

At our last inspection the provider had failed to have suitable risk assessments and risk management plans in place to minimise known areas of risk in people's care. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People who had known areas of risk which affected their care did not always have risk assessments and risk management plans in place to minimise the risk. For example, we found one person had epilepsy, there was no risk assessment nor a management plan to support staff to minimise the risk. This put the person at potential risk of harm as staff did not have the information and guidance to support them to care for the person safely.
- Where people's risks had been identified there were not always risk management plans in place to guide staff on how to minimise these known risks. For example, one person was identified as being at risk of pressure sores, there was no plan in place to mitigate the risk. This meant the person was put at unnecessary risk of acquiring a pressure sore as staff did not have the guidance or information they needed to minimise the risk.

We found no one had been harmed, however, the failure to have risk assessments and plans in place put people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action during the inspection by putting risk assessments and management plans in place for the people and risks that we had identified.

- Health and safety checks were in place which ensured people and staff were safe in the home environment.

Staffing; Recruitment

At our last inspection the provider had failed to ensure all necessary checks were carried out before staff

worked unsupervised with people. This was a breach of regulation 19 (Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of regulation.

- Staff recruitment processes had improved, and new staff were not deployed until all criminal record checks had been completed and satisfactory references received. This meant people could be assured they were being supported by suitable staff.
- There were enough staff to provide care and support to meet people's needs. People commented they had regular staff who generally arrived on time and let them know if they were running late. One person said, "They [agency] are flexible with time, which I don't mind, they [staff] stay for the time, sometimes longer, I am never rushed." A relative said, "They [staff] always ring before they come to say when they are coming, which they always do."

#### Using medicines safely

At our last inspection the provider had failed to ensure enough arrangements were in place to monitor the administration of medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- Medicine systems had improved; a new electronic system had recently been introduced. This ensured people were receiving their medicines when they should. Timing of visits were planned to make sure people who required support with their medicines received them at the correct intervals.
- Staff had received training to administer medicines and their competencies were tested.
- The system to check medicine administration had improved and any shortfalls were addressed.

#### Safeguarding people from the risk from abuse

- Staff generally knew what signs to look for to keep people safe from harm or abuse and knew to report any concerns. We saw staff had training to recognise abuse and protect people from the risk of abuse and their competencies tested, however, some staff would benefit from further training. After we spoke with the registered manager, they agreed to organise further training for staff.
- People told us they felt safe with the staff who cared for them. One person said, "I definitely feel safe with all the carers, no calls missed."
- The registered manager understood their responsibilities to keep people safe and knew to notify the relevant authorities if any safeguarding issues arose.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. One person said, "They [staff] wear gloves and masks at the moment and they wear shoe protectors."
- The registered manager had provided detailed information to people and staff about COVID-19 to ensure they were protected and following the most up to date guidance. One member of staff explained, "I wash my hands, I wear gloves and protect myself and the person."

#### Learning lessons when things go wrong

- Since the last inspection the registered manager had improved the systems to review the service. Any lessons learnt were shared and discussed with staff at meetings and individual supervisions with staff.
- Accidents and incidents were recorded, and action taken to address any identified concerns.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question 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

- People's needs were assessed before they began using the service. Following the Inspection in February 2019 the registered manager had ensured all the information gathered during the assessment was used to develop more person-centred care plans for people. These would benefit further with more guidance for staff around the management of risk.
- People told us they were involved in their care plans. One person said, "We [service] sat down together and talked through what I needed, and we make changes when needed."
- Protected characteristics under the Equality Act had been considered. For example, people's religious and cultural needs and lifestyle preferences.

Staff support, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively.
- New staff received an induction and were able to shadow more experienced staff before working alone. The induction was based on the care certificate and the provider's mandatory training programme.
- Staff were given opportunities to review their individual work and development opportunities.

Meeting people's needs and preferences in relation to eating and drinking

- People were supported to maintain a balanced diet and help was available, if needed, in preparing meals.
- Staff understood the importance of ensuring people ate and drank sufficiently to remain nourished and hydrated. There was information in people's care plans about their preferences for food and drink.

Working together and with other organisations to provide effective and coordinated care; Supporting people to live healthier lives and access healthcare services and support

- People were supported to live healthier lives and were supported to maintain good health.
- Staff knew people well and were vigilant to any changes in a person's health and sought the appropriate support when needed.
- The service continued to work closely with the local authority to improve the service.

Consent to care and treatment

- The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law

designed to protect people who are unable to make decisions about their own care and support.

- The service was not providing care that deprived people of their liberty.
- People's consent to care was documented within their care records. People were asked for their consent before staff provided their care. A relative said, "I can hear the staff ask [relative] whether they are ready to get out of bed yet."
- The provider understood the principles of the MCA. They knew to ensure as and when people started to use the service a mental capacity assessment would be needed and if people were deemed to lack the capacity to consent to their care, best interest decisions would need to be made.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, respect and compassion

- People told us staff were kind and caring. One person said, "They [staff] always come with a smile, very friendly and they are all lovely." A relative said, "We have the same carers every day, they stay for as long as they should, and they chat with them [relative]."
- Staff knew the people they cared for. We saw from rotas and staff confirmed they cared for a regular set of people. In conversations with staff they came across as passionate in what they were doing. A relative told us one of the carers showed their loved-one their phone with news on it whilst they supported them which their loved-one really appreciated.

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

- People confirmed they were involved in their care. One person said, "I only have female cares which is what I requested." A relative said, "We all get on well and discuss [relative's] care and how they like things done all the time."
- The registered manager was aware of the need for people's voice to be heard. Information about advocacy was available for people. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. One person said, "They [staff] are all so nice, they definitely respect my privacy and get me to do as much as I can."
- Staff knew how to maintain a person's dignity ensuring that they were not left in a compromised position and providing personal care with curtains drawn and doors closed. One staff member said, "I always close the bathroom door and give the person time to do things for themselves before I assist."
- Care records were kept securely, and confidentiality maintained.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- People's care plans guided staff to meet people's preferences as to way they liked their care to be delivered.
- People were supported by the same staff which ensured continuity of care. One person said, "I have the same carer every day, they know me well."
- Staff were responsive to people's changing needs and preferences. One person said, "We work together to make sure I get what I need, times of visits are moved to fit around any health appointments I need to attend."

### Meeting people's communication needs

- The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss 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's communication needs were assessed. Staff were matched with people who shared the same language where possible.

### Improving the quality of care in response to complaints or concerns

- People told us they would be happy to speak to the registered manager or staff in the office if they had any concerns or complaints. One relative said, "When I had an issue, I spoke with [registered manager] and it was sorted."
- People were given information about how to make a complaint.
- People's concerns and complaints were recorded and responded. Any outcomes and lessons learnt were shared with staff.

# 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.

At our last inspection we rated this key question inadequate. At this inspection we have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Leadership vision, values and culture; Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities

At our last inspection the provider had failed to have systems or processes in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The systems in place to review and monitor people's care plans and risk assessments continued to be ineffective. When risks to people's care had been assessed there were not always risk management plans in place. There was no information about people's health conditions. For example, there was no risk management plan for people identified as being at risk of falls.
- The governance systems in place had failed to ensure staff on work permits were allocated hours up to the maximum number of hours they were allowed.
- The provider oversight was ineffective as they had failed to ensure the audits and monitoring systems in place were adequate and sufficient to monitor the service.

We found no evidence that people had been harmed however, systems and processes were not effective enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and following the inspection. Risk assessments and plans were put in place for the people identified and work allocated within permitted hours.

- Improvements to audit systems had been made following the last inspection. Medicine administration audits and daily record audits had been strengthened to ensure the registered manager had the oversight they needed to address any shortfalls.
- A new electronic care record system was now in place which would alert the registered manager to when

certain tasks or events needed to be undertaken. For example, personal care and medicine administration. This meant and gaps or errors made were picked up on a daily basis.

Acting with honesty and transparency if something goes wrong

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff

- People's feedback was regularly sought. 'Spot checks' and telephone monitoring calls were undertaken. People confirmed they were able to give their feedback and any concerns raised were acted upon. The overall feedback from people was they were happy with the service.
- Staff met regularly to discuss best practice and developments with the service.
- Training opportunities were looked for to enhance the training and experience for staff.

Working in partnership with others; Continuous learning, innovation and improving the quality of care

- The registered manager liaised with the local authority commissioners to ensure the service developed and met the needs of a changing population.
- Staff worked in partnership with other agencies involved in people's care, such as social care and health professionals.
- The feedback we received indicated the registered manager was receptive to ideas and strived to build positive working relationships with professionals and families.
- The registered manager attended Home Care Provider forum meeting held by the local authority which provides information for providers to assist them to remain up to date with best practice and innovative developments in providing care in the community.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's care had failed to be identified or assessed and there were no risk management plans in place for known risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to monitor the quality and safety of the service were not effective. The provider oversight was ineffective as they had failed to ensure the audits and monitoring systems in place were adequate and sufficient to monitor the service.</p>