

Family Care Agency Ltd

Family Care Agency

Inspection report

23-25 Friar Lane
Leicester
Leicestershire
LE1 5QQ

Tel: 01162536298

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 19 July 2016 and was announced. This meant we gave the provider 48 hours' notice of our visit because we needed to make sure someone would be in the office to meet with us.

Family Care Agency provides personal care to people living in their own homes in the city of Leicester. At the time of our inspection, there were two people using this service who were supported by three staff.

There was a registered 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to identify, assess and manage risks to the health and safety and welfare of people who used the service. We saw risk assessments were carried out but these did not always include the detailed guidance staff needed to keep people safe. Staff demonstrated that they understood how to keep people safe. People we spoke with said they felt safe as a result of the care they received and trusted the staff who looked after them.

People were protected from the risk of abuse. Staff understood the procedures they needed to follow to ensure that people were safe. The provider's safeguarding policy required further development to include contact details for relevant external agencies to support staff to keep people safe.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment processes in place to ensure new staff were suitable to support people in their own homes.

People were supported by staff who were skilled and knowledgeable about their needs. The provider made sure that staff were provided with training that matched the needs of people they were supporting. The provider was in the process of updating their training matrix to record the training staff had undertaken.

We found that people were involved in decisions about their care. The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA). People had consented to their care and staff asked for permission before supporting people with their care needs.

Staff supported people to liaise with health care professionals if there were any concerns about their health.

People told us how staff cared and supported them with dignity and respect and encouraged them to be as independent as possible.

People's care plans were person centred, detailed and written in a way that described their individual care

needs. This meant staff were clear about how people were to be supported and their personal objectives met. These were regularly evaluated and reviewed and updated. People were enabled to reduce the risk of social isolation through staff supporting them to pursue hobbies and interests and go out into the wider community.

People were actively involved in deciding how they wanted their care to be provided in line with their wishes. People told us they were aware of how to raise concerns and were confident their concerns would be responded to by the provider. The provider's complaints policy and procedure was in need of further development to provide clear information for people on how to make a complaint and how their complaint would be managed.

People were confident in how the service was led and the abilities of the management team. There were systems in place to assess and monitor the quality of the service. People and staff felt they could share their views and opinions and these would be listened to by the management team. The provider and management team used people's feedback and findings of quality assurance to drive the development and improvement of 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?

Good ●

The service was safe.

People who used the service told us they felt safe. There were systems in place to manage potential risks to people. Staff were aware of potential risks and followed safe working practices and this was confirmed by people using the service. Risk assessments did not always record detailed guidance staff needed to keep people safe. Staff had a good understanding of safeguarding adults including how to report concerns. The provider followed safe recruitment practices for staff.

Is the service effective?

Good ●

The service was effective.

People told us they felt staff were well trained. Staff confirmed they had received induction and training to give them the skills and knowledge they needed to carry out their roles. Training records required further development to evidence the induction and training staff had completed. Staff were well supported to carry out their role. The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA) and people were asked for permission before receiving care. Staff supported people to manage their health conditions.

Is the service caring?

Good ●

The service was caring. People were happy with the care they received from the service. Staff were knowledgeable about the people they supported, including their likes and dislikes and preferences for support. People told us they were treated with dignity and respect. People were provided with information to make choices and decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed when they started using the service. People had been involved in developing and reviewing

their care. People were supported by the provider to take part in social opportunities, maintain relationships and lifestyle opportunities. People and their relatives were confident to raise concerns and complaints with the provider. The provider's complaints policy and procedure was in need of updating to provide people with clear information on how to make a complaint and how their complaint would be managed.

Is the service well-led?

Good ●

The service was well-led.

The management team had effective systems in place to assess, monitor and drive the quality of the service. People spoke highly of managers as having a good understanding of the day to day running of the service. There were regular opportunities for staff to provide feedback about people's care.

Family Care Agency

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 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including any notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with two people who used the service and one relative. We met with the nominated individual and the registered manager. We also spoke with two members of care staff including the deputy manager. We looked at the care records of two people who used the service and the recruitment files for three members of staff. We also looked at the provider's key policies and procedures and records relating to the quality assurance and management of the service.

Is the service safe?

Our findings

People who we spoke with told us they felt safe as a result of the support they received. One person told us, "I feel very safe. They (the provider) provide you with information on how to raise concerns if you don't feel safe." Another person told us, "I do generally feel safe. If I had any concerns I would speak to the office."

We looked at how the service managed risk. We saw people had various risk assessments in place which covered personal finances, assisting people to transfer, risks in people homes and risks associated with people's specific health conditions. We found that people's risk assessments did not always contain detailed guidance staff required to keep people safe. For instance, one person had been assessed as requiring support to move around their home using mobility aids. However, the risk assessment did not include any guidance for staff on the person's ability to support themselves or the level of support they required to move safely around their home environment. In another care plan that we looked at, we found that the person's risk assessment had identified equipment they needed to transfer safely but did not provide any guidance for staff to support the person to use the equipment safely. We saw that one person had declined the use of equipment which had been assessed to support them to transfer safely. Recordings showed the person had made a choice of alternative equipment but there was no evidence that the provider had updated the risk assessment to reflect the person's choice and re-assessed potential risks. We raised these concerns with the registered manager who told us that staff were aware of risks and followed safe working practices. This was confirmed when we spoke with people and staff. The registered manager told us they would update risk assessments immediately following our inspection.

We discussed safeguarding procedures with staff we spoke with. Safeguarding procedures are designed to protect people who use care services from abuse and the risk of abuse. Staff demonstrated an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One staff member told us, "I would report concerns to the manager straight away. If I felt they were not doing anything I would go to external agencies such as the police or the local authority." We saw that the providers safeguarding procedures did not include contact details for external agencies to support people to make safeguarding concerns. The provider told us they would update their procedures to include relevant contact details following our inspection.

We looked at how the service ensure there were sufficient numbers of staff to meet people's needs and keep them safe. We looked at the staff rota for the current week and found the service had sufficient skilled staff to meet people's needs as assessed in their care plans. People told us their calls were on time and staff stayed for the allocated length of the call.

We looked at the personnel records for two staff and found that recruitment procedures were safe. We found that background checks had been undertaken before staff began work. This included ensuring that prospective staff provided evidence of previous employment including references and proof of identity. All staff had undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use care services.

The provider had procedures in place to ensure people received medicines as they had been prescribed. At the time of our inspection, there were no people who required support to manage their medicines.

The provider had a system for logging and investigating accidents and incidents. At the time of our inspection the provider told us that there had been no accidents or incidents within the service.

Is the service effective?

Our findings

Staff who we spoke with told us they felt they had undertaken sufficient training to give them the skills they needed in their role. People told us they thought staff were well trained. One person told us, "I think the company keeps them up to date pretty much. There is a training day for each new worker and they do shadowing. My care worker has done extra training on occasions."

We looked at training records for staff. Training records included copies of certificates to evidence training the staff member had completed. Training included a combination of classroom and e-learning to provide staff with the knowledge they needed to be effective in their roles. This included mandatory training and training that was specific to staff roles, such as catheter care. The provider was not able to show us evidence of staff induction other than certificates for mandatory training such as safeguarding and manual handling. Staff confirmed that they had undertaken induction with the deputy manager which included time spent in the office learning the values of the service and completing e-learning. Staff told us their induction also included shadow shifts working alongside experienced staff. This enabled them to be introduced to people before they began to support them. The provider showed us that they were in the process of implementing a training matrix for all staff which would enable them to record people's induction and ensure training was kept up to date.

Staff told us they were supported and provided with regular supervision and observations of their working practices. We saw records to support this. One member of staff told us, "I meet regularly with my manager who reviews everything and let's me know if I need to change or improve anything I am doing. I know if I am not happy I can call my manager, they support me very well." Two members of staff told us how the registered manager acknowledged the importance of staff achieving a balance between work and lifestyle and gave us examples of how they had been supported to achieve this. This showed that the registered manager valued staff and supported them to be effective in their roles.

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. 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 Act.

We checked whether the service was working within the principles of the MCA. The registered manager told us there were no applications in place presently or under consideration for any support undertaken by the registered provider. We found the registered manager and staff had a good understanding about how the service was required to uphold the principles of the MCA and people's capacity. One staff member told us, "I always listen to the person and make sure they are happy before I help them. If they are unhappy about their care I would notify the office to discuss with the person."

We looked at how the service supported people to maintain their health and well-being. One person told us,

"My carer prepares breakfast for me and an evening meal. They (staff) cook what I want in the way I want it." People's care records including detailed information for staff to support people to manage their health conditions. Staff demonstrated a good understanding of the needs of each person and the support they required. One person told us, "The staff help me to get to routine health appointments such as dentist and doctors." Another person told us that the service provided them with additional support on days that they were feeling unwell. They were able to give an example how staff had responded to a health crisis by immediately contacting a health professional to support the person. This was an example of staff providing effective support to enable the person to manage their health condition.

Is the service caring?

Our findings

We spoke with people about the support they received from the provider. People's responses were positive. One person told us, "They (staff) are perfect really. They are part of the family. They always treat me and my home with respect. My carer is very trustworthy. I know they wouldn't discuss me or my business with anybody." Another person told us, "They (staff) are excellent, really good. I have no problems with the service. My care worker goes out of their way to do things for me that I need."

People were cared for by staff who knew them well. One person said, "I have one regular carer who helps me with my care and to get out and about and another regular carer who helps me with my care. I have a third carer who covers for absence and holidays." Another person told us, "I have the one carer who comes every day." One staff member told us that they were introduced to people through shadowing before they started to support them so they had time to get to know them and read their care plans.

People who used the service had care plans in place. These were developed following an assessment of each person's needs and where appropriate a consultation with everyone who had a role in the person's life. People were supported and empowered by the provider and staff to make decisions about how they would best like their care and lifestyle needs to be met

People were supported to be as independent as possible. One person told us, "I am very independent but if I want help, they (staff) are there." Another person told us, "(staff) lets me do what I can do and fills in where necessary. Some days I can do more than others. They (staff) will just help if I need it." Staff demonstrated they understood the importance of people maintaining their independence. One staff member told us, "You have to know where to start and where to finish when you are supporting people and let them do as much as possible for themselves." People's care plans provided detailed guidance for staff about people's preferences and how they liked to be supported to maintain their independence.

Staff who we spoke with clearly understood the importance of treating people with dignity and respect. They described to us how they provided care to achieve this aim. One staff member said, "I always ask the person what they want and make sure I support them as they prefer to be supported." Staff also described how they would keep people covered up as much as possible when supporting people with their personal care needs.

People were provided with information when they started to receive a service. One person told us, "They (registered manager) gave me all the information about the service and I told them what I wanted." Another person told us, "When I contacted the service they came out and asked what I was looking for. They told me about the company, explained what they could offer and asked if I had any questions or concerns. I was asked a lot of questions about what I needed and what I might want." We saw that people were provided with a copy of the service user guide which was written in easy read and pictorial format. The guide contained a copy of the care agreement, contact details for the service including out of hours contacts and photographs of key staff, such as the registered manager and the deputy manager. In addition the guide provided information on the care that the service could provide and what to do if a person had any

concerns. This meant that people were provided with clear information to make informed choices about their care and treatment.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person told us, "I say what I want and they (staff) put in their input and then we decide on how to respond. I can tell you they are very flexible and come straight away if I need extra help. They don't just stand back and say they will see what they can arrange. They recognise and respond when I need extra support." Another person told us, "I am the customer and I can say what I want. " The person told us staff were good at responding to any changes in their needs, such as needing extra help with tasks.

People were consulted and made decisions and choices about their care. These decisions formed the basis of a formal agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed. One person told us, "I told them (the registered manager) what I wanted and they have sorted it out so my care is how I want it." Another person told us, "They (the registered manager) asked me a lot of questions about what I wanted to develop my care plan."

Care records we looked at contained information about people's likes, dislikes and preferences. Care plans included a one page profile which detailed what was important to the person, their aspirations and how best to support the person. Some people had very complex needs and their support needed to be detailed. Care records we looked at provided detailed information about each person's health condition and the support they needed to respond to any changes in their needs, such as referral to specialist health professionals. Staff we spoke with were knowledgeable about people's preferences in terms of their care and daily routines. For example, staff were able to explain how people liked their personal care to be provided and what they liked around them. This reflected the information recorded in people's care records.

People confirmed they had been involved in the review of their care. One person told us, "Yes, I have regular reviews and someone comes out from the service and sits down to discuss my care with me." Another person told us, "They (the provider) sends someone out about every six months and reviews my care." We saw that the provider regularly reviewed people's care and recorded this within people's care records. This showed that the provider was responsive to changes in people's care needs and wishes.

The service protected people from the risks of social isolation by supporting people to go out into the wider community. One person told us, "I go out on a regular basis. They (staff) arrange transport and come out with me so that I can pursue my hobbies and interests each week ."Staff were proactive and made sure that people were supported to keep relationships that mattered to them, such as family and community.

The provider had a complaints policy and procedure in place. This was in need of updating to include contact details of Directors of the service and relevant external authorities such as the local authority. This was important to ensure people were provided with clear information about how to raise concerns and complaints and how these would be managed. We raised this with the provider who told us they would update their policy and procedure immediately following our visit and ensure copies were made available to people using the service.

People told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. One person told us they had raised concerns and the provider had responded immediately and resolved their concerns to their satisfaction. A relative told us their family member would be comfortable to speak to the office if they had any concerns, although they had never had cause to make a complaint to date. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager.

Is the service well-led?

Our findings

People spoke positively about the management of the service. One person told us, "The managers are great. If there's any problem, they muck in. They don't just stand back." Another person told us, "I think it [the service] is well-managed. I would have no problem in recommending the service to others." A relative told us their family member was happy with the service and had no concerns.

There was a clear leadership structure in place. The service had a registered manager in post who was supported in the day to day running of the service by a deputy manager. Staff who we spoke with told us communication throughout the team was good and they felt supported to raise any concerns or discuss people's care at any time. One staff member told us, "I meet regularly with my manager and we discuss what I am doing and if I can do it any differently to improve. I know I can call them anytime if I have any concerns. They are good at supporting me to develop." All staff were made aware of their roles and responsibilities within the service and received regular feedback on their work performance.

We looked at minutes of management meetings which involved the provider, the registered manager and the deputy manager. Topics of discussion included business planning, staff recruitment, information sharing and feedback from people using the service and staff. Staff told us they were kept up to date and were encouraged to share their views, opinions and ideas for improvement. We saw that staff suggestions had been discussed at management meetings where appropriate.

We saw that there were systems in place to monitor the quality of the service provided to people. This included audits of care records, spot checks and observations of staff working practices. Records showed that audits and spot checks had been undertaken regularly. We saw that audits stated which areas had been covered, if any discrepancies were found and what action needed to be taken. We saw evidence that managers had followed up and completed remedial action where required. For example ensuring staff were compliant with infection control procedures whilst supporting people with personal care and promoting consistency in the completion of daily care records. This showed that the provider used the outcome of audits to develop and improve the care provided.

People confirmed they were asked for their feedback about staff providing their care at regular intervals. They were asked to comment on staff punctuality, professionalism, communication and quality of care. People generally provided positive feedback on staff and where they had asked for any changes, for example change of care staff, we saw these had been made. The registered manager told us they had recently sent out a satisfaction survey to people and their relatives and would use the feedback to support the future development and improvement of the service.