

Farecare Gloucestershire Limited

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Inspection report

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Date of inspection visit:
15 January 2020

Date of publication:
14 February 2020

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

Farecare Gloucestershire Limited is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 15 people at the time of our inspection.

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

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. People's medicines were safely managed.

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.

People were treated with respect and kindness and their privacy and dignity was upheld. People and their representatives were involved in the planning and review of their care.

People's individual needs and wishes were known to staff. Electronic systems enabled staff to have easy access to people's care records which could be promptly updated when the need arose. There were effective arrangements in place for people and their representatives to raise concerns about the service.

Effective quality assurance systems were in operation with the aim of improving the service in response to people's needs.

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

Rating at last inspection

The last rating for this service was Good (report published 11 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Farecare Gloucestershire Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service prior 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.

Inspection activity started and ended 15 January 2020 when we visited the office location.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider.) and the client and staff mentor. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five people who used the service, five relatives and three members of staff on the telephone. We also received feedback via e mail from two social care professionals. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse. Staff received training on safeguarding adults and children and were aware of the procedures for reporting any safeguarding concerns.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Care plans described the actions staff would take to ensure people's safety following a visit such as ensuring they were wearing personal alarms.
- Environmental risk assessments had been completed for identified risks in people's homes to ensure the safety of people receiving care and the staff who supported them.
- Plans were in place for staff to follow in the event of staff being unable to gain entry to people's homes.

Staffing and recruitment

- People were supported through consistent staff support. Staff were organised into teams based on the areas where people lived. People told us they felt assured that they would receive their care and would receive phone calls if staff were running late.
- People received information in advance confirming their visit times and the staff allocated.
- The provider had completed pre-employment checks to protect people against the employment of unsuitable staff. Although information had been obtained where staff had previously worked in positions providing care and support, a full employment history had not been always been obtained following changes to recent recruitment documents. We raised this with the registered manager who immediately put measures in place to obtain to ensure this practice would be followed with future applicants.

Using medicines safely

- People were satisfied with how they were supported with their medicines. Electronic records of people's medicines were used which enabled regular individual audits to be carried out to ensure people were receiving their medicines correctly.
- Staff had received suitable training to support people to take their medicines.

Preventing and controlling infection

- Staff had received training in infection control and hand hygiene. Regular checks were in place by staff to

ensure they always had sufficient stocks of personal protective equipment (PPE) such as disposable gloves and aprons. People confirmed staff used PPE.

Learning lessons when things go wrong

- Accidents and incidents were analysed for any lessons learned. Following an accident, one person had been referred to a health professional for assessment which resulted in new equipment being provided.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 to ensure their needs could be met by the service. Assessment included people's physical and emotional care needs.
- Technology was used to monitor visit times and provide important information to staff. This supported the registered manager and staff to ensure people received their care as planned.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant for their role such as first aid, fire safety, moving and assisting, and dementia. Staff told us they received enough training for their role.
- Staff were supported in their role through individual meetings and monthly team meetings with the registered manager and senior staff.

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

- People and their relatives told us they were satisfied with how staff prepared meals.
- Staff received training in food hygiene and nutrition and well-being to ensure meals were safely prepared and people's nutritional needs were understood.

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

- People's health needs were supported through liaison with health care professionals on people's behalf, as well as support to attend health care appointments.

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 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.

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

- People's support plans described if they needed any support with decision making in relation to the care and support they received.
- Staff had received MCA training to enable them to understand how mental capacity may affect people's

decision making.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were treated with respect by caring staff. Staff were described as, "polite, pleasant and helpful" and took an interest in people's well-being. One person commented, "They always want to know how I am". Another person told us, "I do appreciate the help I get". A person's relative positively described a "personal connection" between staff and the person and told us, "They do seem to care about him". Another relative told us, "Mum always says how lovely the girls are".
- Staff had received training in equality and diversity to enable them to support people's needs.

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

- People and their relatives were involved in reviews of their care. People were asked their opinions of the care provided to them by individual staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People's care plans included actions for staff to preserve people's privacy and dignity when providing personal care. Staff had received training in dignity and respect.
- People's independence was promoted. Care plans highlighted areas where staff should respect people's independence such as choosing their clothing to wear for the day.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received care and support which was personalised and responsive to their needs. People's support plans contained detailed information for staff to follow to provide individualised care and support. The electronic care planning system enabled care plans to be updated where required, so that staff continued to have relevant and up to date information about people's needs.
- Staff told us they had enough time during visits to ensure people received their care. People confirmed they received their care as planned.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and the potential need to produce information in accessible formats if required.
- People's communication needs were assessed before care was provided and staff received training in understanding and delivering effective communication.

Improving care quality in response to complaints or concerns

- A system was in place to manage and respond to complaints. Complaints had been handled appropriately and had resulted in improvements to people's care where applicable. One person had received a moving and handling assessment following a complaint, which had resulted in improved techniques to support them. Another person was receiving more support with taking their medicines following a complaint by a relative.
- Information was available to people on how to raise a concern or complaint included in their information folders kept in their homes.

End of life care and support

- At the time of our inspection visit end of life care was not being provided. Recently Farecare staff had provided care to a person in their final days, alongside health care professionals. An individualised procedure was in place to guide staff if the person died while they were present.
- Staff had received training in death, dying and bereavement.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The aims of the service were described as, "Quality of care, to each individual and their family, and putting each individual first is what Farecare stands for". Throughout our inspection we found examples of the service supporting people in accordance with this approach.
- A positive culture was reflected by staff who were positive about their roles and how the service was managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.
- Staff meetings, supervision sessions and 'spot checks' during visits ensured staff delivered care and support in line with the aims of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- A client and staff mentor had been appointed. They had an important role in ensuring people received the right care, by acting as a point of contact for people their relatives and staff regarding any issues with care delivery. A person's relative told us the mentor was, "Really on top of things" and added, "If I raised an issue I know it would be sorted out". Another relative described how improvements had been made following their contact with the mentor.
- Regular audits were taking place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service. Checks on people's satisfaction with the service were carried out during reviews of their care and through visits carried out by the client and staff mentor.
- The registered manager described the importance of not growing the business too quickly, to ensure people and their needs were known to management and senior staff, so they still received a personalised service. The main current challenge was recruiting enough of the right staff.

- The service had recently worked with a support agency to help a person manage their fuel bills and stay warm during cold weather.