

Family Care Agency Ltd

Family Care Agency

Inspection report

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08 August 2019
09 August 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Family Care Agency is a domiciliary care service providing personal care to 44 people at the time of the 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

Recruitment processes were not robust enough to ensure staff were safe to work with vulnerable people. There were enough staff available to meet people's care and support needs.

Systems to monitor the quality of the service were not effective. The registered manager had not identified areas of concern. Systems and processes put in place to improve the service were not yet established or embedded.

Care records did not always contain clear information covering all aspects of people's individualised care and support. People were not always involved in the planning and delivery of their care. Records to ensure this were not always completed.

When there were problems, the registered manager dealt with them appropriately and put measures in place to reduce the likelihood of recurrence, although records did not always reflect this.

People were happy with the care and support they received and spoke positively to us about staff with whom they had good relationships.

We have made a recommendation about ensuring care plans are person centred.

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 requires improvement (published 16 April 2019).

Why we inspected

We received concerns in relation to the management of calls and the suitability of staff. As a result, we undertook a focused inspection to review the Key Questions of Safe, Responsive and Well-led only.

No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating

at this inspection.

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement although we found no evidence during this inspection that people were at risk of harm from the specific concerns raised. Please see the Safe, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Family Care Agency on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to recruitment processes and good governance at this inspection.

Follow up

We will 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.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Family Care Agency

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

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

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

This inspection was unannounced.

Inspection activity started on 31 July 2019 and ended on 9 August 2019. We visited the office location on 31 July and spoke with people, their relatives and staff on the telephone on 2, 8 and 9 August.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found including various policies and procedures.

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 requires improvement. At this inspection 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.

Staffing and recruitment

- The registered manager had not explored gaps in employment history or irregularities with references to make sure staff were safe to carry out their roles working with vulnerable people.
- The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Files did not always contain clear evidence that staff DBS status had been checked and when staff had previous convictions, the service had not completed thorough assessments of the risk they may pose.
- Staff files contained confusing information about whether reliable references had been obtained before staff started working at the service. Some files contained references from employers not listed on people's previous work history and others contained references which were undated or contained incorrect information.

The service had failed to establish and operate an effective recruitment process. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training during their induction and staff told us they knew what to do if they had safeguarding concerns.
- The service had safeguarding and whistleblowing policies in place and we saw the registered manager had acted appropriately in response to previous concerns.

Assessing risk, safety monitoring and management

- Not all care plans contained risk assessments. This meant staff could not always be sure how to care for people safely. The registered manager was in the process of updating all care plans to ensure risk assessments were complete.
- People told us they felt safe with the staff who cared for them, and trusted them to help. People told us, "I feel safe, oh yes [carer] is lovely I couldn't wish for better, I look forward to seeing [carer], I couldn't wish for more," and "I feel safe because the carers are confident and compassionate."

Using medicines safely

- People were supported to take their medicines by staff who had completed medicines training and knew what to do in the event of a medicines error.
- The registered manager carried out regular assessments and spot checks on staff who administered

medicines. This helped to identify when there was a need for extra training or support.

- Senior staff regularly audited medicine administration records to enable them to identify areas of concern. This was a new process and was not yet embedded.

Preventing and controlling infection

- Not all care plans included clear information about people's health conditions and instructions for staff on how to manage these. This meant people weren't always protected from the risk of infection. This was being addressed as part of the care plan updates being completed by the registered manager.
- Staff completed training in infection control and food safety to ensure that good hygiene practices were observed when supporting people.

Learning lessons when things go wrong

- The registered manager responded appropriately when errors occurred. A recent switch to an electronic call monitoring system ensured people's visits were completed within the right time frame.

We could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Not all care plans contained detailed information on how staff should support people with personal care, eating and drinking, medicines and other day to day activities. They did not always include information about their health needs and the care people required to manage their long term health conditions.
- Not all care plans were tailored to meet people's specific requirements and requests and people were not involved in planning their care. People told us, "I don't know what my care plan is? I'd love to know what my care plan is like. I would like help so that I can read it," and "A couple of times [staff] didn't listen to what I said but I have the capacity to tell them what to do."

We recommend the provider seeks guidance from a reputable source in relation to ensuring care plans are person centred and people are involved in planning their care.

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.

- Care plans did not always contain assessments of people's communication requirements and strengths. This meant staff were unable to identify what support they should offer people to ensure their needs were met.
- People experienced difficulties when communicating with carers who spoke English as an additional language. People told us, "Some don't even say a good morning, they just ask me questions. Sometimes language can be a problem," and "We couldn't understand [the carer because their] English was poor."
- Information regarding the service was available in other formats including large print and easy read. We saw that information included photographs of staff so people knew who they were.

Improving care quality in response to complaints or concerns

- Complaints were not dealt with in line with the provider's complaints policy. There was no clear system for recording complaints. This meant the registered manager was not always able to evidence action that had been taken in response to complaints.
- We saw staff had responded appropriately to concerns, and people told us they were confident the registered manager would deal with any issues.

End of life care and support

- At the time of our inspection no one was receiving end of life care. The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes and in line with their spiritual and cultural beliefs.
- Not all care plans included people's wishes for the care they would like to receive at the end of their life. This was being addressed as part of the registered manager's care plans reviews.

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 Requires Improvement. At this inspection this key question has remained the same. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had failed to assess and monitor the quality of their service. For example, the registered manager told us they reviewed care plans every 3 months, however, there was no system in place to ensure this was done. Quality monitoring and audits were not taking place.
- Records were not being kept up to date. Some information contained within care plans was outdated and inaccurate.

The registered manager had failed to maintain sufficient oversight of the service and there were no effective systems in place to monitor service quality. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

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

- Not all care plans contained evidence that people were included in planning their care. The registered manager had put in place documents to ensure people were involved but these were not always used.
- People told us that communication with the office was poor and although concerns were usually resolved, this sometimes took a long time.
- Staff were asked to share their views during one-to-one sessions with the registered manager and during team meetings, although the meetings were not always held on a regular basis.

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

- People were happy with the care and support they received. One person said, "I have no problems with my carer, they follow my care plan almost to the letter. I tell them what I need and they do it."
- The registered manager was aware of the challenges faced by the service and was keen to make improvements to ensure people achieved good outcomes. Any feedback given during the inspection was responded to appropriately.

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

- Staff recorded accidents and incidents and the registered manager responded to these appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.

- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies such as the local authority, for example, when the service had identified safeguarding concerns.

Continuous learning and improving care. Working in partnership with others

- Staff worked with healthcare providers, reacting quickly to people's changing needs. For example, referring one person to the district nurse team for wound care.
- The registered manager was working closely with other social care professionals to improve the service. We saw that some positive changes had been made but systems and processes were not yet established.

We could not improve the rating for Well-Led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager had failed to maintain oversight of the service. There were ineffective systems and process to monitor and improve the quality of the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes were not robust enough to ensure staff were safe to work with vulnerable people</p>