

Filipino Care Givers Ltd

Filipino Care Givers

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Filipino Care Givers is a domiciliary care agency providing live in care and support to 25 people living in their own homes. At the time of the inspection 17 people were receiving personal care. 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

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

At the last inspection the agency did not always provide a service that was safe for people to use and staff to work in. This was because not all risks to people were assessed and monitored effectively. Recruitment procedures were not robust, and we were not assured that staff were recruited in a safe manner to keep people as safe as possible. Staff files were not fully completed and were missing some pre-employment key documents. Staff training was not consistently applied in line with the provider's training and induction policy. The governance systems did not pick up and address the shortfalls identified.

At this inspection risks to people were assessed and monitored effectively. Recruitment procedures were robust, and we were assured that staff were recruited in a safe manner to keep people as safe as possible. Staff files were fully completed including pre-employment key documents. Staff training was consistently applied in line with the provider's training and induction policy. The governance systems picked up and addressed any shortfalls identified.

The agency was a safe service for people to use and staff to work in. There were enough staff to meet people's needs and support them appropriately. This enabled them to live in a safe way and enjoy their lives. The staff were appropriately recruited with required checks carried out. Risks to both people and staff were assessed, monitored and updated when required. The agency reported, investigated and recorded accidents, incidents and safeguarding concerns. Medicines were safely administered. The agency met shielding and social distancing rules, used Personal Protection Equipment (PPE) effectively and safely and the infection prevention and control policy was up to date.

We found and people and their relatives said the care provided was effective, they did not experience discrimination and their equality and diversity needs were met. Staff were well-trained, and appropriately supervised and appraised. People and relatives praised the way staff provided care, which met their needs well. Staff encouraged people to discuss their health needs, any changes to them and these were passed on to appropriate community-based health care professionals. The agency had a good care professional's network that enabled seamless joined up working between services based on people's needs, wishes and best interests. It included any required services transitioning as people's needs changed. Staff protected people from nutrition and hydration risks, and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

The agency had an open, honest and positive culture with transparent management and leadership. The statement of purpose clearly defined the agency vision and values, which staff understood and followed. Staff were aware of their responsibilities and accountability and they were willing to take responsibility and report any concerns they may have. The agency reviewed service quality and made changes to improve the care and support people received. This was in a way that best suited people. The agency had well-established working partnerships that promoted people's needs being met outside its remit to reduce social isolation. Registration requirements were met.

Rating at last inspection

The last rating for this service was requires improvement (published 30 October 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. At the last inspection risk assessments were incomplete and recruitment procedures were not always robust. Staff files were incomplete, and training was not consistently applied in line with the provider's training and induction policy. The governance systems did not pick up and address the shortfalls identified. A decision was made for us to inspect and examine the risks associated with these issues.

CQC has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns. We undertook a focused inspection approach to review the key questions of Safe, Effective and Well-led where we had specific concerns outlined above.

As no concerns were identified in relation to the key questions is the service Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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.

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

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Filipino Care Givers

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 live in 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 announced and took place on 11 February 2022. The service was given 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 all the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We contacted six people and their relatives, and 12 staff, to get their experience and views about the care provided. We reviewed a range of records. This included four

people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies, procedures and quality assurance were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included training information, and audits. We received the information which was used as part of our inspection.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- At our last inspection the provider had failed to assess and monitor risks effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risk assessments and care plans enabled staff to support people to take acceptable risks and enjoy their lives safely. One relative said, "We had a thorough needs assessment prior to [staff member] starting and this was conducted by appropriate people." Another relative told us, "We met within a couple of days at my mother's home to do a thorough assessment and the appropriate paperwork. They [management team] were so courteous both to [person using the service] and me and showed a high regard for her individual needs."
- The aspects of people's lives covered by risk assessments included health, activities and daily living. The risk assessments were regularly reviewed and updated as people's needs changed. Staff were aware of people's routines, preferences and identified situations in which people may be at risk. They acted to minimise those risks.
- There were policies and procedures that explained how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were aware of the lone working policy to keep them safe. One staff member said, "The admin are always on call, they respond very quickly especially when we have queries and emergencies at work. They make sure they attend to us ASAP. Also, I feel very safe as they pick up and drop us to the workplace all the time."

Staffing and recruitment

- There were adequate numbers of staff who were appropriately recruited.
- At our last inspection we could not be assured that all the necessary recruitment procedures were being followed to ensure appropriate staff were employed. 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 enough improvement had been made and the provider was no longer in breach of regulation 19.

- The recruitment procedure and records showed that it was followed. There was an interview process that

contained scenario-based questions identifying prospective staff's reasons for wanting to work in health and social care, skills, experience and knowledge. Before being employed, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. The DBS helps employers make safer recruitment decisions. There was also a probationary period with reviews and an introduction to people using the service for new staff, before commencing work. People and their relatives confirmed that needs were flexibly met by suitable numbers of staff and the staff rotas and way they were managed, demonstrated this. One relative said, "When [staff] is on a break from live-in with us the agency has provided us with 2 excellent "relievers" who have been well trained and helpful to [person using the service]."

- Staff files confirmed the recruitment process and training had been completed. Staff were provided with a handbook. One staff member said, "Before they gave me work I had my training like care certificates, basic first aid, manual handling etc and I can say that this training boosted my confidence and helped me provide good service." Another staff member told us, "The designed training materials were excellent, very clear, concise, easy to understand & self-explanatory."
- Staff received supervision at least two monthly and an annual appraisal.

Systems and processes to safeguard people from the risk of abuse

- The agency systems safeguarded people from the risk of abuse. People and their relatives said they thought the service was safe. One relative said, "I am happy to report that [person using the service] is being given very safe, effective care in a responsive and well led way."
- Staff received training that enabled them to identify abuse and the action required, if encountered. They were aware of how to raise a safeguarding alert and when this was required. There was no current safeguarding activity. Staff could access the agency safeguarding, prevention and protection of people from abuse policies and procedures.
- Staff explained to people how to keep safe and specific concerns about people were recorded in their care plans.
- The agency gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to administer their own medicine.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons. One relative said, "The carer [staff] uses appropriate PPE for a full-time live-in carer [staff]."
- The agency provided COVID-19 updates for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

We have also signposted the provider to resources to develop their approach to good infection, prevention and control (IPC) from the NHS.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents were reviewed to ensure themes had been identified and any necessary action taken.
- Each person had a small dedicated group of staff that where possible supported them. The agency facilitated discussions that identified best outcomes for each person, during handovers and virtual meetings including things that didn't work. A relative told us, "Filipino Care Givers have provided appropriate support to [staff] via a "buddy" system and even transport between visits."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were well supported, skilled, experienced and well trained.
- At the last inspection staff training was not consistently applied in line with the provider's training and induction policy. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The agency provided staff with good quality induction and mandatory training that enabled them to support people and meet their needs. Staff said the quality of the training was very good. They told us the training enabled them to not only perform the tasks required of them, but actually make a difference to people. One relative said, "We have been delighted with the care my [person using the service] receives." Another relative told us, "While we were awaiting the arrival of [permanent staff member], who they [management team] had recommended as the best permanent carer for my mother they provided us with temporary carers [staff] for 5 weeks. Every one of those carers [staff] was absolutely wonderful and my mother enjoyed their care and company immensely."
- People said the staff were competent, professional and they liked the way staff performed their duties. A relative commented, "The carer is extremely kind and caring. Extraordinarily my [person using the service] accepts the highly intimate caring without complaint. My [person using the service] is a very private person." A member of staff told us, "The training was very helpful, useful and taught me well how to render a good quality service to my client [person using the service]." Another staff member said, "I am well supported by the agency and I believe that I am giving good quality service and care to the client [person using the service] thanks to the support and training provided by the agency."
- Staff had the importance of clear communication impressed upon them during induction training that was revisited during mandatory training and supervision. Due to the nature of the live-in support provided, staff meetings were conducted using zoom/teams.
- New staff had introductory visits to people prior to providing them with a service. This increased their knowledge of people, their routines, preferences and surroundings. This meant people felt more relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones. A relative told us, "My [person using the service] carer [staff member] is excellent." A staff member said, "I was shadowing a previous carer in my current workplace and she showed me how I should be doing certain things to ensure that I meet [person using the service] daily needs. Before I started work, I was

briefed about the things they [person using the service] are expecting of me which was extremely helpful."

- The induction was comprehensive and based on the Skills for Care Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff told us that the training was very good and meant they could do their jobs well. One member of staff said, "They provided new insights in every possible scenario so I could provide good quality service." During the Covid-19 pandemic care staff were offered well-being support. The training matrix identified when induction and mandatory training required updating.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The agency took new referrals either through their website or over the telephone. The registered manager told us, when a new enquiry was received, an appointment was made for an assessment with people and their relatives, at home. The assessment was carried out at a pace that suited the person and their needs.
- People's physical, mental and social needs were comprehensively assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. The agency provided easy to understand written information for people and their families

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

- If people required it, staff supported them to eat, drink and maintain a balanced diet. When needed they were assisted with oral feeding, and staff monitored food and fluid intake.
- People had care plans that contained health, nutrition and diet information with health care action plans. Nutritional assessments were regularly updated and there were fluid charts, as required. This was to ensure people drank enough to be hydrated. If staff had concerns, they were passed on to the management team, who alerted appropriate health care professionals, if required.
- If people required support with diet, staff observed and recorded the type of meals they ate and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still had meals they enjoyed. One relative said, "Since [staff] arrival she has been amazing. She provides a well-balanced diet, taking account of the suggestions of my mother's consultant. She is vigilant about safety and she treats my mother with dignity and warmth. The house is kept in good order and she has gently persuaded and supported my mother in her personal care and ensures she has sufficient exercise and stimulation."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to keep healthy by the agency and its staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
- The agency sign posted people to other organisations that may be able to meet needs outside the service provided, to prevent social isolation. This improved people's quality of life and their social inclusion.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access community-based health care professionals, such as district nurses and to refer themselves to health care services, such as their GP, when required.
- Staff reported any health care concerns to the office who alerted appropriate health care professionals. A relative told us, "[person using the service] physical condition has improved a lot since being discharged from hospital last October/November through the care [person using the service] is receiving."
- People's health and medical conditions and any changes were recorded in their care plans.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We checked whether the service was working within the principles of the MCA and if any conditions on authorisation's to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was familiar with the MCA, its requirements and their responsibilities within the context of domiciliary care provision.
- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The agency shared this information appropriately, as required, with GPs and local authority teams

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff were clear about their roles and its importance.
- At the last inspection we could not be assured that the systems in place were operated to address service shortfalls. 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 enough improvement had been made and the provider was no longer in breach of regulation 17.

- The agency care planning system provided scheduling and live in care duration, rotas and people's details. This was used to update staff, people using the service and their relatives. One relative said, "My siblings and I are all intimately involved in the care planning and make frequent visits." Another relative told us, "I was in desperate need of live-in care for [person using the service] as the agency we were with at the time were unable to meet her rather sudden increased needs. The immediate professional and positive response from [agency management] was very reassuring." A staff member told us, "It makes it easy for me to plan ahead." Data was used to update and improve services provided. Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The registered manager and team contacted field staff to give support and this enabled staff to provide the service that people needed. Regular meetings took place to discuss any issues that had arisen and other information, such as staff who may not be able to complete the duration of the care package and any tasks that were not completed and why. A staff member told us, "They are always contactable and very supportive."
- The agency quality assurance systems were comprehensive and contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Areas that required improvement were then acted upon. Monitoring and quality assurance audits took place at appropriate intervals. Audits included daily logbooks, support plans, risk assessments, medicine administration records, complaints and file changes. The staff files and data base contained recruitment, training, performance and development information.
- The agency identified areas for improvement to progress the quality of services people received, by working with them and health professional partners, to meet needs and priorities. Feedback from organisations was integrated to ensure the support provided was what people needed including district and palliative nurses and GPs. This was with people's consent. The agency also worked with hospital discharge

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

- There was a culture that was open, honest and positive. People and their relatives told us this was a result of the attitude and contribution made by the registered manager, management team and staff who listened to them and did their best to meet people's needs. One relative said, "The office management and staff are second to none. They anticipate every need, monitor on an ongoing basis and they are always available. They communicate extremely well and welcome the family's input to [person using the service] care plan and any changes or suggestions I may make." Another relative commented, "We are in regular contact [with the office], they are very responsive, and we complete an annual care plan." A staff member told us, "The management give me full support and are very attentive to any problems I have."
- People and their relatives had the services available explained to them so they were clear about what they could and could not expect of the service and staff. Field staff told us they were well supported by the registered manager, office staff and each other. A staff member said, "They [management team] make sure all staff are supported and try to provide everything they need like training and supervisions, appropriate training is also provided especially those clients who needs hoisting."
- There was a clearly set out vision and values, that staff understood, and people said were reflected in staff working practices. They were explained at induction training and revisited during training. The statement of purpose was regularly reviewed. One staff member said, "They are a good agency, everyone works as a team and they don't allow anyone to be left behind."
- The lines of communication were clear and specific areas of responsibility regarding record keeping were explained. This promoted an inclusive and empowering culture.

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 agency was aware of their duty of candour responsibility.
- There was a transparent management reporting structure and the management team were available to staff.

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

- People, their relatives and staff were able to give their views about the service and the agency worked in partnership with them. Their views were sought by telephone, visits to people, and feedback questionnaires and surveys. A staff member said, "The [registered] manager, deputy and other admin checks me almost every week and I have supervisions every 3 months. I can always call and text them anytime if I need their assistance." The agency identified if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff that included updates from NHS England and the CQC.
- The agency had an equality and diversity policy. This gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- Staff received annual reviews, regular supervision and there were virtual staff meetings that covered priorities such as Covid-19 and PPE training including infection control, high-risk health and risk assessments.
- The agency had a policy of relevant information being shared with appropriate services within the community or elsewhere that maintained community-based health service links, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals.

Continuous learning and improving care

- The agency improved care through continuous learning.
- The agency kept people, their relatives and staff informed of updated practical information such as keeping safe guidance and PPE good practice.
- The audits fed action plans to identify any performance shortfalls that required attention and progress made towards addressing them. Senior management was also in daily contact with staff.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed. A staff member told us, "I get the opportunity to give regular feedback and feel listened to."