Friends Care Agency Limited

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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 15 September 2016 with telephone interviews with people who use the service and their relatives completed on 20 and 21 September 2016.

Friends Care Agency provides personal care to people in their own homes. At the time of the inspection the service provided care to 27 people.

The service has a registered manager. A registered manager is a person who has registered with the CQC 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.

During our inspection we found that people told us that they felt safe using the service. Most care calls were made on time and if there were to be delays people were informed of this. People had regular care staff wherever possible which had enabled them to build positive relationships with the staff that supported them. Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people and these were reviewed regularly.

The number of people to whom care was provided was restricted to the number that the staff employed were able to care for. The registered manager had refused to increase the number of people who used the service until they had sufficient trained staff in post to provide the care needed. Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who used the service. Staff were trained and supported by way of regular supervision and review of their experience and competency.

People and relatives had been involved in determining their support needs and the way in which the support was to be provided. Their consent was gained before any support was provided and the requirements of the Mental Capacity Act 2005 were met. People and their relatives were involved in the regular review of people's support needs.

Information about the service and the complaints policy was available in folders held in people's homes. The complaints policy was effective and complaints had been investigated appropriately.

People, their relatives and staff were able to make suggestions as to how the service was provided and developed. Staff worked as a team to provide the required support to people who used the service. An effective quality assurance system was in place with checks of both documentation and working practice being undertaken.

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.

Staff were aware of the safeguarding process

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to meet people's needs.
People's calls were made on time and by staff who understood their needs.

Is the service effective?

Good

The service was effective.

Staff were trained and supported by way of regular reviews.

The requirements of the Mental Capacity Act 2005 were met.

People were encouraged and supported to have enough to eat and drink.

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

People were provided with information about the service.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before they joined the service to ensure that these could be met.

People and their relatives had been involved in the development of support plans which took account of people's preferences and were reviewed regularly.

There was an effective complaints policy in place.

Is the service well-led?

Good

The service was well-led.

The provider was involved in the overall management of the service.

Staff worked as a team to support people.

There was an effective quality assurance system in place.

Friends Care Agency Limited

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 15 September 2016 and was completed by one inspector. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office. We needed to be sure that they would be in. Telephone interviews were conducted with people who use the service and their relatives on 20 and 21 September 2016.

We reviewed the information available to us about the service, such as notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the service that had been provided by staff and members of the public.

During the inspection we spoke with six people and two relatives of people who used the service, two care workers, two team leaders, the administration manager and the registered manager. The administration manager and the registered manager are the two directors of the provider company.

We looked at how calls to people were managed and reviewed the care records and risk assessments for three people. We checked medicines administration records and reviewed how complaints were managed. We also looked at two staff recruitment records and training and supervision records. We examined how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they felt safe and secure with the care workers who called on them. One person told us, "I definitely feel safe when they are here. We all look forward to their calls." Another person said, "I feel safe enough, yes."

People were aware that staff would protect them from abuse. One person told us, "They know I am vulnerable and are looking out for me." The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Information about safeguarding was displayed on a noticeboard in the lobby of the office with details of the telephone numbers to contact should staff need to. The information was also held in the individual folders in people's homes.

The staff we spoke with told us that they had received training on whistleblowing and safeguarding procedures. They were able to explain these to us, as well as describe the types of abuse to be aware of. There was evidence that the service had learned from a recent safeguarding incident. One member of staff told us, "I am about to do my safeguarding training again. I have identified where I went wrong." Another member of staff said, "I did the safeguarding module during my induction. Working through it did make me think. If I had concerns I would go to [registered manager]." They were, however, aware that concerns should be reported to the local authority and CQC. Another member of staff told us, "If I thought there was abuse I would report it. I would not document it in the house but would come straight back to the office to report it."

The risks people and staff were exposed to had been identified and discussed during the assessment process before people started to use the service. People had determined the level of risk that they found to be acceptable and these were documented. For example one person had been identified as at risk of falls due to poor mobility. The risk assessment showed that various walking aids had been discussed and the person had decided to use the one they felt most confident with. The associated mobility care plans reflected that the care workers were to ensure that the person used this walking aid when moving around their home. One member of staff told us, "I carry out mini risk assessments every time I go in to someone. I do it unconsciously. If I am moving someone from A to B I make sure the path is clear. If they are going to bed I will get it ready, turn the covers down first to reduce the risk of them falling if they are standing next to me."

Staff told us that they were made aware of the identified risks for each person and how these should be managed by looking at people's risk assessments and their daily records. There was also a discreet messenger service that staff used to leave information for other care workers about individuals. One member of staff said, "We have our own messenger site. If we have any concerns that need to be shared [with other care workers] we leave a message. Everybody who works here gets all the messages. It gives us a heads up about what has been going on or if you need any supplies at someone's home."

Accident and incident forms were completed and entered into a central log. These were reviewed by the

registered manager and the administration manager to confirm that the appropriate action had been taken. It was also used to identify if there were any trends that would allow for systems or processes to be developed to reduce the chance of recurrence of a similar incident.

People told us the care workers always called when they were expected and that they usually had their regular care worker. One relative told us, "They come never far out of time. They will say if they might be a bit late." One person said, "They call when they are expected. Very occasionally they might be a little late." The administration manager showed us the rota and how calls were organised to ensure as far as possible they were covered by the same care worker. They told us that they were migrating to a different call planner and one of the team leaders would be assuming responsibility for ensuring calls were planned effectively. The registered manager told us that each care worker was given 15 minutes travel time between each call. The rota that we saw confirmed this. People had been advised that as far as possible their calls would be carried out within 15 minutes either side of the time they were due. Staff told us that they had never been asked to complete a call that required two care workers on their own.

The registered manager told us that they had refused to take on more care packages than they had staff to deliver them safely. They would only increase the number of people that they provided a service to once they had sufficient trained staff to provide the service.

We looked at the recruitment files for two members of staff who had recently started work with the service. The provider had robust recruitment and selection processes and we saw that all appropriate checks had been carried out. The checks included Disclosure and Barring Service Checks (DBS), written references, and evidence of staffs' identity. The provider also retained copies of the notes taken during recruitment interviews. This assisted the provider to make safer recruitment decisions and confirm that staff were suitable for the role to which they were being appointed.

We saw that care workers who administered medicines had been trained. Their competency had been assessed by the registered manager before they carried out calls which required medicines to be given to people. One member of staff told us, "I have done all my medication training. A lot of it is in dossett boxes but I always check how many tablets and what they are. There might be some missing from the dossett box. If so I document this." A team leader told us, "I check medication when I go round and ensure it has been given."

Risk assessments had been carried out for people's medicines and people signed to say that they agreed to the support that was to be given with taking their medicines. These had been reviewed on a six monthly basis. We looked at the medicines administration records (MAR) for July, for three people who used the service. We found that these had been completed correctly and medicines taken by people had been recorded. Where people had creams applied to their skin the MAR included body maps indicating where each cream needed to be applied. There was also information about why each of the medicines had been prescribed to enable care workers to explain the importance of taking the medicines to people.

Good

Is the service effective?

Our findings

People we spoke with were confident in the ability of the staff to provide effective support to them. One person told us, "They know what they're doing. You get new ones learning the job come with one who's been doing it for a while. They explain what they're doing and what's got to be done." Another person said, "They seem to know what they're doing. I have not had anything wrong."

Staff told us they had received induction training to help them undertake their roles. One member of staff said, "I had induction training over a period of time. I did shadowing (watching more experienced staff) and my online training. I shadowed [registered manager] and [administration manager] and they watched me do tasks." Another member of staff said, "I went out to meet the people and did shadowing for one to two weeks and my on-line training before I went out on my own." We saw that new staff had their competency to administer medicines checked by the registered manager during their induction. Their competency in other areas, such as personal hygiene, use of personal protective equipment and supporting people had also been observed by the registered manager before their induction was successfully completed.

Staff told us that they had on-going training. We saw that both the registered manager and the administration manager were qualified to provide training to staff and undertook face to face training with them. One member of staff told us, "We had manual handling training recently. It took a couple of hours and was physical training. There were beds set up and we used hoists to move each other." Staff were encouraged to obtain qualifications in social care and two members of staff told us that they were about to study for the Care Certificate. Staff could also request other training that they felt would increase their skills when caring for people with specific conditions. One member of staff told us, "I am having training in mental health as we may be getting a client who has schizophrenia and it will help me care for them." They went on to tell us, "Training and experience changes the way you care for people. You see it from their side and better understand them so you can give more informed care."

The provider checked that members of staff were up to date with their training during their supervision meetings and by maintaining a matrix chart which was updated as staff completed their training. This enabled them to have confidence that people were supported by staff that had the necessary skills to do this effectively.

Staff told us that they had regular supervision meetings during which they could discuss their performance, training needs and any other issues that may concern them. The registered manager told us that they followed up on any concerns staff raised during their supervisions. They had recently arranged for one member of staff to have more frequent supervisions due to concerns about their health. This showed that people were supported by staff who were enabled to maintain their skills and fitness for the role in which they had been employed.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. 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 MCA. Applications to deprive people of their liberty when living in their own home must be made through the Court of Protection. There was nobody who was supported by the service who was being deprived of their liberty at the time of this inspection.

Staff had received training on the requirements of MCA. One member of staff told us, "If they have full mental capacity we must respect their wishes." We looked at the records around the requirements of the Mental Capacity Act 2005 and saw that these had been followed in the delivery of care. People's capacity to make informed decisions and give consent had been assessed before they started using the service. Although most people had the capacity to make their own decisions, where appropriate best interest decisions about the delivery of care had been made, with input from relatives and social workers, on people's behalf when it had been determined that they did not have capacity.

People told us that staff always asked for their consent before any care was given. One person told us, "They always ask me." Staff told us of ways in which they gained consent from people before providing support. One member of staff said, "I ask them [people] if it is okay [to give the care]. I talk to them and tell them of each step." Another member of staff said, "I keep up the conversation and make sure they are comfortable and happy with the care that I am going to give. If they are not happy I would try to encourage them but would not force them to accept it. I would tell them the benefits of the care but if they still don't consent I would offer them an alternative, for example a wash instead of a shower."

People were encouraged and supported to have enough to eat and drink to maintain their health and well-being. One person told us, "They encourage me to eat, irrespective of whether I say no. They know that I would like them to make it but even if I say that I don't want it they put it in front of me. After they have taken the time and trouble to cook it I feel that I should show my appreciation and eat it. I am eating better." A member of staff told us, "All the people I go to have well stocked fridges and freezers. Normally family members go on-line and it is delivered. I always leave them with drink available before I leave, either water or squash, which I refresh or top-up each visit."

People were supported to access other healthcare professionals to maintain their health and well-being. One person told us, "they would get my GP if I needed them." Another person told us that and they had been to the local hospital and a community nurse called to dress a wound on their leg. Information had been shared with the care staff who provided their personal care to ensure that the dressing was protected.

Good

Is the service caring?

Our findings

All the people that we spoke with were very complimentary about the staff. One person told us, "I have found them to be excellent." Another person said, "They are friendly, helpful and very good." a third person said, "I couldn't ask for better. The carers are all very good."

People normally had regular staff who called on them but sometimes other staff covered their calls. One person told us, "I have one who comes more regularly but the others are all so nice I don't mind who comes." Another person said, "From Monday to Friday I usually have the same person but it is quite nice to get to know them all." A third person said, "I know quite a number of the carers. They all know me and I know them."

Positive and caring relationships had developed between people who used the service and the staff. One person told us, "I look forward to them coming. I think they are marvellous." Another person said, "They are like family. They sit and talk to me. I was too scared to trust people but I trust them." A relative told us, "[Relative] recognises the support they give and has a good relationship with them. They sit and chat and [relative] regards them as friends. [Relative] is very happy."

Staff were able to demonstrate that they knew the people they supported well, were aware of their life histories and were knowledgeable about their likes and dislikes. One member of staff told us, "I have one person who has a dog, who is their world, so we talk about [it] a lot."

We saw that people were able to make decisions about how and when their care was delivered. One person said, "I tell them what I want done and they just do it." Another person told us, "They do always say is there anything else I need before they leave." One person told us that, because they had a hospital appointment, they wanted their morning call to be very early on that day and the member of staff was calling on them at 6.00am to get them ready.

People told us that the staff respected their privacy and treated them with dignity and respect. One person told us, "They treat me with dignity and respect. They are very polite." A relative told us, "[Relative] would much prefer not to have a male carer. They have just taken on a new [male care worker] which is absolutely fine for lunch and tea but not for personal care. They were fine with that."

Staff told us of how they respected people's privacy and dignity by ensuring that, before people were supported with personal care or bathing, they closed doors and the curtains were drawn. A male member of staff told us, "I always make sure people are happy for me to provide their care. Some people prefer that I do not do personal care. When a female client was happy for me to assist with their personal care, I stood outside the shower. I kept checking by talking with them and letting them know that I was close by as they have had falls and get nervous if they are by themselves. When they came out of the shower, I waited outside the bedroom door whilst they got dressed." Another member of staff explained that when they were washing somebody they always kept as much of their body covered as was possible.

People were encouraged to be as independent as possible. A relative told us, "[Relative] used to have a strip wash but with encouragement now has a shower, three or four times a week." Staff told us of how they encouraged people to maintain their independence. One member of staff said, "I get them to do as much as they can. I don't go and take a task over from them although sometimes I will give a bit of assistance. For example I will say, "I'll just wash the bits you can't reach." Another member of staff said, "I tell them that if they need any help they should let me know. I encourage people to pop their own blister pack [for their medicines]. If I am making a sandwich I will say "Come into the kitchen with me and butter the bread." They do what they can by my prompting."

Staff told us of how they maintained people's confidentiality. One member of staff said, "It would depend on the circumstances. If someone wanted me to read a letter for them that would be between me and the client. But if they tell me something it could be a fine line between confidentiality and keeping them safe. If it was a safeguarding issue I would tell them that I would have to report it. I would not talk about clients out of work. The information on the messenger site can only be seen if you work at Friends." Another member of staff said, "I don't talk about anything to do with anyone with anyone else. I would have to do a risk assessment if someone told me something and asked me not to report it. If it was abuse I would tell them that I had to report it."

People told us that information about the service, safeguarding and the complaints policy was contained in a folder in their home. This also contained copies of their care records and the daily record sheets that staff completed at each call. One person told us, "I have got all the particulars here." A relative said, "They complete daily record sheets which are in the folder and if ever I want to see what has been going on I have a quick look."

Good

Is the service responsive?

Our findings

People and relatives had been involved in assessing people's care needs before they started using the service. One person told us, "They came to see me before they started when I was in a nursing home. They talked about what I needed." Another person said, "They came out and spoke to me before the carers came. They took all the particulars and explained what they do and everything." A relative told us, "We had a home visit for about an hour. We talked about what would be the best time for calls, what [relative's] preferences are, whether they prefer a bath or a shower and such."
We saw that these assessments covered all areas of the person's life. These included their health, communication, skin integrity, personal safety and mobility, mental state and cognition, eating and drinking, and medication

Following this assessment a support plan had been developed to address each area. These support plans were very detailed and person-centred. They included information about their personal preferences, what was important to the individual and how they would like to be supported. For example one support plan detailed that the person could mobilise using a Zimmer frame but had a wheeled walker that they would use when they were ready. Another support plan detailed that the person may or may not go to bed when the member of staff called at bed time but detailed that they slept with two pillows and a duvet. They had a bedside light that was to be left on as they liked to read once in bed. These support plans enabled staff to understand how to support people in the way they wished to be supported.

In addition to the detailed support plans the registered manager had developed a short description of the person's needs that detailed what staff were required to do at each call. This was headed 'My Daily Routine'. It gave staff a clear understanding of what was expected of them at each call.

These support plans were reviewed as people's needs changed. We saw that a support plan for mobility had been updated following surgery on the person's leg. They had previously been transferred using a hoist to a wheelchair but they no longer needed this. As they recovered from the surgery and their mobility improved the support plan had been amended to reflect their current needs. Similarly a relative told us that their relative's needs had increased following a fall and admission to hospital. The registered manager had amended the support plan to reflect the increased need.

People were supported to maintain their hobbies and interests. Staff spent time talking with them about the things that interested them. One member of staff told us, "I talk to people all the time, about what they've done such as going to bingo."

There was an up to date complaints policy in place and a notice about the complaints system was included in the information book held in people's homes. People and relatives told us that they were aware of the policy. One person told us, "I have not had to give a complaint." Another person said, "It's in the book. I have a paper I can send but I have not got any complaint." Staff told us that they would take any complaint to the registered manager. One member of staff told us, "If anyone wanted to make a complaint I would write or phone for them. It would be followed up with a letter."

We saw that complaints were logged on a central register, along with compliments and suggestions for improvement that had been received. A complaint that had been logged on the 23 June 2016 regarding a missed call had been investigated and a full response sent to the complainant on 27 June 2016. This response included an explanation for the missed call, an apology and information about the action being taken to prevent a recurrence. Where compliments had been received the log showed that these had been passed on to the relevant staff. One relative had been so pleased with the care that had been provided that they mentioned the service in their relative's obituary in the local paper.

The provider had sent out a satisfaction survey in August 2016 to people who use the service. All the replies had been positive about the service they had received. One person commented, "The staff are friendly, caring and make me feel comfortable."

Good

Is the service well-led?

Our findings

People and staff told us that the registered manager and the administration manager, the two directors of the provider company, were supportive and approachable. One person told us, "Both the boss ladies roll up their sleeves and come and do us, especially at weekends. I talk regularly with both of them." Another person said, "I often see [registered manager] and [administration manager] and the carers." A relative said, "I can always talk to either [registered manager] or [administration manager] about anything. They are always completely on the ball. I have never felt that if I take something up that they would be irritated or frustrated with me. They are always very responsive. A member of staff told us, "[Registered manager] is outstandingly supportive. They are very supportive and accommodating. They always have the best interests of staff and clients. They have supported me a lot. I feel I can tell them anything and I won't be judged."

Staff felt that they were a member of a team and respected by the registered manager and the administration manager. One member of staff told us, "We have a routine and most people are available at the same time each week. We work as a good team and cover each other [if we need to change working times]."

The registered manager had sent questionnaires in August 2016 to people who used the service and their relatives to gain feedback on the service and improvements that people wished to see. Feedback received had been that positive and no suggestions for improvement had been made but it showed that the provider was prepared to listen and act on people's views. Similar questionnaires had been sent to staff although none had as yet been returned.

Staff were given the opportunity to make suggestions as to how the service could be improved during their regular supervision meetings and via the messenger service used for communication. The provider was committed to driving improvements in the service and increasing the satisfaction levels of the people who used the service.

The registered manager carried out a quality review of the service every six months during which they spoke with the person who used the service and their relatives. We saw the documentation that had been completed during a recent review. Both the person who used the service and their relative were entirely happy with the quality of the service that had been provided.

Every three months the registered manager carried out spot checks on staff as they completed their calls. The registered manager completed observations which included appearance and working practice. At the end of the check the findings were discussed with the member of staff and they signed the record of the check to confirm that it had taken place and they had received appropriate feedback.

The registered manager and the administration manager also completed regular quality audits. The registered manager completed an audit of three support plans every quarter to ensure that they had been completed and reviewed correctly. Documentation from people's homes was returned to the office on a

monthly basis. Before this was filed a team leader reviewed the documents to ensure that the daily records sheets had been completed for each call and, where appropriate, medical administration records (MAR) had been completed correctly.

People's files in the office were kept securely in locked filing cabinets. However, the on-call manager kept personal information about people who used the service in a folder which was passed between the registered manager and the administration manager, depending who was on-call. The registered manager agreed that there was a need to research a more secure method of holding emergency contact information for people who used the service, relatives, healthcare information and staff contact details to ensure that the principles of the Data Protection Act 1998 were followed.

Staff were able to explain their roles and responsibilities and explain the provider's vision and values.