

Miss Sikholisile Moyo

Falcon Carers

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Falcon Carers is a domiciliary care agency providing personal care to 37 people at the time of our inspection. The service largely provides support to people living in the Trafford borough of Greater Manchester.

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

There had been significant changes made at the service since our last inspection and the quality and safety of care people received was much improved.

People were supported by staff who knew their risks well and took actions to safeguard them from harm and abuse. There were enough staff at the service to meet people's needs. Staff supported people to prompt and administer medications in a safe way and staff took the necessary precautions to mitigate the risk of the spread of infection.

Staff were recruited safely, and staff received training to enable them to support people effectively. Records had been updated to reflect people's needs and wishes. People had access to healthcare as required. 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's feedback reflected an improved quality of care and people told us they were supported by staff who were kind and who promoted dignity and independence.

There was a complaints policy now in place and people knew how to make a complaint and raise concerns.

The electronic care record system was now fully operational, and this enabled the provider and the care coordinators to have a greater oversight of the service. Regular governance checks had now been put in place.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 29 April 2022) and there were breaches of regulations.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 15 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Falcon Carers

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on Wednesday 21 September 2022. We visited the location's office on Wednesday 21 September and Friday 23 September 2022.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care

provided. We spoke with six members of staff including the provider, a care coordinator and care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five 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 continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant we needed continued assurance about some aspects of the service to ensure safety and to mitigate the risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risk assessments were now all in place and were detailed and comprehensive.
- Staff knew people's needs well and knew what actions to take to protect them from the risk of harm.
- The provider had improved processes to learn from when things had gone wrong.
- The new systems in place meant actions were addressed in a timely way and learning was taken from issues identified. This was shared with staff to prevent the risk of future occurrence.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found people were not always protected from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe using the service and staff knew how to safeguard them from the risk of potential abuse.
- Staff had access to a safeguarding policy and had received safeguarding training to ensure they have the skills to recognise abuse.
- The management team demonstrated an improved insight as to how and when safeguarding concerns should be reported and this was shared with staff who told us how they would respond and report safeguarding concerns.

Using medicines safely

At our last inspection the provider did not have systems in place to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicine management was much improved.
- People received their medication as needed. Medication protocols were in place to guide staff and aid the safe administration of medicines.
- The new electronic system was being fully utilised to mitigate the risk of medicine errors.

Staffing and recruitment

- Staffing levels were more consistent, and staff told us they felt they had the time to support people in an unrushed way. One person said, "Staff do now take the time to chat."
- Staff were now in receipt of regular supervisions and records were kept to document staff performance and development.
- Staff were recruited safely. The provider's records of Disclosure and Barring Service (DBS) checks were more robust and readily available for us to view. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

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

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant practices needed to be embedded to fully evidence the effectiveness of people's care, treatment and support.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection the provider did not always follow the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who lacked mental capacity to consent to decisions about their care had been assessed as such, and records were updated to reflect this. The relevant legal authorisations were in place.
- The provider and staff demonstrated a clearer understanding of the MCA and its principles.

Staff support: induction, training, skills and experience

At our last inspection, staff did not always receive the training, development and support they needed to support people effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Training had been delivered and updated to enable staff to support people in the most effective way in line with their assessed needs.
- The electronic training record system had been updated to ensure staff were alerted when training was upcoming or overdue.
- Staff told us they were subject to competency spot checks to ensure they were carrying out their role sufficiently.

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

- Care plans had been transferred to the electronic care planning system and had been updated to reflect people's up-to-date needs. However, some of the information had not been recorded consistently in all areas of the electronic system which meant staff may not have always been up to date with people's needs. We informed the provider and the care coordinator who addressed this straight away and ensured all elements of the care plan system were completed. However, staff did know people's needs well.
- Some people told us they had input into their assessments and care planning. People and their relatives were given access to the care records so they could see their own care plans at any time.

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

- Where people required support with meal preparation, and assistance to eat and drink, staff were aware of people's needs and ensured nutritional and dietary needs were met.
- Records we viewed documented the support people received and this was reviewed in line with people's assessed needs.

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

- People told us they received support to access health and social care professionals such as district nurses and social workers.
- Staff supported people to attend health appointments when there was a need to do so. One staff member said, "We go with people to the hospital, or to the GP if we need to. If we don't escort them, we know about the appointments so we can always be there to get the person ready to be able to go on time."
- Records evidenced there had been collaboration between Falcon Carers management and staff and other agencies and professionals in order to improve health outcomes for people.

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

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 and their relatives we spoke with praised care staff and told us they were well supported. Comments we received included, "Absolutely amazing company. I have the upmost respect for the carers, best care company ever", "The carers are good. They call me by my first name and are always friendly and great. I will tell anyone how good they are; I really enjoy their company" and "The staff are good and kind."
- Care plan documentation recorded people's protected characteristics and staff supported people in line with their needs and wishes.

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

- People and their relatives said they were part of the care planning process and involved in the continuous planning of care. One relative said, "I have been involved in the care plan and risk assessment planning. We used to have one care at each call following the risk assessment and care plan review, but we now have two calls." Another relative said, "The carers have a very good interaction with my loved one and understands their needs. I like the fact they give choices."
- The electronic care planning system enabled people to readily access their records and share these with relatives and others as they so wished.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their dignity. One person's relative told us, "The service is really good and very caring. I like the fact they talk to my loved one on a level and do not talk down to them; we couldn't do better."
- Staff told us how they supported people and promoted their privacy and independence and told us they kept people involved in aspects of their care. A staff member said, "When we enter a property, we knock and ask to enter. Some people can come to the door and we wait patiently for them to let us in." Another staff member told us, "We always ensure we cover people up. We close the curtains and the doors. We always use two towels; one to cover the person and one to help them to dry after personal care."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- Staff understood people's needs and were able to tell us how they supported people in line with their needs and preferences.
- People's care calls were delivered on time, and people told us they were mostly given choice and control over the times of the calls they received, and where this had not been possible, management were aware so this could be considered in the future as available.
- The electronic care planning system was now fully functional which meant managers and staff were able to access, and update people's records with greater ease. One staff member told us, "We now use the electronic system. It is so much better than paper; everything we need is there."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their requirements in meeting the AIS. They told us, "We have easy read pictorial format and we have different leaflets produced in different languages. We do large print and we tailor our information to people's needs."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and felt comfortable to do so.
- The provider had a complaints policy and complaints were logged to enable the provider to respond. The provider was producing a new log for complaints which would include response dates to bring it in line with the policy.

End of life care and support

- At the time of the inspection, no one was being supported with end of life care. However, all staff had been trained in this area of care.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership needed to remain consistent over time. Leaders and the culture they created had begun to 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; Continuous learning and improving care

At our last inspection the provider failed to operate an effective governance system to assess, monitor and improve the quality and safety of services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, the provider and the care coordinators had developed and strengthened the processes and systems in place to improve the leadership and governance across the service.
- There were quality assurance systems in place which were being embedded. The registered manager had appointed a care coordinator to specifically carry out a programme of audits to assess the safety and quality of the service and identify issues. Where shortfalls were found, action had been taken to continually improve the service.
- Staff told us they felt there had been improvements across the service and also spoke positively about the current management structure. One staff member told us, "Things have improved. For example, the new systems in place just makes everything better." Another staff member said, "[Provider] is a good person. They know how to help us, and any problems now, they solve. The care coordinators are helping, and it is working."
- The provider told us about improvements they had already made and this was reflective in our inspection findings. They said, "On reflection, we can now see there was a big gap in what we were doing, but our new systems have allowed us to be more efficient. The staff are now more aware of processes and protocols and are more confident and we have appointed staff to carry out particular roles and jobs; the platforms and systems we have are really now very effective. It has been a journey, but we have learned a lot."
- The provider had complied with conditions imposed on their registration issued from the last inspections.

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

- People and their relatives still spoke of Falcon Carers as a service where they were supported by care staff who were kind and supportive; the management team as contactable and approachable and where they

received an individualised, person-centred service.

- The provider and care coordinators were working towards creating a more positive and inclusive culture to improve standards of care throughout the service. The provider said, "Our documentation has improved; the way staff are communicating, and reporting has really improved. We have given staff the autonomy to report things themselves and take responsibility. We are all working together to support people in the best way and making sure people can live long and independent lives for as long as they can."
- Staff reinforced the provider's comments and told us they felt happier and that Falcon Carers was a safer place to work.

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 understood their obligations under duty of candour. They told us, "We make sure we report and protect people from anything of concern. We need to be open and transparent as possible. We apologise where necessary."

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

- People were consulted about changes at the service and their care needs. For example, people were given questionnaires and surveys to complete.
- Relatives were complimentary about the management team and the service and acknowledged they had received surveys to complete. One relative said, "The management are supportive. If I need to contact them, they act on it straight away, they make my life a lot easier knowing my loved one is in good safe hands."
- Staff had team meetings and had access to supervision and felt able to openly discuss concerns, give feedback and discuss their own development.

Working in partnership with others

- The provider had been liaising with the local authority and other external organisations to improve practices to provide better quality outcomes for people using the service.

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