

## Favoured Health Care CIC

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### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 13 November 2015 and was announced. Although Favoured Health CIC have previously been inspected by the Care Quality Commission (CQC), this was at another location in Morden. The provider moved the service to a new location in April 2015. This is the first inspection of the service since the provider moved address.

Favoured Health CIC is a small domiciliary care agency which provides personal care and support to people in their own homes. At the time of our inspection there were two people receiving personal care from this service, which they were funding directly. The service had only recommenced providing regular care and support packages to people from September 2015. Prior to this date this had been provided intermittently.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

During this inspection we found the provider in breach of their legal requirement to operate an effective system to assess and monitor the quality and safety of the service. We also found they had not maintained up to date, accurate records relating to people, staff and to the management of the service.

You can see what action we told the provider to take at the back of the full version of the report.

The provider had not always followed good recruitment practices to ensure people were always cared for by suitable staff. We found gaps in the checks the provider undertook to ensure new staff were suitable and fit to work for the service. However there were enough staff available to meet the needs of people using the service. Relatives told us their family members experienced continuity and consistency as they had regular staff that supported them.

Staff were not following the provider's medicines policy for recording medicines that had been administered. They did not ensure there was a clear record and accountability for how, when and by whom medicines had been administered. However, people received their medicines as prescribed.

Staff received appropriate training to ensure they had the necessary skills and knowledge to support people. However the provider did not have a formal programme of supervision in place to ensure people were cared for by staff who were appropriately supported in their roles.

Prior to using the service, senior staff assessed the care and support people needed. People and their relatives were involved in these discussions. People's care plans reflected what was agreed. Not all plans contained detailed information about people to ensure care and support was provided in a person centred way. Senior staff reviewed people's care and support needs but the provider did not ensure a clear and

transparent record was maintained through which it could be evidenced that decisions were made by appropriate members of staff.

Relatives told us their family members were safe when receiving care and support from staff. Staff had been trained to know what action to take to ensure people were protected if they suspected they were at risk of abuse. Risks to people's health, safety and wellbeing had been assessed by senior staff. Staff were given guidance on how to minimise any identified risks to keep people safe from harm or injury.

People's consent to care was sought prior to care and support being provided. Where people were unable to make specific decisions about their care and support because they lacked capacity to do so, people's relatives and other professionals were involved in making these, in their best interests.

People were supported to stay healthy and well. Staff monitored that they ate and drank sufficient amounts and their overall health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that support could be sought promptly from the relevant healthcare professionals.

Relatives said staff were kind, caring and treated people with respect. People's right to privacy and dignity was respected and maintained by staff, particularly when receiving personal care. People's beliefs, choices and rights were upheld by staff so that they were treated fairly and in a non-discriminatory way.

Relatives told us they were satisfied with the care and support provided to their family members. They told us senior staff were open, approachable and receptive to their views and feedback about the service. Relatives said they were comfortable raising any issues or concerns they had directly with senior staff and felt these would be taken seriously. The provider had appropriate arrangements in place to deal with people's complaints appropriately.

The provider welcomed external scrutiny and challenge of the service. They used this as a driver for improvement and implemented changes where these were needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. The provider had not done enough to assure themselves of the suitability and fitness of all new staff which they were taking action to address. However, there were enough staff to meet people's needs.

Staff supported people to take their medicines as prescribed. However a clear record of medicines that had been administered was not maintained. The provider was taking action to remedy this.

Risks to people of injury or harm had been assessed and plans were in place to minimise any identified risks, to keep people safe. Staff were trained to recognise if people may be at risk of abuse and harm and how to report any concerns they had.

**Requires Improvement** 

### Is the service effective?

**Good** 

The service was effective. Staff received appropriate training so that they had the knowledge and skills needed to care for people who used the service. Although the provider had not formally assessed their competency through formal supervision, action was taken to address this immediately.

Staff knew how to support people to make choices and decisions and to obtain their consent to care and support. They knew what action to take where people did not have capacity to make specific decisions about care and support.

People were supported to stay healthy and well. Staff monitored that they ate and drank sufficient amounts. They also monitored people's general health and wellbeing and reported any concerns about this promptly.

### Is the service caring?

**Good** 

The service was caring. Relatives said staff were kind, caring and respectful. Staff ensured people's right to privacy and dignity was maintained, particularly when receiving care.

Staff had received appropriate training to equip them with the information they needed on how to respect and uphold people's

beliefs, choices and rights and to provide care and support which did not discriminate against these.

Staff knew people well, including their preferences and wishes for how they wanted to be cared for and supported. They interacted and engaged with people in a positive and supportive way.

### **Is the service responsive?**

Some aspects of the service were not responsive. People's needs were discussed with them and this information was used to develop a plan which set out how these should be met by staff. However not all plans contained detailed information about people to encourage staff to deliver support that was person centred.

Although people's care and support needs were reviewed, the provider did not ensure a clear and transparent record was maintained at all times which confirmed decisions were made by competent members of staff.

People felt confident any concerns they had would be taken seriously. The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

**Requires Improvement** ●

### **Is the service well-led?**

Some aspects of the service were not well-led. The provider failed to identify through their quality assurance mechanism, issues we found about the quality of records maintained by staff and gaps in staff recruitment records.

However people were satisfied with the care and support provided. People said senior staff were open, approachable and receptive to their views and feedback about the service.

The provider welcomed external scrutiny and challenge of the service. They used this as a driver for improvement and implemented changes where these were needed.

**Requires Improvement** ●

# Favoured Health Care CIC

## **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 checked 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 13 November 2015 and was announced. We gave the provider 24 hours' notice of the inspection because senior staff (the registered manager and assistant manager) were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection.

The inspection team consisted of a single inspector. Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC.

During the inspection we went to the provider's head office. Although the registered manager was on leave we spoke with the assistant manager and office administrator. We reviewed the care records of two people who used the service, the records of three members of staff and other records relating to the management of the service.

After the inspection we spoke with two relatives of people using the service. We asked them for their views and feedback about the care and support people experienced. We also spoke with the local authority contracts and commissioning team and asked them for their views.

# Is the service safe?

## Our findings

The provider had not always followed good recruitment practices to ensure people were always cared for by suitable staff. On staff records we found the provider had obtained evidence of staff's identity, right to work in the UK, and undertaken criminal records checks. On two staff files, we saw a minimum of two references had been obtained from their former employers. However on one file, only one had been taken up and this was not from the staff member's most recent work experience. This meant the provider had not done enough to satisfy themselves this staff member was of good character and had the appropriate experience they had declared on their application form. We also found staff did not routinely complete a health questionnaire prior to starting work so that the provider could assess their fitness to work. We discussed our concerns with the assistant manager who told us they were aware of the missing reference and were actively pursuing this with the staff member. They also advised they would review and update procedures in relation to assessing staff's fitness to work.

Relatives confirmed their family members received their medicines as prescribed. We checked a sample of daily notes maintained by staff. In the majority of instances staff only noted 'all medication given'. This did not provide for a clear record and accountability for how, when and by whom medicines had been administered. Following a discussion with the assistant manager about this issue they took immediate action to develop a specific form for all staff to complete that would capture the necessary information required to provide for a clear record of medicines that had been administered.

Relatives said their family members received care and support at the times that had been agreed with them and staff turned up on time. This indicated there were sufficient numbers of staff to support people. We noted staffing levels were planned in advance and took account of people's needs so that these could be met. We noted wherever possible people were able to receive support from the same staff to ensure consistency and continuity in the care they experienced.

Relatives told us their family members were safe when receiving care and support from staff. One relative said, "I feel [family member] is very safe with their carers." Another told us, "I have never heard [family member] complain or say [they] are being harassed so I feel [they] are quite safe." The service had taken appropriate steps to safeguard adults at risk. All staff had received recent training in safeguarding adults at risk of abuse. They had also been provided guidance which set out their responsibilities for reporting their concerns and how they should do this. The assistant manager was well informed that they should report any allegations of abuse promptly to the local authority so that the appropriate action could be taken to protect people.

Prior to people using the service, senior staff assessed any risks to them of injury or harm at home. People's records showed these assessments were focused on identifying risks based on their specific needs and circumstances for example where people had reduced mobility which could put them at risk of falls. There was guidance for staff in people's care plans on how to minimise identified risks to protect people from the risk of injury or harm. For example, for one person, staff were prompted on how to minimise the risks to them from a fall by ensuring their drinks and meals were always placed within easy reach. A relative told us,

"When [family member] is out in the community they (staff) really do look out for any potential triggers or risks so that [they] are kept safe."



## Is the service effective?

### Our findings

The provider did not have a formal programme of supervision in place to ensure people were cared for by staff who were appropriately supported in their roles. We discussed this with the assistant manager. They told us as the service had only recently recommenced providing regular care and support packages to people in their homes from September 2015 there had not yet been an opportunity to undertake a formal supervision meeting with all staff. The assistant manager said informal monitoring and supervision of staff had taken place when new care and support packages had started, but told us these had not been documented. During our inspection we noted formal supervision meetings were arranged for all staff for the forthcoming week and the assistant manager assured us these would take place monthly from there on. Progress against this will be monitored and reviewed at our next inspection of the service.

Despite the lack of formal supervision meetings staff received appropriate training. Relatives said staff had the skills and experience needed to support people using the service. A relative told us, "I feel the staff are very competent at what they do. They get a lot of support from [assistant manager]." We saw evidence of recent training attended by staff in topics and subjects which were relevant to their roles. This included training in safe handling of medicines, first aid, infection control, moving and handling, fire safety, health and safety and food hygiene. Where more specialist knowledge was required to support people, specific training was provided to relevant staff. For example, training had been provided to relevant staff on supporting people effectively where their behaviours may have challenged others.

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. Any application to do so must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Records showed people's capacity to make decisions about aspects of their care was considered when planning their support. Staff received specific training to help them to support people to make choices and decisions about what they wanted in terms of the support they received. There was evidence of involvement and discussions with people about the care and support they wanted and the decisions people made were documented. Where people lacked capacity to make specific decisions there was involvement of their relatives and relevant care professionals to make these decisions in people's best interests.

Where the service was responsible for this, people were encouraged to eat and drink sufficient amounts to meet their needs. Before people started using the service senior staff collected information from them and their relatives about their dietary needs and how they wished to be supported with these. We saw in one instance where an individual was at risk due to poor appetite, staff were instructed to prompt them to eat and drink enough. Staff documented in people's daily records the meals they prepared and how they supported people to eat during their visit. They also recorded how much people ate or drank. This provided

important information about whether people were eating and drinking sufficient amounts for everyone involved in providing them with care and support at home.

Staff supported people to stay healthy and well. Staff documented in people's daily records their observations and notes about people's general health and well-being. Where there had been specific concerns about an individual's welfare staff notified the provider and assistant manager promptly so that they could seek the appropriate support for the individual. Staff then documented their concerns and the actions taken in a 'communication book' so that this information was shared with people's relatives and care professionals involved in people's day to day care and support, such as the district nurse.

## Is the service caring?

### Our findings

Relatives told us staff were kind and caring. One relative said, "Since the word go, they have maintained the same level of concern and care and this has been consistent." Another told us, "I'm happy with the quality of carers...they are very caring." Relatives told us their family members had regular carers so they experienced consistency and continuity in the support they received from staff.

The provider took steps to ensure people were treated fairly and in a non-discriminatory way. All staff had attended 'equalities, diversity and rights' training. This equipped them with the information they needed on how to respect and uphold people's beliefs, choices and rights and to provide care and support which did not discriminate against these.

Relatives told us staff knew people well, including their preferences and wishes for how they wanted to be cared for and supported. They said staff interacted and engaged with their family members in a positive and supportive way. One relative told us, "I'm surprised at the extent they would go to make sure [family member] is comfortable and given what [they] want." Another relative said staff had built a good rapport with their family member and knew what support they needed to live their life the way they wanted. They told us, "They take on board your views and wishes about how the care should be provided."

The service provided information to people in a way that they could understand and use to make decisions. One way senior staff did this was by visiting people in their home to discuss the care and support available to them so that people had the information they needed about what the service could provide. Senior staff included family members or other representatives in these discussions. Records showed people's views about how care and support was provided were listened to and acted on by staff.

Relatives said people were treated with dignity when being supported with their care and support needs and staff respected their privacy. One relative told us, "The support is always provided in a dignified and respectful way. They respect that [family member] is an adult and give [them] space and privacy when [they] need this like when taking a bath."

## Is the service responsive?

### Our findings

Prior to using the service, senior staff visited people in their homes. They did this to assess the care and support people needed and how they wanted this to be provided by the service. Staff used this process to identify whether the service would be able to meet people's needs. The assistant manager told us the service would not take on any new care and support packages if people's needs could not be immediately met by the service. Once senior staff were satisfied that people's needs could be met, they used the information obtained from assessments to develop a care plan for each person.

We looked at the care plans for both people using the service and saw these set out what had been agreed in terms of the care and support people required. We found limited information in one of the plans about the individual's life history, relationships that were important to them, their likes and dislikes and their interests and hobbies which could potentially prompt staff unfamiliar with that person's needs and wishes to provide care and support in a way which was task-led rather than personalised and focussed on the person as a whole. We discussed this with the assistant manager who told us the quality of information would be reviewed so that staff would be encouraged to provide personalised care to people at all times.

The provider required that the care and support provided to people was reviewed monthly to ensure this continued to meet their needs. We looked at a recent review carried out of one person's care and support package. No change had been required to their support and their record was updated by the service administrator to reflect this. The assistant manager told us they had carried out this review and had asked the administrator to record this had been done and the outcomes. They acknowledged this was not good practice and said they would ensure in future people's records were always signed off by a senior manager to evidence that decisions were being made by appropriate members of staff.

People said they felt confident in raising any issues or concerns they may have with the service and that these would be dealt with appropriately. A relative said, "I'm not afraid to let the service know if something isn't suitable." Another relative told us, "I've only had one small issue and when I raised this with [the assistant manager] it was dealt with very quickly."

There were suitable arrangements in place to deal with people's concerns or complaints. People had been provided information in their 'service user handbook' about what to do if they wished to make a complaint about the service. This set out how their complaint would be dealt with and by whom. Although no formal complaints had been received by the service, we saw a process was in place for senior staff to log and investigate any complaints received which included recording all actions taken to resolve these and checks that complainants were satisfied with the outcomes.

## Is the service well-led?

### Our findings

A relative told us senior staff regularly visited their family member, often unannounced, to check that staff were providing them with the appropriate care and support. They said, "[The assistant manager] observes the carers and pays a lot of attention to detail about the care being provided." Senior staff used spot checks to monitor the quality of service being provided. These checks prompted senior staff to review the skills and competencies of staff, the quality of care and support people experienced and the quality of records maintained by staff. The assistant manager told us spot checks were undertaken every week by the senior staff team. However these checks had not been formally documented.

We had some concerns about the effectiveness of some of these checks. The provider had not identified through their own checks that staff were not following the medicines policy for recording medicines that had been administered. As a result, a clear record was not being maintained of how, when and by whom medicines had been administered. They had also failed to identify that some staff recruitment records did not contain all the information needed to verify staff's suitability and fitness to work. And they had not ensured all care records contained evidence that all decisions taken about people's care and support were taken by the appropriate members of staff.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these issues people were satisfied with the quality of care and support provided. One relative told us, "I feel very satisfied. I do have a lot of choices and the fact that I've been using them for a few years tells you a lot about what I think about them." Another relative said about their family member, "I think [they] get a good quality service."

Senior staff demonstrated good leadership. Relatives said they were approachable and receptive to their views and feedback about the service. One relative told us, "The managers are very good. They are always attentive and seem very experienced." Another relative said there was good communication between them and senior staff and described their relationship with the service as a 'partnership' when providing care and support to their family member.

The provider took on board learning from external scrutiny and challenge of the service to make improvements. The local authority carried out a quality monitoring visit to the service in June 2015. Following that visit they made some recommendations for how the service needed to improve so that people experienced better quality care and support. This included procuring an accredited external trainer to improve the quality of training staff received, introducing communication books in people's homes to improve the quality of information shared between staff, relatives and professionals and ensuring the service and staff were accessible at all times during business hours. These recommendations had all been implemented. The assistant manager told us they viewed the external visit from the local authority as a very positive experience for the service as it had given the senior staff team an opportunity to identify gaps and shortfalls in the service so that appropriate action could be taken to improve.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate an effective system to assess and monitor the quality and safety of the service (Regulation 17(2) (a)). They did not maintain up to date, accurate records relating to people, staff and to the management of the service (Regulation 17 (2)(c)).</p>