

Favoured Health Care CIC

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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 inspection took place on 14 December 2016 and was announced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in November 2015. We gave the service an overall rating of 'requires improvement' because we found the provider in breach of one of the regulations. This was because the provider did not operate an effective system to assess and monitor the quality and safety of the service. They also did not maintain up to date, accurate records relating to people, staff and to the management of the service. We asked the provider to take action to make improvements in respect of the breach in regulation. The provider sent us an improvement plan in April 2016 and said they would take all the action needed to meet legal requirements by June 2016.

We did not identify any further breaches at the last inspection we found some aspects of the service were inconsistent. There were gaps in employment checks undertaken by the provider, some aspects of medicines management did not reflect best practice, some records lacked detailed information to enable staff to deliver support that was person centred and the provider did not always ensure decisions about people's care and support were made by appropriate members of staff.

Favoured Health Care 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 11 people receiving personal care from this service, the majority of whom were funded by their local authority. People using the service were mostly older adults who had a wide range of healthcare needs and conditions. The package of care and support provided to each person varied between a few hours a week to several times a day, depending on their specific needs.

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.

At this inspection we found the provider had taken the necessary action to make the improvements needed to meet legal requirements. We found the provider had improved their arrangements to monitor and assess the quality of the service. Senior staff undertook and documented outcomes from regular spot checks (home visits) and used this information to support staff to improve their work based practice.

We found improvements had been made to the quality of the records maintained by the service. Staff now had better information through people's support plans to enable them to deliver care that was personalised and reflective of what people wanted. Reviews of people's care and support needs were undertaken regularly and only by an appropriate member of staff.

The provider had improved their recruitment practices. Appropriate employment and criminal records checks had been carried out for all new staff to ensure they were suitable and fit to work for the service.

We also found improvements had been made to the way staff recorded information about medicines. A new recording mechanism had been introduced which enabled clearer, accountable records to be maintained when medicines had been administered.

Relatives said their family members were safe when being supported by staff. Staff were supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse or being harmed by discriminatory behaviour or practices. Risk of injury or harm posed to people by their specific healthcare needs and home environment had been assessed. Plans were in place for staff to follow on how to minimise identified risks to keep people safe.

Relatives said staff attended scheduled visits on time. This indicated there were sufficient numbers of staff to meet people's needs. The registered manager planned all scheduled visits to take full account of people's specific care and support needs, to ensure appropriately skilled staff were assigned to meet these safely. The registered manager, wherever possible, scheduled visits so that people received support from the same members of staff, in order to experience consistency and continuity in their care.

Relatives said staff were able to meet their family member's needs. They told us staff were caring and respectful. People's right to privacy and to be treated with dignity was maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence.

We checked whether the service continued to work within the principles of the Mental Capacity Act (MCA) 2005. Staff were fully aware of their responsibilities in relation to the Act. Staff received training to meet people's needs. Training was in areas and topics relevant to their work. The provider monitored training to ensure staff skills and knowledge were kept up to date. Staff received regular supervision so that they were appropriately supported to care for people.

People were supported by staff to maintain their health and wellbeing. Staff helped people to take their prescribed medicines when they needed these. They monitored people's general health and wellbeing and where they had any issues or concerns about this they took appropriate action so that attention could be sought promptly from the relevant healthcare professionals. Where the service was responsible for this, people were supported to eat and drink sufficient amounts.

Relatives were satisfied with the care and support their family members received. The provider continued to maintain arrangements for dealing with people's complaints or concerns if these should arise. The provider used quality surveys and people's views obtained through spot checks to assess and review the quality of service people experienced.

Records of events and incidents maintained by the service matched the information we held on our records. This indicated the provider met their legal obligation with regard the submission of statutory notifications.

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 now safe. Recruitment processes had been improved. Appropriate checks had been made to ensure staff's suitability and fitness to work.

Improvements had been made to the information recorded by staff when supporting people with their medicines. This now reflected best practice. People received their medicines as prescribed.

Staff knew what action to take to protect people from abuse or harm. They followed plans to ensure identified risks to people of injury or harm were minimised.

The registered manager planned visits to ensure there were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good ●

The service continued to be effective. Staff received training to help them meet people's needs. They were supported in their roles by the registered manager through regular supervision.

Staff were aware of their responsibilities in relation to the MCA. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

Staff took appropriate action to help people maintain their general health and wellbeing. Where the service was responsible for this, staff monitored that people ate and drank sufficient amounts.

Is the service caring?

Good ●

The service continued to be caring. People said staff were, caring and respectful.

Staff ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good ●

The service was now responsive. The quality of information contained in people's support plans had improved. These were personalised and reflected people's choices and preferences for how care was provided.

People's care and support needs were reviewed regularly and only by appropriate members of staff.

People were satisfied with the care and support they received. The provider continued to maintain arrangements to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good ●

The service was now well led. The provider had taken action to meet legal requirements. Spot checks made by senior staff were routinely documented. The quality of records maintained about people, staff and the management of the service had improved.

Quality surveys and people's views obtained through spot checks were used to assess and review the quality of service people experienced.

The provider met their legal obligation with regard the submission of statutory notifications.

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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 14 December 2016 and was announced. We gave the provider 48 hours' notice of the inspection because they are sometimes out of the office supporting staff or people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection. The inspection was undertaken by a single inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information such as statutory notifications about events or incidents that have occurred, involving people using the service and which the provider is required to submit to CQC.

During the inspection we spoke to the registered manager. We reviewed the care records of five people using service, three staff files and other records relating to the management of the service.

After the inspection we spoke to three relatives of people using the service. We asked them for their views and experiences of the service.

Is the service safe?

Our findings

Relatives told us their family members were safe when being supported by staff. One said, "I feel they're quite safe and I've certainly had no complaints from [family member]." Another told us, "Yes, [family member] is safe with the carers."

At our last inspection of the service in November 2015 when answering the key question 'is the service safe?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because we found gaps in the checks the provider undertook to ensure new staff were suitable and fit to work for the service. Also, some aspects of medicines administration did not reflect best practice.

At this inspection we found improvements had been made to the provider's recruitment practice. Our checks of staff records showed the provider now obtained up to date employment and character references to verify staff's skills, experience and suitability for the role. Staff also completed a health questionnaire prior to starting work. The provider continued to obtain evidence of staff's identity, right to work in the UK, previous training undertaken and criminal records checks. These checks enabled the provider to assess that staff were suitable and fit to support people.

We found improvements had been made to the way staff recorded information about medicines. After our last inspection the provider introduced a new 'daily notes' record which enabled staff to record at each visit, where they were responsible for this, the medicines they had supported people with. Our checks of recent daily notes showed these were completed and signed by staff when people were supported with their medicines which indicated people received their medicines as prescribed. This ensured the service maintained a clear, accountable record for when and by whom medicines had been administered.

Relatives said staff arrived for their scheduled visits at the times agreed. This indicated there were enough staff to meet people's needs. One said, "They're normally pretty good at coming on time. They'll let us know if they're running a bit late." Another told us, "They're always there on time." Since our last inspection we saw the provider had introduced a call monitoring system to monitor the timeliness of scheduled visits. The registered manager told us this system helped them to monitor all scheduled visits, to check that staff arrived when planned and stayed for the agreed length of time.

The registered manager took account of people's specific care and support needs so that the right number of appropriately skilled staff were assigned to meet these safely. For example, where people needed help to move and transfer, two staff trained in moving and handling procedures attended scheduled visits, to ensure the person's safety. The registered manager told us they did not take on new packages of care and support if there were not enough appropriately qualified staff to meet people's needs safely.

Staff were supported to protect people from the risk of abuse or harm. They had all been trained in safeguarding adults at risk. This helped them to recognise the signs and situations which would indicate a person may be being abused. Staff had also received training in equality and diversity to help them

understand how to protect people from risks associated with discriminatory practices and behaviours. The provider's safeguarding procedure instructed staff how and to whom they should report their concerns about people. Records showed where concerns about people were raised the registered manager worked closely with other agencies to ensure people were sufficiently protected.

Staff were provided with the information they needed to minimise known risks of injury or harm posed to people and others. The registered manager carried out assessments to identify the risks posed to people and others from people's specific healthcare needs and their home environment. The information from these assessments was used to guide staff on how to manage identified risks to reduce the risk of injury or harm to people. For example where people had reduced mobility there was guidance for staff on how to reduce the risk of them falling by ensuring, where possible, the home environment was free of trip and slip hazards and items that people needed were left within easy reach.

Is the service effective?

Our findings

Relatives said staff were able to meet their family member's needs. One said, "They do what they have to do...we've had no problems." Another told us the support their family member had received from staff had made a positive difference as this enabled them to stay living in their home.

Since our last inspection the provider had implemented a programme of staff supervision (one to one meetings) to ensure people were cared for by staff who were appropriately supported in their roles. Staff now had regular supervision meetings with the registered manager. This enabled staff to reflect on their current work practice, what they could do better and any learning and development needs they had. Staff were also provided an opportunity to discuss progress against their agreed work priorities and how these were contributing to people experiencing positive outcomes.

Staff had been trained to meet people's needs. Training records showed staff had attended training in topics and areas relevant to their work. This included training in; health and safety, fire safety, infection control, first aid, moving and handling procedures, dementia awareness, challenging behaviour and medicines administration. The registered manager monitored training to identify when refresher updates were required to ensure staff kept their knowledge and skills up to date.

We checked whether the service continued to work within the principles of the Mental Capacity Act 2005 (MCA). The 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 make 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 for people living in their own homes must be made to the Court of Protection.

All staff had received training in the MCA. The registered manager demonstrated understanding and awareness of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about their support was considered during assessments of their needs by the registered manager. There was involvement with people's relatives, representatives and healthcare professionals, where people lacked capacity to make specific decisions about their care to ensure these were made in people's best interests.

Where the service was responsible for this, people were supported by staff to eat and drink sufficient amounts to meet their needs. Information had been obtained from people about their dietary needs and how they wished to be supported with these. The level of support people required from staff varied and ranged from preparation of drinks and light snacks to cooking meals. In addition, some people had specific dietary requirements due to their health conditions, for example, diabetes. Support plans set out how these specific needs should be met by staff.

All staff had received training in malnutrition awareness to help them identify signs and symptoms that could indicate people may not be eating or drinking enough to meet their needs. Staff documented in daily notes the meals they prepared and the support provided to people to eat and drink at each visit. This gave everyone involved in people's care and support, information about whether people were eating and drinking enough to reduce the risks to them of malnutrition and dehydration.

Staff took appropriate action to help people keep healthy and well. They recorded in daily notes their observations about people's general health and well-being and shared this information with all involved in people's care and support. The registered manager told us about one person who when they first started to use the service was heavily reliant on the support of two members of staff due to their frailty and decreased mobility following a period of ill health. The registered manager said they noted from staff's recorded observations that the health and mobility of the person started to improve over time and they were able to do more for themselves with less support. Using this information, the registered manager requested a reassessment of the person's needs from the local authority physiotherapist, which resulted in a new package of care and support that reflected the person's changing needs.

When staff had concerns about a person's health and wellbeing they sought appropriate support and assistance from others, such as the GP. We saw recent examples where staff had acted on their concerns to seek appropriate support for people, when they needed this. In one instance, urgent medical assistance was obtained for a person who became ill because their care support workers were able to recognise the signs and symptoms of a health crisis.

Is the service caring?

Our findings

Relatives spoke positively about the staff that supported their family members. One said, "We've had them about seven months. We've got no problems with them. Our carer lives close by which is good." Another told us, "I find them very good." Quality surveys and records of spot checks undertaken by the registered manager with people and their relatives indicated that people found the staff that supported them, 'caring' and 'respectful'.

People experienced consistency and continuity in their care. A relative said, "They try and send the same ones each time." The registered manager scheduled visits so that wherever possible people received support from the same members of staff. They told us people were introduced to all the staff members that would be involved in providing their support including those that would cover for their regular care support worker when they were unavailable due to leave or sickness. This helped to ease people's anxieties about receiving support from unfamiliar staff members when their regular care support worker was not able to do this. People's choices for a specific carer were respected. We saw one person only wanted female staff members to support them and this need had always been met.

Relatives told us staff were respectful particularly when supporting people with personal care needs. One said, "I feel they're quite respectful of [family member's] dignity and privacy." People's support plans emphasised the need to all staff to treat people with dignity and respect at all times and especially when being supported with their care needs. Staff were also prompted to offer people choice when being supported and to ensure people's decisions about what they wanted were respected.

People's support plans also contained information for staff on how people communicated and expressed their needs, through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support.

The provider ensured people's privacy was respected. All staff received training in how to keep information about people confidential to ensure their privacy. Records about people were kept secure so that personal information about them was protected. The registered manager was discreet and respectful when discussing personal information about people.

People were encouraged to do as much as they wished and wanted to do, to help promote their independence. People's support plans prompted staff to encourage people to do as much for themselves as they could to enable them to retain control over their lives. For example when people were being supported to wash, staff were instructed to only step in when people couldn't finish this themselves. The registered manager, who also provided care and support to some of the people using the service, demonstrated a good understanding and awareness of people's needs and how these should be met.

Is the service responsive?

Our findings

Relatives told us they were satisfied with the care and support their family members received from staff. One said, "All in all, got no complaints about them and quite satisfied with it." Quality surveys and records of spot checks undertaken by the registered manager with people and their relatives also supported this view, with people's responses indicating they were satisfied with the service.

At our last inspection of the service in November 2015 when answering the key question 'is the service responsive?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because we found not all support plans contained detailed information about people to encourage staff to deliver support that was person centred. Also, when people's care and support needs were reviewed, the provider did not always ensure a clear and transparent record was maintained at all times which confirmed decisions were made by competent members of staff.

At this inspection we found improvements had been made to the quality of information contained in people's support plans. As part of the assessment of people's needs, the provider had introduced a new tool, developed by a leading dementia charity, to collect information about people's needs, preferences, likes, dislikes and interests. Using the information obtained through the assessment process, each person had an individualised support plan, which set out how their needs would be met by staff. There was information on support plans about people's life histories including important information about their healthcare needs, their likes and dislikes and specific preferences for how support should be provided. This information was accessible to staff in people's homes. This ensured people received support from staff that was personalised and reflective of what they wanted.

We found improvements had also been made to the way the provider reviewed the care and support provided to people to check this continued to meet their needs. Records showed people's care and support was reviewed every two months by a senior member of staff. They recorded the outcomes of each review and updated people's support plans accordingly when there had been changes to the care and support they required. This meant staff had access to the latest information about how people should be supported.

Relatives told us if they were unhappy or concerned about any aspect of their family member's care or support they could talk to a senior member of staff. One said, "If there's a problem [the registered manager] will do something about it." Another told us, "We had a few glitches in the past and [senior staff] have jumped on the issues."

The provider continued to maintain arrangements for dealing with people's complaints or concerns if these should arise. No formal complaints had been received by the service since our last inspection. However we saw processes were in place to deal with a complaint which meant people could be assured any concerns or issues they had would be dealt with appropriately.

Is the service well-led?

Our findings

Relatives spoke positively about the management of the service. One said, "I know the manager and I can speak to her at any time, whenever I want." Another told us, "I think the [senior staff] are very responsive."

At our last inspection of the service in November 2015 when answering the key question 'is the service well led?' we gave the service an overall rating of 'requires improvement'. We found the provider in breach of the regulations. This was because the provider did not operate an effective system to assess and monitor the quality and safety of the service. They also had not maintained up to date, accurate records relating to people, staff and to the management of the service. We asked the provider to take action to make improvements in respect of the breach in regulation.

At this inspection we reviewed the action plan developed by the provider after our last inspection which set out how they would make the necessary improvements to address the issues we identified. We found the provider had taken the necessary action to make the improvements needed to meet legal requirements. Records showed spot checks made by senior staff were now routinely documented. Through these checks senior staff reviewed the skills and competencies of staff and the quality of care and support people experienced. As part of these checks people were asked to contribute their views about the support they received from staff. The registered manager used this information in individual supervision to support staff to improve their work based practice.

Senior staff also reviewed the quality of records maintained by staff and the service through these checks. Our own checks found the quality of records had improved. Staff now maintained clear records when they administered medicines. We found staff recruitment records now contained all the information needed to verify staff's suitability and fitness to work. And we also found people's records now contained evidence that all decisions taken about people's care and support were taken by appropriate members of staff.

People's views about the quality of support they received and how this could be improved, continued to be sought through quality surveys. We looked at a sample of completed surveys returned and noted very few changes or improvements had been suggested. This indicated people were generally satisfied with the care and support they received from the service.

Checks of our records showed that since our last inspection, the provider had submitted notifications to us, when required. Records of events and incidents maintained by the service matched the information we held on our records. This indicated the provider met their legal obligation with regard the submission of statutory notifications.