

Farecare Gloucestershire Limited

Farecare Gloucestershire Limited

Inspection report

47 Rodney Road
Cheltenham
Gloucestershire
GL50 1HX

Tel: 01242232296
Website: www.farecare.co.uk

Date of inspection visit:
15 May 2023
23 May 2023

Date of publication:
18 July 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Farecare Gloucestershire Limited is a domiciliary care service providing personal care for people in their own home. At the time of the inspection, 29 people were receiving support from the service with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We found improvements were still needed to ensure safe recruitment practices were followed.

We found improvements were still needed to ensure people's risks were assessed and mitigated in areas, for example, epilepsy, catheter care and nurse delegated tasks. Records relating to people's risks required improvement to ensure staff had access to complete and up-to-date information to keep people healthy and safe.

We found that improvements were still needed to the provider's quality monitoring systems and processes.

Improvements were needed in areas such as records related to people's "as required" medicines and prescribed medicine patches. People were supported by trained staff to receive their medicines.

We did not find that these shortfalls had impacted people's care. The provider had identified areas that required improvement through their own quality monitoring and developed an improvement plan. However, further time was needed for the registered manager to fully embed and complete their improvement plan before we could judge it to be effective in bringing about the required improvements.

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.

The majority of people and relatives we spoke with told us they felt safe and well cared for by the service.

Staff understood their responsibility to report concerns and poor practices. Staff knew how to report any incidents or accidents.

Staff understood their role to wear Personal Protective Equipment (PPE) in line with government guidance.

Systems were in place to engage with staff and people who use the service.

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 requires improvement (published 02 December 2022), and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that not enough improvements had been made, and the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to verify if the provider made enough improvement in relation to previous breaches of regulations.

The inspection was also prompted in part by concerns we have received in relation to the quality of care and the management of the service.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising from the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches of regulations in relation to people's risk management, safe recruitment, and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Farecare Gloucestershire Limited

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 2 inspectors and 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave prior notice of the inspection. This was because it is a small service and we needed to be sure that

the provider or registered manager would be in the office to support the inspection. Inspection activity started on 15 May 2023 and ended on 23 May 2023. We visited the location's office/service on 15 May 2023 and carried out a remote meeting with the registered manager on 23 May 2023.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 5 people who use the service and 7 people's relatives about their experience of the care provided. We spoke to the registered manager, the human resources manager, the quality assurance manager, a team leader and 3 care staff.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 4 staff files in relation to recruitment, training and support, and a verity of records relating to the management of the service. We sought feedback from health and social care professionals involved with the service.



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 requires improvement. At this inspection the rating the rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to effectively implement systems to assess and mitigate risks to the health, safety and welfare of people using the service and the management of their medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff were aware of people's risks and how to support them safely, the service had an improvement plan in place through which they had reviewed people's care documentation and identified the updates which were required; not all people's individual risks were always comprehensively assessed and recorded and progress on completing the improvement plan had been delayed due to challenges that service faced over the past months.
- The management team had updated some people's care documentation, however this applied only to a small amount of people the service supported.
- For example, the support requirements for one person with epilepsy had not been identified and recorded. Therefore, staff may not fully understand how to support the person safely, including how to identify and support the person safely in case of an epileptic seizure.
- Information related to support requirements for one person with diabetes had not been recorded. Therefore, staff may not fully understand how to support the person safely, including how to identify if their diabetes was becoming unstable and where to escalate any concerns.
- Other examples included there being no assessments and support guidelines for people who had health appliances in place, or who required support with delegated nursing tasks. Therefore, staff may not fully understand how to support people safely, including how to identify concerns.
- Systems were not in place to guide staff in safely administering 'as required' medicines. Where people were prescribed medicines on an 'as required' basis, for example for bowel management, information was not in place to guide staff in the use of these medicines. This put people at risk of not receiving their "as required" medicines safely.
- Systems were not in place for the safe administration and recording of people's medicine patches. Where people were prescribed medicine patches, information was not always recorded to guide staff in relation to

the area this had been applied to so they can ensure correct rotation of the patch. This put people at risk of not receiving their medicine patches safely.

- Environmental risk assessments of people's home were not consistently available on the electronic system or lacked detail. This meant staff did not have clear guidance in relation to potential environmental risks to themselves and the person they were supporting.

Effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service and the management of their medicines. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team had booked reviews of people's care and were planning to action these over the next couple of months.
- Following our feedback at inspection, the management team took immediate action to address the concerns. For example, a risk management plan was put in place for epilepsy and delegated nursing tasks. Further training was provided to the whole team in relation to catheter care.
- Through their improvement plan the service had identified diagnosis specific training which they were planning to deliver to the staff team, such as diabetes, epilepsy, dementia and falls awareness.
- The management team and staff told us about the electronic communication system they have where changes to people's care, concerns and new risks are passed onto the team. Staff we spoke with confirmed they found this effective in providing up to date information about people.
- The service had a medicines policy; staff had been trained in medicines administration and their competency was assessed.

Staffing and recruitment

At our last inspection the provider had failed to consistently follow safe recruitment practices. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Procedures were not followed when new staff were recruited to ensure they were safe to provide care to people. Application forms were completed by candidates and interview records were in place to support manager's decisions to employ staff, however recruitment records did not always show that the recruiting managers had explored the previous employment histories of staff and their suitability to work at in the service. There were gaps in some staff employment histories without explanation. Where this was the case the provider then failed to risk assess how to keep people staff whilst the new member of staff completed their induction.
- Applicant's health status was not always explored to ensure their fitness to undertake their role and whether any adjustments might be needed.

Safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager is working in a sector with significant work force challenges, recruitment. was ongoing to fill staff vacancies.
- The service had experienced staffing challenges, but they had used their business continuity plan to manage and addressed these to ensure the service could run safe.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At the last inspection we recommended that the provider reviews their systems of assessing and documenting people's capacity related to specific decisions in areas such as medicines administration. At this inspection we have seen evidence of this in the care documentation which had been updated as per the service improvement plan.

- We found the service was working within the principles of the MCA and staff were receiving related training.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse. Staff had been trained in safeguarding and they knew how to report any concerns in line with the provider's safeguarding and whistleblowing policies and procedures.
- People and their relatives told us they felt safe when supported by the staff.

Preventing and controlling infection

- Staff confirmed they had access to sufficient stock of personal protective equipment (PPE) and were able to tell us how they put on and take off their PPE.
- People and their relatives confirmed staff were using PPE as expected.

Learning lessons when things go wrong

- Staff knew how to report incidents to their managers. They had access to an on-call system which provided support outside office hours.
- Since the last inspection, a new accident and incident form had been created to include more in-depth details and included a management section to review, analyse, investigate and establish recommendations.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always 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 effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's risks were not always maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The systems implemented by the provider to help monitor the service had not always been effective in identifying and addressing quality and safety shortfalls in the service.
- Since our last inspection, the provider had recruited a manager who supported them to appraise the service and developed a service improvement plan. However, the improvement plan did not identify all the areas of concern we have identified at this inspection and further time was needed for the improvement plan to be completed and system and processes embedded in the service.
- The management team had a system in place for daily monitoring of the alerts generated by their electronic call planning system. However there was no system in place for documenting and auditing the findings in relation to care calls; including punctuality, cancelations and calls outside planned times.
- The HR (human resources) manager reviewed people's care notes on a daily or regular basis, however there was no system in place to record any of the findings to evidence the quality monitoring of people's care.
- The electronic system used to plan people's care did not provide the management team with alerts if staff were not logging in and out of calls, but during office hours, the management team would refresh the system frequently to check staff's attendance to their planned care calls.
- Feedback from people and their relatives highlighted that their care calls were not always on time and that they received a call to inform them the staff would be late but not always. Most people were understanding and not unduly concerned. We shared these concerns and other more specific concerns with the registered manager who was aware of the more specific concerns and was able to explain the situation.
- The service did not have a system in place to make use of the available range of reports generated by their

electronic planning system as part of their quality monitoring system to identify any trends in themes of the alerts.

- The management team had an oversight of staff training and supervision; however further development was required to ensure there was a system in place which provided a clear overview of staff's mandatory training, and it included any additional training staff had completed to clearly evidence staff capability to undertake certain tasks such as support people with health appliances or delegated nursing tasks.
- While the service improvement plan identified the areas of improvement required in relation to people's risk management and care documentation, not all aspects such as the shortfall mentioned above were identified during the appraisal of the service.
- Audits and management systems had not identified concerns we had found at this inspection in relation to recruitment and medicines. For example, where gaps in recording were identified on the MAR (medication administration records) charts, the registered manager was able to provide an explanation to the inspectors of why this happened, however there was no record that these instances have been explored and an audit trail of the investigation and findings.
- New roles and responsibilities were attributed to the freshly formed management team to run the service and complete the improvement plan. Some time was needed to complete the planned actions before we could judge whether the provider's improvement plan had been effective in making and embedding the required improvements in relation to for example, people's risk management.

The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's risks and the management of the regulated activity were not always maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection, the management team took immediate action by adding actions to their improvement plan to resolve the concerns we have identified, such as documenting cancelled calls, running monthly reports on each client to note any trends in alerts and actions in relation to safe recruitment practices.
- As part of their improvement plan, the service was looking at introducing a medicines audit which would cover areas such as medicines errors and any trends which would require actioning.
- Other areas of improvement identified by the management team in their improvement plan included further development of the staff induction process to ensure mandatory training is completed, additional specific diagnosis training for the staffing team and more robust documentation of complaints and compliments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Following concerns received by CQC which had been shared with the provider, they brought forward their process of gathering feedback for people using the service and staff. Questionnaires were sent out and the provider was awaiting the replies with a plan to collate the information, create an action plan and send feedback to people using the service and staff. The provider also planned to increase the frequency of the questionnaires to 6 monthly.
- The management team held weekly meetings and monthly meetings were organised with the staffing team. If staff could not attend meetings, they would be asked for their views beforehand.
- The HR manager told us that they were aiming to promote a more open culture within the staffing team and hold open discussions. We were told staff had started to come into the office during their breaks and the office team had ensured they were able to provide staff with their preferred hot drinks when they came

in.

- Staff told us they felt able to raise concerns and share feedback and spoke positively about the management.
- We have received mixed feedback from people and their relatives in relation to the communication with the office, such as not knowing who the manager was, who to contact and not always being contacted back. These concerns have been shared with the registered manager who was looking at addressing them and discussed the plan to introduce a newsletter for people supported by the service.

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 managers understood their responsibilities to be open and honest when things go wrong.
- Staff were aware of their responsibility to report any incidents or accidents involving the people who were provided with support.
- The registered manager openly talked to us about the concerns they have received from the local authority in relation to the electronic call monitoring system the staff are required to use to log the care visits as per the contractual agreement. They recognised staff were not using this system to log in the visits as they were using the provider's system instead, so the management team were manually inputting the information. Since the meeting with the local authority an improvement of 80 percent has been recognised by the registered manager and they felt they were on target meeting the expectations of the local authority.

Working in partnership with others

- The service worked in partnership with other agencies and professionals to provide care to people. We received positive feedback from 2 health and social care professionals who worked with the service. This included positive comments related to staff training and ability to follow professional advice, times of calls and punctuality, knowledge of people's care needs and communication with the management team.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's risks and the management of the regulated activity were not always maintained.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices had not always been followed.