

Friendship Care And Housing Association Limited

Friendship Domiciliary Care Service

Inspection report

17 Braithwaite Road
Sparkbrook
Birmingham
West Midlands
B11 1LB

Tel: 01215062800
Website: www.fch.org.uk

Date of inspection visit:
22 October 2018
24 October 2018

Date of publication:
14 December 2018

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

Friendship care is a domiciliary care service providing a service to people living in their own home. This announced inspection took place on 22 and 24 October 2018. We gave the provider 48 hours' notice that we would be visiting the service because we wanted to make sure staff and people would be available for us to speak with. At the time of the inspection 67 people were using the service.

At our last inspection on the 18 and 22 December 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

On the first day of the inspection we found that not all the information such as complaints record, staff files and care records were not able to assess. The registered manager told us that records were kept in people homes, but also at small office in addition to the registered address, although these were not personal records. The registered manager arranged for all records to be brought to the registered address as all records relating to the service delivery is required to be kept at the registered address.

People were protected and kept safe by staff who understood their roles and responsibilities in relation to protecting them from the risk of abuse and avoidable harm. Potential risks that staff needed to be aware of when supporting people were clearly outlined, regularly reviewed and updated appropriately. Sufficient levels of staff were made available to meet people's needs.

Medicine was administered as safely as possible. Care staff followed the medication procedure, completed medicine care plans and recorded medicine administration. We found that care plans had details about medication and how to support people with their care needs.

People benefitted from continuity of staff, to ensure that relationships were built and people did not have to endure different staff for their care. The provider ensured that all new staff were provided with an induction before fully commencing in their role and staff received regular supervision to discuss their performance and development needs.

People's human rights were respected by staff who worked within the principles of the Mental Capacity Act 2005

People were supported with their health care need if required. Families were contacted if a person was unwell.

People continued to be supported by a committed and enthusiastic staff team who delivered care with kindness, respect and understanding. Staff built caring relationships with people and could meet their

needs sensitively. The service and care staff were aware of people's equality and diversity needs and endeavoured to meet them.

People were involved in the planning, assessment and review of their care which included people's preferences and choices.

People knew who to contact if they were unhappy about any aspect of their care.

There was a system in place to manage the service however the records relating to this were not always completed to ensure that the system was effective.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains Caring	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? At the last inspection the service was rated outstanding, at this inspection the service is rated Good.	Good ●

Friendship Domiciliary Care Service

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The office visit took place on 22 and 24 October 2018 and was announced. We told the provider we were coming so they could arrange to be there and arrange for care staff to be available to talk with us about the service. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in. The agency is a small agency.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us. Commissioners are people who contract care and support services paid for by the local authority.

During our visit we spoke with the registered manager, care manager, four relative, 13 staff and one person who used the service. Most people using the service had communication difficulties. We spoke five relatives and eight staff. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records, records of complaints, and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

At our last inspection in December 2015 we rated the service under the key question, is the service 'Safe' as good. At this inspection the service continued to be good.

People spoken with told us they felt safe with the staff that supported them. Relatives told us if there were any concerns the staff would inform them, relatives also commented that they felt their relatives were safe and well supported by the staff and the provider.

All the staff interviewed confirmed that they had received training in adult safeguarding. They confirmed that this is updated regularly. Staff could discuss the process they would follow if they had any concerns in relation to abuse. They were aware of the local safeguarding protocols. They were also aware of the whistleblowing policy and would have no concerns in raising any issues they may have in relation to care practices. Records of training seen at the inspection confirmed this.

There was a procedure to identify and manage risks associated with people's care staff spoken with told us they were made aware of any risks associated with the individual they supported and the information was available in people's folders. Managers were responsible for updating the risk assessments with the involvement of the person and care plans seen reflected what staff told us.

The registered manager and care manager told us there was enough staff to allocate all the calls people required. Relative spoken with told us that people had the same care staff and there, cover was always arranged when people's regular carer was not available., All relatives spoken with felt there was enough staff, and rotas seen confirmed that there were enough staff to meet peoples care needs. All staff spoken with told us that all records were kept in people's homes so they had easy access to information that they needed to deliver the service. If there were any concerns all staff said that had access to managers during the day and the on-call system out of hours.

All staff spoken with told us they had received training in supporting people with their medication and was aware of issues to report if they had any concerns. Staff were aware of the relevant policies, and recording of medication administered.

Recruitment procedures minimised, as far as possible, the risks to people safety. Care staff confirmed their references had been requested and checked. They told us and records showed they had not provided care to people until their DBS (Disclosure and Barring Service) clearance had been returned. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in the prevention and control of infection. They were aware of how to minimise the possibility of cross infection by wearing disposable protective clothing and washing their hands thoroughly between tasks. People and relatives, we spoke with indicated they were happy with the hygiene standards to reduce

risk of cross infection.

Is the service effective?

Our findings

At the last inspection in December 2015 we rated the service under the key question is the service 'Effective' as good. At this inspection, the service continued to be good.

We saw that intricate details were also included that was personal to the individual which meant that people needs were met the way they wanted. All staff confirmed that they had all the relevant training required this included additional specialist training to meet people's needs who may have a medical condition. Staff spoken with told us the organisation was very supportive where training was concerned and staff could always request additional training which would be provided. All staff confirmed that they had completed The Care Certificate, which is a qualification to indicate that staff have the relevant skills and competence to meet people needs. All the staff spoken with felt they received excellent support from their direct line managers and the organisation in general. No one raised any concerns about the level of support that was available. Staff received supervision to ensure they put their training into practice.

People who required assistance with meals and drinks were supported to have sufficient to eat and drink. Some people had assistance from staff and others would be supported to cook. Staff were aware of the needs of people in relation to maintaining a healthy diet. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff with their meals indicated they were satisfied with the service they received.

Staff told us, if a person was unwell during their call, they would ask if they would like to see a doctor and call the GP. People confirmed staff did this, one person said, "If I'm not well and need the doctor they'll contact them for me." Staff said if they contacted the doctor they would also inform the person's family and contact the office staff to let them know, so they could follow this up if needed. The registered manager told us that they worked closely with other organisations to ensure where people needed additional support this information would be passed on so they could seek advise

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the MCA. They told us all the people they supported could make daily decisions about their care, or had relatives who could make decisions in their best interests. Staff completed training in the MCA and staff we spoke with knew this was about decision making and gaining people's consent before providing care. One staff member told us, "Consent were possible is always sought." One person who used the service told us, "They ask me before they do anything."

Is the service caring?

Our findings

At the last inspection in December 2015, we rated the service under the key question is the service 'Caring' as good. At this inspection, the service continued to be good.

People using the service and their relative told us that the service provided was good. All staff told us and records confirmed how people wanted to be supported. Care records were detailed and very personal to the individual. All staff told us that they had enough time to support people with their personal care needs and ensure quality interactions. All staff told us that people's privacy and dignity was always maintained. A relative told us, "[person name] had been using the service for 19 years, the staff know them really well I have great faith in the staff and the organisation the know them inside out.

People spoken with were very complimentary about their care. We saw that each person had a daily diary which was completed by all staff and discussion where possible were held with the person using the service. This included information and pictures of their day which were laminated and shared with families so they could see how the person spent their day.

Staff spoken with could tell us about each person with exceptional detail and talked about people with compassion and a genuine fondness of the people they supported. Staff could tell us little details about things the person enjoy doing, were able to tell us about people's behaviour, and how they would know if something was wrong because they knew each person well.

People spoken with were very complimentary about their care. We saw that each person had a daily diary which was completed by all staff and discussion where possible were held with the person using the service.

One staff member told us, "I look after [person name] like I would my own family." Records seen were person centred which included specific details that were personal to each person. All staff we spoke with talked about how they respected people's choices, how people were supported and respected and how staff ensured that any care provided people were always fully involved.

Staff were knowledgeable in all areas about the people they were supporting. We saw within peoples care records that people's preferences had been identified across a range of areas including personal care delivery, food, drink and social interests. Discussions with the managers, staff and relatives assured us people's diversity was respected. Care staff had received training in equality and diversity and the provider had a policy to provide guidance for staff.

The care planning process included a discussion with people around their diversity and the support they needed to live their lives as they chose. This included their preference of gender of care worker and any cultural or religious routines. All staff told us they enjoyed their work and thought the management team were caring and felt they were valued

Is the service responsive?

Our findings

At the last inspection in December 2015 we rated the service under the key question is the service 'Responsive' as good. At this inspection, the service continued to be good.

People and relatives told us that the service provided was good and that they were involved in the planning and reviewing of their care to ensure any change in people's needs were met. The assessments included important information about people including their health, nutrition, mobility, medical, religious and cultural needs. People's preferences and choice of visit times were documented. The registered manager told us that the service was for people and the organisation was always trying ways to improve, for example, communication, staff skills, and autonomy for people who used the service.

All staff spoken to confirmed that they are assigned to people so continuity and relationships can be built. Occasionally staff may be asked to support another individual, however this was rare. All staff spoken with told us that the information they had to care for people was available. If they had to support someone new there was always an introduction so people knew who would be supporting them. One staff member told us, "If new staff join we seek the person's views to ensure that they are suitable and the person likes them."

All staff told us they had plenty of time to get to know the person they were supporting. When speaking with staff it was evident they did know the people they supported very well. All staff told us when people's needs changed they were informed immediately and records updated. All staff told us the care plans gave them detailed information to enable them to do their job effectively.

Staff and relative confirmed if any healthcare needs were identified the family were informed so a decision could be made with the person using the service and family. One staff member told us, "I'm really pleased at the level and quality of support we are able to give." Another staff member told us, "The managers are really supportive and always contactable. We have time to get to know the people really well and have time to support them."

Relatives told us that the service was responsive to issues they brought up and were confident if they had any complaints that the service would listen and ensure that their concerns were addressed. Relatives and staff told us that the service is flexible and the care is provided, their relatives want it. One relative told us, "The time spent with [person's name] is very responsive to what we want and what [named person] wants."

Is the service well-led?

Our findings

At the last inspection in December 2015 we rated the service under the key question is the service 'Well-led' as outstanding. This rating has not been maintained

At this inspection we identified that records relating to people who use the service were not kept at the registered office. On the second day of inspection the registered manager had arranged for all records to be returned to the registered office.

People using the service received a good service that met their needs. People and relatives, we spoke with talked positively about the service they received. People also spoke very positively about the staff. We saw that the provider had received many compliments form a survey that had been sent to people, using the service, relative and healthcare professional. All relatives spoken with said that their relative could not have a better service. One relative told us, "I am so reassured that [named person] is receiving a service from Friendship because named person is cared for so well, and most of all they included [named person] is involved in their care so they have independence as much as possible."

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the registered manager had been open in their approach with us during the inspection. People using the service, relatives and staff spoken with confirmed they had found the management team to be approachable. The manager was open and transparent during the inspection. The registered manager told us, "Learning is a way of going forward and improvement needed is a way of learning."

All the staff and managers we spoke with had worked at the service for significant number of years. They told us it is a good place to work and that they feel people using the service receive an excellent service. One member of staff told us that they had not worked in care before and was not expecting such a good quality of care to be delivered. They said they would have no concerns discussing anything with management as they have always found them to be supportive. All staff confirmed there were very clear about their roles and responsibilities. They all told us this was covered in detail in their induction to the service.

Records relating to the monitoring of the service provided were not always completed to ensure that the registered manager could identify developing trends. The registered manager told us that a new system had been implemented to ensure an effective monitoring process. We saw that this process had commenced.