

Face 2 Face Care Limited

Face2Face

## Inspection report

Unit 17  
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18 June 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Face2Face is a domiciliary care service that provides personal care to people with learning difficulties and mental health needs. At the time of this inspection 31 people were being supported under the regulated activity. Further people were using the service, but they did not receive the regulated activity of personal care. The service supported people across seven supported living services and in their own individual homes under the outreach part of their service.

### People's experience of using this service:

The management of medicines was not always safely undertaken. We found that people's medicines were recorded inconsistently in care plans documents and not all records were updated when reviewed.

We reviewed the incidents recorded and saw that there was not always enough information recorded on how a reoccurrence of the incident would be prevented and the lessons learnt.

Not everyone's capacity had been assessed or consent evidenced for some practices that restricted their liberty.

We identified that four incidents of physical abuse between people using the service had not been notified to CQC.

The providers systems to monitor the quality of care and support that people received had not always been effective.

People's care records showed relevant health and social care professionals were involved with people's care. Information was available in easy read format on people's specific health conditions.

People and their relatives were happy with the care and support received and praised the staff for their kind and caring nature.

People were encouraged to make choices in their everyday life.

Staff told us they felt supported by the management and that they were approachable.

### Rating at last inspection:

Good (report published 16 December 2016)

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We have told the provider they must take action to improve the service. We will ask the provider to send a report of actions on how they will make changes to ensure the service improves their rating to at least Good.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Face2Face

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an expert by experience conducted the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience did not attend the office or location visits but made phone calls to people and their relatives.

#### Service and service type:

Face2Face is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in place and was in the process of registering with CQC. The manager was supported by a house manager and an area operations manager.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 12 June 2019 and ended on 18 June 2019. We visited the office location on 12 June 2019 to see the manager and office staff; and to review care records and policies and procedures. We phoned people on 13 June 2019 and visited people in their own homes on 18 June 2019.

#### What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The

registered provider completed 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with five people and two relatives to gather their views about the care they received. This was a mixture of face to face and telephone conversations. During the office site visit we looked at records, which included four people's care and medicines records. We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed. We spoke with the manager, area operations manager, house manager and five care staff.

After our site visit we contacted external health and social care professionals and commissioners to obtain their views about 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement and a breach of safe medicines management has been identified. A recommendation has been made around the management and review of incidents and accidents.

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. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Using medicines safely

- The management of medicines was not always safely undertaken. We found that people's medicines were recorded inconsistently in care plans documents and not all records were updated when reviewed. For example, one person's medicine care plans stated they were prescribed seven different medicines. However, their hospital passport only recorded four of these medicines. This meant there was a potential risk if the person had to attend hospital as information on all prescribed medicines would not be accurately shared. The area operations manager informed us they would withdraw recording people's medicines on this document. A copy of the up to date medicine administration record (MAR) would be sent with the person to maintain accuracy.
- Where hand written entries had been added to a person's MAR we saw this had not been checked by a second member of staff or signed. We noted gaps in the recording of medicines administered for one person. Medicines were not administered according to the prescriber's directions for one day in April 2019. The manager did not know why this had not been picked up and was unable to give an explanation during this inspection.
- One person had an 'X' recorded on their MAR every other day through to the end of the cycle. The medicine stated the person was to take it up to twice a day "as required" (PRN). It did not state to be taken every other day which was how staff were administering this medicine. The house manager explained that the GP had agreed to it being taken in this way. There was no documented evidence or changes to the direction of this at the time of this inspection. We saw this was also being done for another person's medicine which gave instructions to be administered "as required" but was being administered every other day. This had been ongoing since February 2019.
- One person had a 'B' recorded frequently on their MAR, which according to the code on the MAR meant the person was experiencing nausea or sickness and had been unable to take their medicines at that time. We asked the manager if a review had been done with their GP as for one medicine they had been unable to take it 17 times in one month. The manager followed this up and found it was a staff member who was only signing with one initial. This had not been picked up during medicine audits and was misleading on whether the medicine had been administered. The manager said they would ensure this staff now used their proper signature.
- The GP on the 5 May 2019 had discontinued on specific medicine for one person. However, the medicine

was duplicated on another MAR page and staff had continued to record the administration of this medicine the next day. The manager was unable to give an explanation for this at the time of our inspection but said they would look into it.

- We saw there were no protocols in place for staff to follow where people were prescribed medicines to take as "required". Medicine care plans did not contain information around PRN protocols. The providers medicine policy stated, "Ensure protocols for PRN's and emergency scenarios are produced." This had not been followed. The area operations manager told us there needed to be a senior meeting held in the houses to address the issues around medicines.
- We observed during a visit to a supported living home that one person who was self-administering their medicines did not have a lockable facility within their room to safely keep their medicines. The manager explained that this person locked their door if they went out but if they were downstairs in the house the door was open, and the medicines were visible and accessible. Other people shared this house which meant there was a potential risk of these medicines being accessible to others. The provider's policy stated 'In the community, it is the service user's responsibility to make provision as to where and how their medication will be stored. This should follow assessed protocols when there are risks to the service users. This had not been safely assessed or reviewed.

Due to poor medicine management the service is in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had received training and felt confident in administering people's medicines. One staff said "I administer medicines and have received specific training in this as evidenced by an exam. As part of this I was observed closely and also my lead, regularly drops in to observe." People and their relatives did not raise any concerns around the management of medicines.

Learning lessons when things go wrong:

- We reviewed the incidents recorded and saw that there was not always enough information recorded on how a reoccurrence of the incident would be prevented and the lessons learnt. For example, one incident in November 2018 recorded that a person requiring constant supervision had been left alone whilst an agency staff went to retrieve an item. This person had left the building and walked outside towards the main road. The staff member was able to locate them and bring them back before any harm occurred. It was recorded that this staff would not return to the service, but there was no exploration of how this could be mitigated and how it had been shared to other staff for awareness.
- We identified that at least four incidents of physical abuse between people using the service had not been notified to CQC. The service had contacted safeguarding and managed the incident internally, however the incidents had been documented as not needing to be notified to CQC. There was a lack of awareness that incidents of this nature needed to be reported to CQC in line with the provider's regulatory responsibilities. The area manager said this was an oversight in management not understanding that incidents had to be reported to CQC as well as the safeguarding team. The area manager said a reminder would be sent to all service managers to reinforce this message.

Recommendation: The provider should urgently review the management of accidents and incidents and ensure reporting responsibilities are understood within the service.

Systems and processes to safeguard people from the risk of abuse

- Staff spoken with had a good understanding of what to do to make sure people were protected from harm. Safeguarding information was available for staff and they had received training. Staff told us "If I had a suspicion or witnessed mistreatment I would raise a safeguarding issue with our safeguarding officer and

discuss fully any concerns I had. If I was not satisfied with the answer/lack of action I would discuss it with the local unified safeguarding service. If it was serious enough I would alert you at CQC and probably also the authorities/police" and "I would report it immediately to the manager and document, it appropriately following the safeguarding policy."

- People received a "safe pack" when they joined the service, which contained a fire safety in the home booklet. There was information on the contact details for, police and non-emergency contacts, a card to carry with them in the community which states they may need assistance, and a pictorial guide around keeping safe. Relatives told us "I have no concerns about the reliability of the staff and what they need to do to make my relative comfortable" and "[person] is always happy to see the staff. They have the same staff all the time, so they know them."

#### Assessing risk, safety monitoring and management

- Positive risk assessments were in place. We saw risks had been identified in areas of epilepsy management, emergency evacuation plans and travelling in a vehicle. For risk assessments around road safety we saw one persons stated they liked to run off and that staff should make an on the spot decision on how to proceed. This did not give staff appropriate guidance to follow in order to keep people and themselves safe. We raised this with the management team to address.
- Staff often lone worked with people in the services. We saw that the provider had a policy in place for lone working which stated staff should swap every four-hour period to give the person maximum interaction from a wider staff team and different stimuli.
- We reviewed a health and safety risk assessment check list. This considered safety aspects including emergency procedures, electrical safety, hazardous substances, equipment and manual handling. This had been completed in 2017 and did not state a review had taken place since this time.
- For people that had epilepsy we saw risk assessments and protocols were in place for staff to follow if the person had a seizure. This included information on how the person may present if going into a seizure, seeking medical assistance and recording seizures. Epilepsy profiles were further displayed in staff offices in supported living services.

#### Staffing and recruitment

- People and their relatives felt there was sufficient staff to support them and visits were not missed or rushed. One relative stated "There is enough staff. We are very pleased with the care and the staff. The arrangement works out very well for all concerned."
- Staff felt on the whole the staffing was managed to meet people's needs but raised that sometimes there were pressures on them from staff shortages. Staff commented "On balance I think there are just about enough staff but I think that perhaps some people require a few extra hours one to one support that has not yet been authorised by social services", "I don't think we have enough, it's a sore point, we have outreach and sometimes there isn't enough and we have to jiggle staff about to go to visits. If short they try to ring staff not on shift, never work one down, this doesn't happen, they would get agency" and "In the past there seemed to be adequate staff to cover all shifts. It does seem that since expanding there are some shortages which can lead to pressure on existing staff and some confusion for residents."
- The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

#### Preventing and controlling infection

- Staff had access to protective personal equipment, such as gloves where needed. We observed that the supported living homes we visited were clean and tidy. People were encouraged and supported to undertake their own laundering of clothes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has now been rated as Requires Improvement and a breach of consent identified. This meant that the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Ensuring consent to care and treatment in line with law and guidance

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.

- We saw some evidence that people had been supported with complex decisions when they lacked capacity to understand the decision. For example, best interest meetings had been held to discuss medical procedures, nutritional needs and finances. However not everyone's capacity had been assessed or consent evidenced for some practices that restricted their liberty. One person who had variable capacity was being visually checked by staff every ten minutes at night and a listening monitor was in place. Although this was due to a specific health condition, assessments had not been put in place to evidence appropriate processes had been followed in light of this restriction.
- Another person was not able to access the community safely without staff presence. There was no evidence of how this had been assessed before this decision had been made for the person. The manager had not understood that this was a restriction for this person that needed to be appropriately assessed.
- One person's care plan stated that their relative would consent for all ongoing care and had given consent on behalf of the person to share information and for photographs to be taken. The manager was unable to say if the relative had legal authority to consent on the person's behalf and had not requested to view these documents. The manager said they would approach the relative to confirm if this was in place and review their approach to consent.

Due to not always applying the principles of the Mental Capacity Act 2005 the service is in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Training for staff was currently recorded on a whiteboard. The manager was in the process of inputting this on an electronic matrix and staff would all have their own training profile through which they could access mandatory and bespoke training courses. The area manager said this would also flag up when

training updates were due which would be more robust. Staff were encouraged to raise any training they were interested in completing with the manager, so this could be looked into and sourced.

- Staff spoke positively about the training and progression opportunities and some had undertaken higher level training courses. One staff told us "I have done all my mandatory training including epilepsy, medication safeguarding and mental capacity. The company has provided one of the best training I have had while working in care." One relative commented "Staff are brilliant. I have every confidence in their abilities. All the staff read the notes in the book and kept informed at all times."
- New starters had a probationary period of training and shadowing another member of staff. They received good support on joining the service and one staff described the induction process which they said prepared them well for their role and responsibilities.
- People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions enabled them to discuss any training needs or concerns they had.

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

- People were supported in food shopping and with preparation if they needed this assistance. We saw food preferences were clearly recorded in care plans. Staff told us they shopped as a household and planned meals for the week. People had a separate cupboard for any individual food items they personally chose.
- Relatives felt people were supported to eat and drink enough commenting "My relative would be involved in making decisions, i.e. with food and drink. They are well-nourished and certainly not dehydrated" and "My relative has a choice with their food although it's not always the best decision. Also, we have a "take away" once a month. They enjoy that."

Adapting service, design, decoration to meet people's needs

- We saw that people were supported to choose furniture for their homes and the environment were personalised. One person spoke to us about a new double bed they were going to buy and was planning to go with staff to have a look at some.

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

- People's care records showed relevant health and social care professionals were involved with people's care. Information was available in easy read format on people's specific health conditions. One health and social care professional told us "All identified health needs were addressed thoroughly by support staff, and evidence was observed of interactions with community learning disability services."
- Relatives felt staff responded appropriately if their relative was unwell commenting "Staff will take him to the GP if needs be and make follow-up appointments. They will always tell us what is happening." One person had been supported to reduce smoking and their relative praised staff saying, "They are trying to give up smoking at the moment and have been encouraged to wear "patches" which they don't seem to mind, and they have stopped smoking for two months now so we're very pleased."
- During our inspection we observed staff responding quickly to one person who appeared unwell. Staff sought medical assistance and offered comfort to the person throughout. People who had mental health needs were supported and staff spoke on how some people's mental health had improved from being in the service and stabilised.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service had a keyworker system in place that allocated a specific member of staff to a person to ensure their needs were met. The manager told us people chose who they wanted as their keyworker.
- People and their relatives were happy with the care and support received and praised the staff for their kind and caring nature. Comments included "The staff are brilliant with [person's name]. They are kind and caring. They are so patient. They know my relative very well and their needs", "I like living here" and "Staff do a lot for me which takes time, but it always gets done what is needed."
- The manager made weekly visits to people and staff in the supported living service and a house manager was on duty across the homes three days a week. This meant people and staff had a visible manager presence should they need to speak with them. We observed that managers had an easy rapport with people and knew them well. The manager chatted easily to people and had previously worked in the service as a support worker before progressing to manager.
- Staff spoke positively about their role and the support they gave to people commenting "When I first came I started as agency and I liked the ethos of people being put first and thought it was a company I would like to work for. The people who owned the company really cared, it was 100 percent client based and quite unique", "I think we provide a good standard of care, most of us have known clients a long time, we drive to do what is best for them whatever that may be and have good relations with their families." Another staff said "I think Face2Face's heart is in the right place and they genuinely care about those they support. If anything were to happen to me I would like to see my relative placed at Face2Face, so I suppose that probably says something."
- One health and social care professional told us "The staff whom I met when support planning were very positive and person centred in their approach. They were knowledgeable of the support needs of all individuals and advocated well on their behalf."
- People's and staff's individual needs and practices were respected and upheld. The manager told us that some staff had prayer days on a Friday and preferred not to work on that day, so the rota accommodated this. Other people celebrated religious ceremonies on a Sunday and if staff needed to bring in prayer mats this was also encouraged. People were signposted and supported to attend religious celebrations where they chose.

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

- People were encouraged to make choices in their everyday life. During our visits we saw staff were led by people when supporting them in their chosen activities. One staff told us "I believe in listening to our clients, offering choices and supporting them to make their own decisions whilst recognising they may make unwise choices."
- Another staff said "People are well looked after, people go to concerts and away for holiday. I am taking

one person on holiday for five days and one person did a run for life last week People are not stuck in their homes and they have choices, they do a lot and are encouraged to."

Respecting and promoting people's privacy, dignity and independence

- The values of the service underpinned promoting independence and promoting people's ability. The manager spoke about their motto which we saw displayed at the office. The motto read "Tell me and I will forget, show me and I will remember, involve me and I will understand." One health and social care professional told us "The service was well run, with a clear focus on the promotion of independence for all individuals."
- We observed people moving freely about their homes and staff were on hand to prompt or suggest but did not take over. One relative said "[Person's name] is semi-independent and the staff will let him do as much as he can but will help if needed. They are very kind and caring." One staff gave an example of how they slowly introduced people to taking responsibility over their own life such as on shopping trips giving them the money to pay and take control.
- Staff were mindful of upholding people's privacy and dignity when supporting with care and took measures to ensure this. One staff said "I try to protect my clients right to privacy and be sensitive to matters surrounding religion, gender and culture whilst ensuring that private details are only disclosed to those who have a right to know."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans and associated documents were currently being kept in three places, hard copies were in people's homes, the office and electronic care plans were being implemented. We saw that not all care plans reflected they had been reviewed or updated. This meant that out of date information or conflicting information was often present depending on which documents were viewed. The area operations manager told us that it was confusing having three copies of care plans and understood it left room for error by not updating all of them each time. They said the service would be moving to online care plans and then just one version would need to be updated.
- Care plans contained information on people's support and what areas they needed support with. Life history information was recorded and what people's preferences were. People had their needs assessed before the agency agreed to deliver personal care. This included the support needed and tracked if their support was reduced as people became more independent.
- The service reviewed care plans on an annual basis or when there was a change. We saw some people had not received a social care review for periods of two years. The manager explained that a new face to face review had now been introduced and this was now being undertaken. This enabled time to be spent with people whilst updating the support plan which was a better process.
- People were supported to maintain their interests and hobbies. During our inspection we saw people getting ready to go out for the day. As well as individual interests the service held group events so people could come together for summer BBQ's, pantomime, concerts and day trips. One person said, "I am going to the shops today, I need new holiday clothes."
- People had also been supported to take up voluntary roles and one person recently started a paid position which they were enjoying. The manager told us people were encouraged to use the local facilities including an inclusion hub which ran different workshops such as community policing and internet security.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication plans had been put in place and detailed how people could express their choices and the support or requirements needed. One person had information on how the Speech and Language therapists had been involved and the recommended tools to support the person in their communication needs.

Improving care quality in response to complaints or concerns

- The service had a pictorial complaints process available for people who may need it in this format.

Complaints were recorded, and we saw none had been received since 2017. One relative said "I have no concerns about the care and I have never ever complained. I talk to the management on a regular basis and we see them a lot as they're so involved in my relatives care."

#### End of life care and support

- We saw that people had health booklets in place in their home. This did not currently contain information around people's end of life care wishes, although forms were in place. The manager explained that this was a work in process and was a slow process as a lot of people did not want to talk about it. The manager said it had been put on hold with the organisational changes but would now be restarted. We raised with the manager that it was important to evidence conversations had been offered and recorded or declined to people who had life limiting health conditions as a priority.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection this key question was rated as Good. At this inspection this key question has now been rated as Requires Improvement and a breach of good governance identified.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not a registered manager in place at the time of this inspection. The Manager had started the process to apply to be registered with The Care Quality Commission (CQC). The manager was supported by a house manager and an area operations manager.
- Services are required by law to send us statutory notifications about incidents and events that have occurred at the service and which may need further investigation. We identified that four incidents of physical abuse between people using the service had not been notified to CQC. This had not been picked up through the provider's quality monitoring of the service. The area manager said this was an oversight in management not understanding that incidents had to be reported to CQC as well as the safeguarding team. The area manager said a reminder would be sent to all service managers to reinforce this message.
- The providers systems to monitor the quality of care and support that people received had not always been effective. We identified areas of improvement during this inspection that had not previously been picked up by internal audits. The area manager told us they had now implemented a new quality tool which the manager would complete and send for review to the area manager. There was no improvement plan in relation to the current audits reviewed but action plans for each house following previous audits had been completed.
- The audit checks had previously been fairly basic. A new audit tool had started in April 2019 and the manager explained some seniors had received this back when not enough information had been recorded. The house manager would then go through it with them to identify what they needed to include. This audit covered areas of complaints, accidents and medicine errors.
- We saw that fire risks and emergency lighting were checked and logged weekly at locations in a health and safety folder. The audit we reviewed however stated some daily records had not been documented by staff as not enough templates were supplied to the house from the office. We saw that the manager had taken action to ensure this did not happen again.

We found no evidence that people had been seriously harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In October 2018 the National Care Group acquired the legal entity of this provider. In February 2019 the provider name changed to Face 2 Face Care Limited. The changes do not affect the service provided or the way in which the service operates or is regulated. Some staff raised their experiences of this with us but acknowledged that it was still early on in the process. Comments included, "In general Face2Face is one of the better places I have worked in and I feel valued and supported. Previously it felt like a small well-run family company and I suppose I am a little sensitive to big changes and am concerned for the future" and "It's still early days, if you needed anything it was on hand because it was a small company, it was personalised, things raised now take longer. Other structures are important, more branches on the tree, more people to go to, haven't met many at the top."

- The manager told us that since the company acquisition they now had access to more enhanced systems, policies and procedures. An employee wellbeing phone line was also available to staff if they needed this support.

- The last report and rating was displayed in the office entrance for visitors to see. Information relating to care and services was displayed and leaflets available for people to pick up and take away with them had been sourced. One health and social care professional told us, "The managers within Face2Face were very approachable, I had very regular contact with them, and have consulted with them over future support provision for individuals."

- Staff were able to attend house meetings to keep up to date with events affecting the service. Managers meetings were also in place to create peer support and cascade information across the provider's services.

Staff told us they felt supported by the management and that they were approachable commenting "I feel well supported, I could go to the manager about anything, I feel loyal to her, I saw the extra hours she has put in", "The manager has the wellbeing of people at heart" and "I feel supported and they are very approachable."

Relatives felt the service was managed well and told us "They come from time to time and ask if everything is ok. I think it is very well-managed. I was a bit worried when different owners took over, but I need not have been. I'm very pleased with them and the management is the same" and "Very well-managed. The staff obviously enjoy their job. It can be very hard work with my relative but all of them say that they love their job. There is no improvement that could be made."

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

- Communication was raised consistently by people, staff and health and social care professionals, as something that could be improved. Comments included, "The communication is good but not excellent", "I think communication could be improved" and "Sometimes there seem to be some lapses in knowledge and communication. Information sharing could be improved." The manager told us there was an open-door policy at the office for people to come or ring. We saw during our inspection people felt comfortable to ring or request a meeting with the manager.

- People, their relatives, professionals and staff had the opportunity to take part in feedback surveys. We reviewed 2017 as there had not been one in 2018 due to the change in provider. Only nine out of 31 staff had responded to the 2017 survey but the responses received were positive. The family survey responses had also been positive. The manager then summarised any actions that had been identified. Compliments had been recorded and praised staff and the service for the care, support and kindness shown to people. One relative told us, "The management are very approachable, and we're encouraged to share views about the



care."

#### Continuous learning and improving care

- The manager spoke about the positive aspects of changing from a small company to a large company stating, "It's a positive step and will improve us all the reporting and systems and our quality. We were cellular before and now I have a wider network of managers. I feel we may have become stagnant before and now we can refresh and improve things for our clients."
- The manager told us they were focused on improving the service saying, "I know things should have been in place, things have been highlighted now and we can move forward and improve. I can structure the staff more, and this will give us a more effective flow of information. I will then be able to do more of what I need to do." One health and social care professional said, "Staff are very approachable, and proactive to raising standards to influence positive outcomes for service users."

#### Working in partnership with others

- The service had established partnerships with other professionals and the local community. The manager spoke of a positive network with the community disability learning team. One health and social care professional told us "I feel I have built up a good working relationship with the personnel at Face2Face, they have always maintained an open and honest response to any questions raised." The manager told us they stayed up to date by accessing information through provider forums, safeguarding alerts, CQC newsletters and Care Quality Matters leaflets.

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 11 HSCA RA Regulations 2014 Need for consent  The service had not always applied the principles of the Mental Capacity Act 2005 effectively. Regulation 11(1)(3).
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The management of medicines was not always safely undertaken. Regulation 12(2)(g).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  We identified that four incidents of physical abuse between people using the service had not been notified to CQC. The providers systems to monitor the quality of care and support that people received had not always been effective. Regulation 17(1)(2)(a).