

FARJ Services Ltd

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Inspection report

Unit S10
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Tel: 02039501884

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

FARJ services Ltd is a domiciliary care agency that provides personal care to people in their own homes. At the time of the inspection they were supporting 26 people.

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

People were not consistently protected from the risk of infection because not all staff were tested for COVID-19 as per government guidance. Staff had access to personal protective equipment (PPE) which was used appropriately.

Systems and processes in place were not always effective in ensuring the service had the most up to date guidance and best practice information.

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. Improvement was required in the recording of mental capacity assessments and best interest decisions.

People were supported by staff who knew them well, had adequate training and were recruited safely.

Care plans and risk assessments were detailed and included the person's holistic needs. People's likes/dislikes, routines and history was documented. People and significant others were involved in the care planning process.

Staff were supported by managers who were open and transparent. Staff felt supported and told us they could give feedback or suggestions to the registered manager and their views would be listened to.

People were supported with dignity and respect and were encouraged to be as independent as possible.

Medicines were managed and administered safely. Staff supported people to make and attend health appointments. The staff team worked closely with external professionals to ensure people's health needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 1 April 2020).

Why we inspected

The inspection was prompted in part due to concerns received about late calls and moving and handling. A decision was made for us to inspect and examine those risks.

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

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

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 

FARJ Services Ltd

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice period of the inspection. This was to ensure we and the provider could manage the risks of COVID-19. Inspection activity started on 19 July 2021 and ended on 5 August 2021. We visited the office location on 19 and 28 July 2021.

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 quality and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the senior carer and four care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at mental capacity assessments and best interest meetings.

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 this key question remained the same.

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

At our last inspection the provider had failed to have suitable risk assessments and risk management plans in place to minimise known areas of risk in people's care. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risks were assessed at regular intervals or as their needs changed. The registered manager had improved in this area since the previous inspection and we saw a range of risk assessments. We saw that risk management plans covered a range of known risks such as use of equipment, mobility, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care that reduced known risks.
- People and their relatives were satisfied with how risks were managed whilst enabling people to maintain independence as far as possible.

Preventing and controlling infection

- People were not always protected from the risk of infection. Staff were routinely tested for COVID-19, however this was not in line with government guidance. The provider put in place immediate measures to ensure compliance with government guidance.
- Staff had access to a supply of personal protective equipment (PPE) and were able to explain its appropriate use. People and relatives told us staff wore PPE appropriately in their homes.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. People and their relatives told us they felt safe with the staff that came to support them. One person said, "They (Staff) know what care I need and I always feel safe with them."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Staffing and recruitment

- The provider followed safe recruitment practices. Recruitment checks were carried out to make sure staff were suitable and had the right character and experience for their roles.
- People and relatives told us they felt there were enough staff working for the service. One person said, "I know what time to expect them [staff] and I'm happy with the times they come."
- Some people and relatives told us that their call times were usually consistent but were sometimes affected when their usual carers were on holiday or ill, or if staff were delayed due to traffic. When those situations arose, there was good communication from the office team, so people knew what was going on. One person told us, "Occasionally there is a problem, but they always let me know. I've never been left without any care."

Using medicines safely

- People continued to be supported with their medicines by trained staff. Some people managed their own medicines or had support from family. There was good communication between staff and relatives where people were supported by both staff and family members.
- Staff received training in medicine management and their competencies were checked to ensure they administered medicines safely.
- Regular audits of medicine administration records (MAR) took place which informed the registered manager of any issues. The new electronic MAR system in place alerted the management team if prescribed medicines had been missed. These were seen to be followed up and rectified in a timely manner.

Learning lessons when things go wrong

- The provider and management team were consistently seeking ways to improve the service. For example, investing in an electronic care records system to enable increased oversight of care visits and medicine management. We were able to see examples of how this had been effective in alerting the management team to late calls or the potential for missed medication.
- Staff understood the accident and incident process and demonstrated good understanding of the importance of recording and reporting.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing an experienced staff member. Mandatory training included safeguarding, medicines, moving and handling, infection control.
- Ongoing training was provided to refresh staff knowledge and learn new skills when required. For example, staff undertook specialist training to support people's specific health conditions.
- Staff meetings took place and regular supervision was provided to staff with a senior member of the team. Staff received annual appraisals and felt well supported. They felt they could approach senior staff and the provider freely to discuss anything they wanted to.

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

- Detailed information was included in people's care plans as to people's preferences, dietary and support needs in relation to eating and drinking. Monitoring of food and fluid intake was carried out when required to ensure people had enough to eat and drink.
- People and their relatives told us they were supported by staff to ensure they had a suitable diet. One relative said, "The staff are good at getting [relative] to eat; we haven't been using Farj for long but for the first time in a long time [relative] is asking for food and attempting to feed themselves."

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health. This included GPs, district nurses, occupational therapists and physiotherapists.
- Staff had a good knowledge and understanding about people's healthcare requirements.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff demonstrated they understood the principles of the MCA by supporting people to make their own choices. Some MCA and best interest records that were viewed, required more detail to accurately reflect the conversations that had taken place in relation to capacity and people's understanding of the decisions being made.
- People confirmed the staff always asked their consent before providing their care.
- People, or their representatives where appropriate, had signed and consented to the care and support to be provided.
- People's care assessments contained information about people's insight and understanding about their care needs, and ability to make decisions about their care.
- People were supported in the least restrictive way possible.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be well cared for and treated with respect and kindness.
- One relative said, "I have no complaints, the staff are all respectful and kind." Another relative commented, "The carers [staff] make [relative] feel cared for, rather than an inconvenience, I couldn't be happier."

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

- Care plans clearly set out how people preferred to receive their care and their regular routines. People and staff told us that staff read people's care plans so they were aware of people's needs and able to assist them in the way they wanted.
- Care plans were regularly updated and were completed alongside people and their families, taking into consideration their personal wishes.
- One relative said, "We sat down the manager [registered] to go through all the care and house tasks that [relative] needed; it works really well."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One person said, "My carers are very respectful to me, I wasn't sure I would get on with the younger girls [staff], but we get on great."
- People's independence was promoted. Staff followed people's requests and preferences. One relative told us, "The carers are good, they always encourage [relative] to do the things they can and on the days [relative] can't do things the carers do it and they do it well."
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for carers to follow.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's personal history, family members, interests, choices and preferences including those related to the protected characteristics under the Equality Act were documented in their care plans.
- Staff had built positive, professional relationships with people. Staff had a good understanding of people's needs and their individual preferences.
- Information about people's needs, wishes and any changes in their needs was accessible to staff via a live mobile system. This allowed staff to prepare for each visit with the most up to date information.

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.

- People's communication needs were identified during their initial assessment and well documented within the care records. The care records provided detailed information about what people's communication requirements were and detailed any additional equipment that may be required. They also provided guidance for staff on how best to communicate with people and how best to support people, to enable them to express their views or concerns.
- Information could be made available to people in other formats, such as easy read or large format, as required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place so that complaints could be addressed in accordance with the provider's policy. People told us they knew how to make a complaint and everyone we spoke to was confident that any issue raised would be dealt with appropriately. One relative told us, "I know they would sort any concerns straight away, I wouldn't hesitate to raise a concern if I had one."
- Complaints that had been received were investigated thoroughly and outcomes explained to people involved.

End of life care and support

- The service was able to offer care to people at the end of their lives although there was no-one at the time of inspection with a specific end of life care plan.

- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes.

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 this key question remained the same.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have systems or processes in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider was not up to date with best practice guidance issued by the government in relation to COVID-19 testing for care staff. The provider made changes to their testing regime following feedback given on the inspection.
- Mental capacity assessments and associated documents did not contain enough detail to accurately reflect the conversations that had taken place with a person and their relatives. Through discussions with the provider it was clear decisions were made in people's best interests, however the documents completed were not able to evidence this.
- We saw evidence of quality audits and spot checks on staff completed. This helped ensure person-centred care was delivered and to make any improvements to the quality of the service.
- Staff were clear about their roles and understood what the provider expected from them.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks and regulatory requirements.
- Staff spoke positively about the registered manager. A staff member said, "I feel fully supported and feel able to raise any concerns."

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 registered manager understood, and would act on, their duty of candour responsibility, however, no incidents had occurred which would require action or investigation in this regard.

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

- Effective systems were in place to ensure all staff were involved in developing the service. They received appropriate training and support for them to keep up to date with best practice guidelines in providing high quality, person-centred care.
- People and relatives knew who the registered managers were. One relative told us, "[Registered manager] spent a lot of time talking to us making sure they knew exactly what [relative] needed. I can contact [Registered manager] at any point I need."
- The registered manager arranged regular staff meetings, within these meetings staff were encouraged to raise any concerns, queries or suggestions.
- The registered manager gained feedback from people, relatives and staff via a feedback questionnaire which were positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurance systems in place. Audits in place enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues.
- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.