

Faith Community Healthcare Ltd

Faith Community Healthcare

Inspection report

14 Wales Court
Downham Market
PE38 9JZ

Tel: 01366659390

Date of inspection visit:
20 September 2022

Date of publication:
02 November 2022

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

About the service

Faith Community Healthcare is a domiciliary care service that provides personal care to people living in their own homes. Not everyone supported by 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. At the time of the inspection the service was providing personal care to 15 people.

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

The service had risk assessments to keep people safe, however these did not cover all areas of risk affecting people's daily lives.

People's care and support needs were assessed before they started using the service.

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. People's privacy, dignity and independence was promoted. People and relatives told us staff were kind and caring.

People and relatives spoke positively about the service and said they felt safe. People received person centred care which met their needs and preferences. The service had a complaints procedure in place.

Staff were supported through induction, training, regular supervision and annual appraisals.

Staff were trained and skilled in end of life care. Where a person was approaching the end of their life the staff team worked flexibly to ensure the person had someone with them at all times.

There were systems in place to monitor the quality and safety of the service. The service worked in partnership with health and social care providers to plan and deliver an effective service. The service took the views of people and their relatives into account to drive improvements.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Faith Community Healthcare

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 team on site consisted of two inspectors.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' 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 16 September 2022 and ended on 06 October 2022 when feedback was provided. We visited the location's office on 20 September 2022.

What we did before the inspection

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 with seven people using the service about their experience of the care provided. We spoke with five care staff, the registered manager and deputy manager. We reviewed a range of records. These included four people's care records, three staff files in relation to recruitment and training and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and identified, however risk assessments were not always in place to record risks with regards to people's health conditions and/or diagnoses.
- For example, one person's care record stated a risk of 'anxious behaviour.' There was no information about how this behaviour presented, or whether it posed a risk to the person or those around them. Guidance for staff around this risk were vague. Another person's care plan stated person was a high falls risk, however they did not have a risk assessment in place around falls.
- Care files were personalised and detailed, this included personalised routines and people likes and dislikes, however, care files did not contain information leaflets for people's known conditions, to support staff to identify symptoms. Staff did have relevant training to meet people's needs and understood people's health conditions.

This was brought to the registered managers attention during the inspection, who took immediate steps to update care plans and risk assessments. They also assured us they would implement further quality assurance measures to ensure people have relevant risk assessments in place, including creating a new field supervisor role to ensure records and documents are in place and up to date.

Using medicines safely

- Risk assessments were not in place around medicines refusal. One person had a record of refusing medicines, and although staff did document medicines refusals and took appropriate steps, there was no guidance for staff to follow.
- Medicines checks were carried out to ensure any discrepancies and/or gaps in recording on people's MAR (medicines administration record) were identified and followed up.
- Staff had received medicines training and had been assessed as competent before administering medicines.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. There were safeguarding and whistleblowing policies in place to report potential abuse. Staff had completed safeguarding adults training.
- People were protected from the risk of abuse. People told us they felt safe using the service. A person told us "I absolutely feel safe with the staff." Another person said, "I feel safe they are like part of the family."
- The registered manager and staff understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The provider had an electronic system in place to review and monitor staffing levels and timekeeping to ensure that staff attended calls on time and that there were no missed calls.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were completed satisfactorily before care workers were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us care workers were on time and stayed the full duration of their visits. A person told us, "all [Staff] are very kind, polite and good, very reliable no more than five minutes late, the office let me know if they are late"

Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19 and other communicable diseases.
- Staff understood how to use PPE (personal protective equipment) when they were providing care and support.

Learning lessons when things go wrong

- Staff recorded and reported incidents and accidents in line with the provider's policy and procedures. This enabled the registered manager to identify patterns and trends.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- The registered manager undertook regular care plans reviews and updates to ensure these were reflective of people's health and well-being needs and the support they required, updates were communicated to staff via an online portal, then updated in the care plans.

Staff support: induction, training, skills and experience.

- Care workers had completed an induction programme based on the Care Certificate and shadowed experienced staff before they provided care and support to people. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.
- People told us staff had the right skills to support them. One person said, "The service has really lifted my mental health, because they are experienced and understand my needs, they know what they are doing".
- Training certificates were seen on the staff files we looked at and a training matrix showed staff has sufficient training for their role.

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

- People's dietary needs were recorded in care plans and staff supported them to eat and drink where required. For example, one person's care plan stated how they preferred cake and how they liked their cups of tea served.
- Staff received training in food safety awareness.

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

- People were supported to access healthcare services when required. The provider worked in partnership with other services, and health and social care professionals such as social workers, district nurses, GPs and pharmacies to deliver effective and timely care.
- Staff followed healthcare professionals' guidance to ensure they met people's needs, such as encouraging people's mobility, one relative told us, "I have seen progression of my [relative] since using this agency, [relative] was eight weeks off their feet, then six weeks of full hoist, now using a stand aid to mobilise".

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 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 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.

- People gave consent to the care and support provided. One person told us their permission was sought before care was provided and they were in control of their care. They said, "Yes of course [staff seek my permission]."
- Staff were trained in MCA and knew their responsibility to respect people's rights when providing care.
- The registered manager was knowledgeable of the requirements of the MCA and aware that if a person lacked capacity to make specific decisions, they would ensure the best interests decision making process was followed which would include involving relatives, healthcare professionals and a power of attorney where required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 spoke positively about the care they received and told us, "They are marvellous I've been with them since January and had concerns with other agencies, I couldn't ask for better, they listen to you, they fought for a lot of stuff for me including a hospital bed and now I have additional hours."
- Staff had guidance about how people wished to be cared for and ensured they respected individual preferences and routines. People's records showed their life histories, and their likes and preferences which enabled staff to provide appropriate care.

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

- People were provided with opportunities to express their views and to make decisions about the care and support they required, including questionnaires that the registered manager reviewed and recorded people's feedback.
- Staff advocated for people when needed, for example to get additional support hours for house cleaning and shopping.
- People received information in the form of a 'service user guide' prior to joining the service that contained contact information for people to raise concerns/ complaints.

Respecting and promoting people's privacy, dignity and independence

- People's care delivery was done in a manner that upheld their privacy and dignity. People told us they felt respected by the staff who cared for them. One person said, "[Staff] ask about preferences male or female, very polite and respectful to me."
- Care plans indicated the tasks each person could undertake in their daily living and the support they required. Staff understood what support people required to develop or to maintain existing abilities required for independent living.
- People's privacy and dignity was respected, and independence promoted. Care workers were able to tell us how they maintained people's privacy and dignity, and ensured people were comfortable when providing them with personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's preferences and the level of support they required. However medical information around people's health conditions required more detail.
- People spoke positively about the service they received which met their needs and preferences. A person told us, "They are lovely, very personable and kind."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans contained information which showed how they communicated and how staff should communicate with them.
- The registered manager told us that no-one required information that needed to be tailored to their needs. However, if they did, this documentation would be provided in the form of large print or in a pictorial format.

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 were supported to develop and maintain relations with people who mattered to them, this minimised the risk of social isolation and loneliness.
- Care plans contained information of relatives, friends and community contacts people wished to be involved in their care. People enjoyed meaningful links with these people and lived fulfilling lives.

Improving care quality in response to complaints or concerns

- The provider had received no complaints. However, they had a complaints policy and the registered manager told us they would use any complaints received as a potential means to improve care.
- People and their relatives were provided with the complaints policy and procedure to enable them to raise concerns and to understand the process of having any issues addressed.

End of life care and support

- Where a person was approaching the end of their life the staff team worked flexibly to ensure the person

had someone with them at all times, offering the person comfort and reassurance.

- Records showed people were supported to make their wishes known about their end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a management structure in place. The manager and staff member we spoke to were clear about their roles.
- Staff understood their roles and responsibilities and knew when to get support to improve their practice.
- The registered manager had created a field supervisor role to provide oversight of risk assessments to implement changes.
- The registered manager ensured staff received regular supervisions, feedback about their performance and that from people using the service which enabled them to develop their practice. One staff member said, "I find supervisions useful and supportive as I can talk about my development and areas that I might need some extra support, with? I do feel valued as a member of staff."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the registered manager involved them in planning and making decisions about the care they wished to receive. Staff took into account people's individual needs and preferences when providing care.
- Staff received information about any changes to people's needs, preferences and routines on the care portal, which ensured they delivered person centred care.
- Staff said they would recommend the service to others. One staff member told us, "I would definitely recommend. There is so many things, they are kind and caring from the office down, they know their people and the care staff I have worked with they are friendly and they are caring at their job."
- Staff told us they felt valued and proud to work for the provider. One staff member said, "I like being a carer I feel I should be here, I like to feel I am needed and valued."

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 told us they would seek to address issues if things went wrong and apologise where the service was found at fault. At the time of our inspection there had been no incidents, accidents or complaints.

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

- People and their relatives and staff spoke positively about their involvement with the service.
- People told us the provider and registered manager ensured they had opportunities to feedback and share their views about the quality of care. They took into account their religious background and cultural differences which ensured equality characteristics were protected.
- People and their relatives completed questionnaires, took part in care reviews and received updates from the registered manager and staff through daily interaction or contact with the office.
- Staff told us they received regular updates from the registered manager who shared information about changes at the service and information about people's needs and the support they required. Staff used an online portal where they received direct or group messages.

Continuous learning and improving care

- The management team were committed to continuous improvement and developing their company. The registered manager identified the questionnaire they were sending to people and relatives was not effective they were implementing new systems to receive more feedback for continued learning and development.
- Staff told us the registered manager sought their views and valued their ideas to develop the service.

Working in partnership with others

- The registered manager and staff team engaged relevant health and social care professionals as required to meet the needs of people. This was evidenced within the care plans and daily records we reviewed.