Faith's Walk Healthcare Services Ltd

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Inspection report

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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
Faith's Walk Healthcare Services Ltd provides personal care and support to older people and people with disabilities living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. At the time of our inspection all 11 people received personal care.

People's experience of using this service and what we found
The provider failed to ensure the process for recruiting staff was robust. There were elements to the management and oversight of the service that required improvements.

People told us they had not had a missed call and we found that there were appropriate numbers of staff to cover the calls. Risks associated with people's care were managed well that included good infection control and the management of medicines.

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 and relatives told us that staff were kind, caring and respectful towards them. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care. Care plans were planned around people's needs. Staff were knowledgeable about the needs of people and their backgrounds.

There was a system in place to assess the quality of care provided. People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was robust and effective.

Rating at last inspection
This service was registered with us on 20 May 2021 and this is the first inspection.

Why we inspected
We undertook this inspection as part of our inspection scheduling for newly registered services.

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

We have identified a breach in relation to the lack of robust recruitment of staff at this inspection.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service 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**

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

At the time of our inspection there was a registered manager in post. The registered manager was also one of the providers.

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 29 September 2022 and ended on 13 October 2022. We visited the location's office on 29 September 2022.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 2 March 2022 to help plan the inspection and inform our judgements.

During the inspection
We called and spoke with six relatives of people who used the service about their experience of the care provided. At the office we spoke with both providers (one of whom was the registered manager). We called and spoke with four members of staff.

We reviewed a range of records including five people's care plans, daily care notes, staff rotas, multiple medication records, safeguarding records and complaints. We reviewed a variety of records relating to the management of the service including six staff recruitment files and spot checks.

Requires Improvement

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

Staffing and recruitment

- The provider did not operate safe recruitment practices when employing new staff. Three recruitment files did not have the full employment history. There was no evidence the provider had sought this information to assure themselves of reasons for the gaps in employment. This was despite the providers policy stating, "All employment dates should follow on from each other, without exception. Any gaps in employment history should be explained on the application form."
- Appropriate references had not been sought for staff. The policy stated that two references needed to be provided by the two most recent employers. The provider had not proactively sought references in this way. One member of staff listed their previous employers however the only reference provided was a character reference. Another member of staff's two references were character references despite details of previous employers being provided. There were no references for a third member of staff. This meant the provider could not be assured of the member of staff's conduct at their previous employment.

The provider failed to undertake robust recruitment practices which is a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had undertaken Disclosure and Barring Service (DBS) checks on all staff. 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 were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Relatives told us that staff always turned up to the care call and if care staff were running late, they would be contacted. Comments included, "They have never not turned up, always ring when they are running late" and "If they are running late, they will phone. It's important to know."
- Staff told us there were sufficient staff to manage the care calls. They told us they were given their rotas in advance and they would include travel time between each call. One member of staff said, "There are enough staff, I know suddenly (provider) will have to go into field if staff sickness. I have only had to cover twice."
- The providers told us any last-minute absence would be covered by them or a member of the office staff who was a trained carer. The provider had an electronic logging in system where they would be alerted if a member of staff had failed to attend the call or was running late. We saw from the records there had not been any missed calls to people.

Assessing risk, safety monitoring and management

- We discussed with the provider about ensuring they included more detailed information around some risks including where people smoked and when they had diabetes. This was to ensure that where staff were

not familiar with the person, they had the all the information around the risks associated with their care. The providers told us they would address this immediately.
● Relatives told us they felt staff understood the risks associated with their loved one's care. Comments included, "She (family member) has come a long way she uses a frame. I know there are eyes on her", "They are careful. I think they understand her (family member) risks" and "[Risks are] definitely well managed."
● Care plans contained basic explanations of the control measures for staff to follow to keep people safe. For example, where people had risks associated with their mobility there was guidance in place including the types of walking aids people required. This included risk assessments of the person's home to reduce the risk of falls.
● Staff however did have a good understanding of where people required support to reduce the risk of avoidable harm. One person had behaviours that may be challenging. The member of staff who supported them had a good understanding of how best to support them. They told us, "(Person) requires a lot of patience and time. We are just there to support (person) with whatever they want. Step back a little, stay calm, maybe talk to (person)."

Learning lessons when things go wrong
● Relatives were confident that when an incident occurred staff managed this in a safe way. One relative said, "They have calmed (family member) down. Talked to him, some have the chat and know how best to manage behaviours."
● All accidents and incidents were reviewed by the provider to look for trends. Actions were then taken to reduce the risk of incidents occurring. We noted that one person had a fall in their home. The person's care plan had been updated with additional measures to reduce the risk of reoccurrence including wearing non slip socks and encouragement to slow down when walking.
● Staff were knowledgeable on what they needed to do if an incident occurred whilst they were at a person's home. One told us, "If it's serious -I would call 999 then speak to the office and complete an incident form."

Using medicines safely
● Medicines were managed in a safe way. One relative told us, "I order it, but they administer it. I have no concerns." Another said, "Staff know what to do, they have never forgotten her medicines."
● Staff received training in the safe management and administration of medicines. However, although staff were assessed around their competency to administer medicines this was not recorded formally. The provider told us they would ensure they would use a competency tool to record the observations.
● We saw that staff maintained a record of people's medicines which included the amount received and when medicines should be taken. There were no gaps on the medicine charts which showed people had been provided with their medicines as prescribed.
● Staff had a good understanding of how to support people with their medicines. One member of staff said, "I had training in medication before I started visiting people. (Provider) assessed how I gave medicine."
● The provider regularly audited people's medicine records and where any concerns were identified this was followed up with the member of staff.

Systems and processes to safeguard people from the risk of abuse
● Relatives fed back that they felt their family members were safe in their homes with the staff. Comments included, "Very safe with staff, I know I can trust them with (family member)" and "100% feel he is safe, the way (family member) speaks of them. Puts my mind at ease."
● Staff understood what constituted abuse and what they needed to do if they had a concern that abuse may be taking place. One member of staff said, "I would share it with my manager, and I might have to call the Police. The agency is the Local Authority, we have a number within our policies."
● Staff received safeguarding training and there was a whistleblowing policy that staff could access if they

needed to. One member of staff said, "I would whistleblow, your client comes first." The registered manager investigated any concerns and reported to the Local Authority safeguarding team.

Preventing and controlling infection

● Relatives told us that staff adhered to good infection control. One relative said, "They wear PPE [personal protective equipment], and always wash their hands."

● Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading.

● Staff were provided with adequate stocks of PPE and were able to get additional from the office if needed. The provider told us, "We leave some in the clients houses if the client is happy for us to do that. They (staff) also come into the office. I ask staff on visits if staff need more PPE."

Good

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

- People's needs and choices were assessed in line with current best practice. Prior to using the service detailed assessments took place to ensure they were able to meet people's needs. One relative told us, "They came and did an assessment of her needs." Another said, "They came and did the assessment. It was definitely thorough; they did the care plan as well."
- Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the assessment was then used to develop care plans for people.
- A member of staff told us, "We do need to meet with the person and carry out a detailed risk assessment, internal and external environment. Find out what medication they are taking. All different aspects of care that needs to be provided and get all of that written in a care plan."

Staff support: induction, training, skills and experience

- Relatives told us they felt staff were competent in their role. Comments included, "I feel they are well trained", "They all knew what they were doing" and "Everyone is trained appropriately."
- Prior to delivering care staff underwent an induction that included completing an equivalent of the Care Certificate [Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme]
- Staff then shadowed a member of staff to observe care being delivered. A relative told us, "No one has ever turned up new and not known what to do." A member of staff told us, "From day one I had an induction day and sent on moving and handling training. It was really good I also did do some shadowing."
- Staff underwent frequent observational supervisions with their line manager to assess the care they were delivering. However, staff fed back they would benefit from having more one to one supervisions to discuss their progress. Staff said they were able to contact the provider to discuss any concerns and felt supported.
- The provider told us that due to recent staff shortages there were behind with the one to one supervisions. They said they had an action plan in place to address this.

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

- People were supported and encouraged by staff to maintain a healthy diet and to ensure that they ate and drank sufficient amounts. One relative told us that they had ready meals delivered and that staff prepared them. Another told us, "The carers do breakfast for her and ask her what she wants."
- Staff told us that they checked that the food in people's fridges was within date. People told us that staff always ensured that they had a drink and food before they left the call. One member of staff said, "I know the

meals he likes but I always ask what he would like. He eats better when I sit down with him and he prefers that."
● People's care plans had information around their food and drink preferences and information on foods that needed to be avoided.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Relatives told us that staff supported their loved ones when they were unwell. One told us that staff had responded well in an emergency. They told us that a member of staff had called an ambulance when they were unwell and waited with them until it arrived. Another said, "[Staff member] is always on the phone to me updating me on his wellbeing."
● Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. We saw that the provider had contacted an occupational therapist to assess a person's mobility when they identified a deterioration in their health. Staff also supported people with their GP appointments where necessary.
● Staff told us they would ensure they raise concerns about a person's health with the office or health care professionals. One told us, "I had an incident with [person] who was holding the side of his face. It was toothache, very painful. So I spoke to the office who spoke to the family and an appointment was made for him."

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Relatives confirmed their family member, where appropriate was asked to consent to their care and we saw confirmation of this in the care plans. One relative said, "They did ask for consent, it's a given now though, they have their routine and they get on with it and we like that."
● There were mental capacity assessments in place for people accompanied by evidence of best interest discussions. For example, in relation to personal care being provided. Where relatives had Lasting Power of Attorney for people's welfare the provider ensured they had a record of this.
● Staff had received training and were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. One member of staff said, "You must assume they have capacity. For those that don't have capacity we act in their interest once we have followed the process."

Good

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

- Relatives told us that staff were kind and caring. One relative said, "I can see it in their [staff members] faces, I know they care about her. When I walk in, my mum has made friends with them. She likes their company. They are friendly. They do have a laugh."
- Care plans had information around people's spiritual and religious preferences and staff respected this. We saw from the notes that a relative had asked a member of staff if they would pray with them. The relative confirmed this when we spoke with them and told us how important this was for them.
- Staff told us how they would show people that they cared for their wellbeing. One told us, "Every day [person] feels anxious. I would hold their hand. Sometimes you need someone to put your arm around you and say its ok." Another said, "Be kind and gentle. Make them feel comfortable. You are a stranger in their house."

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

- Relatives told us that they and their loved ones were involved in their care planning and were able to make choices about the how their care was delivered. One relative said, "They gave him the options and asked what he would prefer." Another said, "They allow him to express himself, they are good." A third told us, "They listen to what he wants."
- We saw from the care plans that people and relatives were asked what they wanted their care routine to be and staff understood this. One relative said, "Staff asked her how she preferred her care."
- People were asked their preferences on what time they wanted their call and whether they wanted a male or female carer. Where any changes were made to the rota the person or relative were notified. One relative said, "If there is a new person, [provider] will email me and say another member of staff is coming."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. Comments from relatives included, "She sits in a chair like the queen. They protect her dignity, they take a lot of care with that", "They close the curtains. They treat him like a man of his age" and "They close the door when giving care."
- People were provided with the same carer where possible which people appreciated. One relative said, "[Member of staff] came in and said to [family member] 'I missed you' and sat and spoke to him for five minutes. Makes me feel good as he needs that interaction."
- Independence was encouraged with people by staff. One relative of a person with reduced vision said, "[Family member] can't see. Staff invite him into the kitchen so he can feel where things are and be involved in preparing meals." Another told us staff encouraged their loved one to eat their meal independently and told us, "They speak nicely and say to her 'come on now, you can do it, it's your breakfast' it means

everything to me."

● Staff fed back to us how they would ensure people were treated with dignity and respect. One told us, "I would knock on their door, make sure they are awake, tell them I will wait outside until they are dressed. I don't invade their space."

Good

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; End of life care and support

- Where the person had a specific medical condition there was not always detailed guidance for staff on what the condition was. However, when we spoke with staff, they had a good understanding around people's conditions. The provider told us they would ensure that more detailed information was included.
- Care plans were personalised and included information around the person's backgrounds and how staff could support them with their care. A relative told us, "He does have a care plan and that gets reviewed and checked regularly." Another told us, "[Family member] was involved in the development of the care plan. They (staff) are so supportive, their care, their communication."
- Staff we spoke with had a good knowledge of people and their backgrounds. They were able to tell us about people's interests and the jobs they used to do. One member of staff told us that knowing this information helps to develop relationships with people they support.
- There was detail on the daily routines specific to each person. For example, one care plan stated, how best to support a person when they became anxious. Staff were knowledgeable of the needs of this person.
- Staff completed notes at the end of each visit detailing how the person was that day and the care that had been completed. A relative told us, "They write a report every time."
- The providers told us that they were not providing end of life care to people however they would ensure that preferences and choices around their end of life care would be recorded. We saw from care plans that people were asked if they wanted to have a discussion about end of life care.

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.

- Care plans had communication records in place to guide staff how best to communicate with people. This included whether they needed their hearing aids in or whether they required their glasses for reading.
- Staff understood how best to communicate with people. One member of staff said, "When [person] tries to tell you something it takes her a long time to get her story across. I don't finish her sentences for her. I just sit and listen."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service.

Relatives told us that they knew how to complain. One told us, "Never had to complain, [provider] always comes here, making sure everything is going ok." Another said when they raised a concern, "[Provider] was really good and investigated it and everything is now sorted."

● Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. Staff supported people if they wanted to make a complaint. One told us, "There is a folder in the home with a form about complaints. I would give them the information if they needed it."

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent.

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

- There were elements to the management of the service that required improvement. During the inspection we found that one of the providers was undertaking high levels of care calls. This was due to them trying to recruit additional care staff. As a result of doing care calls this was impacting on the robustness of records and oversight of the service. We found that although staff had received training the one to one supervisions for staff were lacking.
- We spoke to the providers about this who told us they were aware of these shortfalls. They had recently recruited a member of staff to support more in the office with the recruitment and supervisions with staff.
- Other areas of the quality assurance and audits were robust including the auditing of care notes and medicine records. Where shortfalls were identified there were clear action plans in place to address this.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

- Relatives were complimentary about the management of the service. Comments included, "I feel that [provider] has everything covered, she will get back to you if you have had to ring her out of hours, nothing is too much trouble", "Definitely well managed, I can phone her [provider] and email and straight away she will get back to me. She always wants to reassure me" and "The owners are very engaging and caring and thorough."
- The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. They continuously sought the opinions of people and their representatives to improve the quality of care. One relative said, "They are so good, amazing we have got the right company. I am so happy with them. They have given us our lives back." Another said, "I do recommend them, an excellent service."
- Staff we spoke with expressed their pride in supporting people. One told us, "The job means I am supporting people to do the things they can't do themselves., I am helping people to continue living at home. Its care on their terms and work on their needs and choices. Gives me joy and satisfaction."

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

- Regular surveys and feedback was sought from people and the families to ask them about the quality of

care. One relative told us, "I have been asked to do a survey. It's important I am listened to."
● Staff told us that they felt valued and supported. Comments from them included, "I do get support from [the provider], she asks my opinion. I send her updates about people and she is very quick to respond", "[Provider] comes here and then during the week she will call to find out how I am. That alone makes me feel confident" and "I feel valued. They will say thank you for going the extra mile."
● Staff attended virtual meetings regularly to discuss training and policies. One member of staff told us, "We talk about any issues with our clients." There was a desire from staff to have more face to face meetings and the provider told us there were plans in place for this.

Continuous learning and improving care; Working in partnership with others
● Steps were taken by the providers to drive improvements and they worked with external organisations to help with this. The service worked with other organisations including the health care professionals, Local Authorities and Age Concern.
● One relative told us a member of staff had wanted to learn more about the medical condition of their family member to see if their care could be improved upon. The relative said, "[Staff member] has done some research on [condition]. It meant a lot to me."
● The providers regularly reviewed call times to ensure that the package of care was for the right amount of time. If carers fed back there was not sufficient time at the call or the call time was too long, the provider would contact the funding authority to review this.

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;
● We saw from the records relatives had been contacted where there had been an incident with their family member. Relatives confirmed with us that they were contacted were incidents had occurred.
● The provider told us, "For me we need to be open and honest. It's my responsibility to hold my hands up to say we got that wrong. Reporting it, but also owning up to our responsibility."

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to undertake robust recruitment with staff.