

Fairolive Limited

Fairolive

Inspection report

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Date of inspection visit:
20 April 2023

Date of publication:
14 June 2023

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

Fairolive is a care agency, providing care to people living in their own homes. In total at the time of our inspection, Fairolive provided care to 58 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. Fairolive had a satellite office located in Sussex. The care provided to people in that location was managed by the main office. At the time of our inspection, 48 people received the regulated activity of personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support:

People were encouraged with their independence and enabled to make their own decisions around their care.

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 were provided with food appropriate for their needs and staff worked with external professionals to ensure people received health care when they needed it.

People were supported by staff who were able to recognise potential signs of abuse and knew who to report these to. Where accidents and incidents occurred, staff recorded these and appropriate action was taken to help protect people from continued harm.

Right Care:

People were cared for by staff who showed them respect and dignity. People said they had good relationships with staff and staff took time to speak with them.

People had care plans and they were given the opportunity to be involved in them. People's preferences were recorded and people said staff knew how they liked their care.

People were supported by staff who went through a robust recruitment process and were trained for their role.

People were cared for by staff who understood their individual risks. Where people had specific health conditions, staff were provided with guidance on how to respond to these.

Right Culture:

Although improvements had been found since our last inspection, management still had further work to do to ensure those improvements were embedded into daily practice to enable them to provide a consistently high-quality service.

People told us staff timekeeping was poor. People and relatives also said they had experienced missed calls.

There was a lack of robust delegation within the service and despite management being aware of national guidance around Right support, right care, right culture, staff had not undertaken training in learning disabilities or autism.

The stability of staffing had improved since we last visited the agency and monthly training sessions on specific topics was being rolled out by management. The agency worked with external health and social care agencies to support people's care.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 30 March 2022) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made however, the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on the shortfalls we found at our last inspection.

Enforcement

We have identified a breach of regulation in relation to good governance within the agency.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 ●

Fairolive

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 was carried out by 2 inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to make sure there was someone from the service able to support us in our visit to the office.

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 sought feedback from the local authority and professionals who work with the service. We reviewed information we held about the service. This included notifications of safeguarding concerns, incidents and accidents.

We used all of this information to plan our inspection.

During the inspection

We spoke with 6 staff. This included the 2 registered managers, office staff and care staff. Our Expert by Experience spoke with 3 people who received care from the agency and 4 relatives of people receiving care.

We reviewed the care documentation for 8 people, looked at numerous medicines records and checked the recruitment files for 4 staff. We also looked at other documentation relating to the service. This included training information, minutes of staff meetings, survey results and other governance systems and processes.

Following the inspection, the registered manager sent us requested documentation in relation to training and other aspects of their service. We also spoke with 4 staff and the friend of 1 person who received care from the agency.



Is the service safe?

Our findings

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

At our inspection in February 2022, we rated this key question Requires Improvement. At this inspection the rating has remained 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.

Preventing and controlling infection

- Some people told us staff did not always take steps to protect them from infection. People told us, "No masks or aprons, but most wear gloves" and, "Most wear Personal Protective Equipment (PPE)." Relatives said, "Not all carers wear aprons or gloves", "They (staff) wear their tunics and some wear gloves" and, "From what I've seen some wear gloves."
- Most staff told us they had access to plenty of PPE and whilst we were on our inspection, a staff member came in to pick up some more PPE. They told us, "I will come in and get more stock, then I can deliver it to other carers if needed."

We recommend the provider reviews their practice to ensure sufficient supplies of personal protective equipment are provided to staff.

Staffing and recruitment

- Although people were cared for by a sufficient number of staff, they reported inconsistency in the staff who provided their care call and poor time keeping. Comments from people included, " Evenings and weekends are never the same carers. Always different and never on time", "I have no idea who will be visiting. We are never told." A relative told us their family member saw numerous different carers during the course of the week. They said, "She gets very confused who is who."
- Some people felt staff did not provide them with the full length of their care call. One person told us, "Carers do not stay for the correct time and tend to rush me. I have had 1 missed call." We have referred to this further in our key question of Well-led.
- The registered manager felt they currently had sufficient staff to cover care calls and said that due to the organisation of staff, people saw the same staff as much as possible. Staff confirmed this with one telling us, "I have the same people on my rota." Staff also told us they felt they had sufficient time at care calls, saying they did not feel rushed.
- Staff were recruited through a good process. This included them providing a full employment history, references, evidence of their right to work in the UK and their fitness to carry out the role. Every staff member also underwent a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. Staff received safeguarding training when first starting with the service and were able to describe what action they would take should they suspect anyone was being intentionally harmed. A

relative told us, "Mum does feel safe with carers coming into her home because she feels comfortable with them."

- Where incidents had occurred that could constitute safeguarding, referrals had been made to the local authority safeguarding team and investigations were completed by the service at the local authorities request.

Assessing risk, safety monitoring and management

- People were helped to stay free from harm. People's risks had been identified and guidance was in place for staff to follow to help mitigate the risks. One person said, "Carers are very careful and supportive when I walk around with my rollator." Relative's told us, "The carers are very able and look after her well and keep her safe" and, "Staff are very helpful in assisting her to walk to the bathroom with her frame."
- Where people had specific health conditions, such as breathing problems, information and advice was recorded for staff to follow.
- Some people were at risk of malnutrition and guidance was available for staff. A staff member said, "I started introducing extra elements to their breakfast, encouraging them to eat."
- The agency had an out of hours service which people could contact should they need assistance outside of normal working hours. The registered manager said, "We take it in turns to pick up calls and the telephone will automatically go to the next number if there is no answer." A relative told us, "We have the number for the manager of the agency."

Using medicines safely

- People received the medicines they were prescribed. A relative said, "Staff wash and cream her legs and feet."
- The service used an electronic medicines administration system which clearly recorded when people had been administered their medicines. This enabled office staff to review the records for missed medicines.
- Only trained staff administered medicines and we saw staff's competency in administration was assessed by senior staff.

Learning lessons when things go wrong

- Accident and incidents were recorded and there was evidence that action was taken in response to them.
- The registered manager said, "We have a form that staff fill in because we need a witness statement. We put this on the system and notify appropriately, for example the social worker."

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 our inspection in February 2021, we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People said they had a care plan in place. One person said, "Yes, I do have a care plan and I did contribute to it." A relative told us, "Yes, we have a care plan. There are opportunities to contribute to it."
- People's pre-assessments formed the basis of their care plan and care plans were reviewed regularly to help ensure they remained accurate and up to date.
- Care plans were live documents as the service used an electronic care planning system. Documentation could be viewed by care staff and with consent, relatives could look at their family member's care plan.
- The registered manager told us, "We place a hospital passport in people's homes. This contains important information if a person is taken to hospital. Such as their medicines."
- There was good evidence of staff contacting external health agencies for input into people's care. This included the GP and district nurses.
- Staff worked in conjunction with relatives and health professionals to help ensure people were supported with their various health needs. A relative told us, "If carers see that Mum is not 100%, they are very observant and will tell me she is unwell."

Staff support: induction, training, skills and experience

- Staff had received the training to help ensure they were competent and confident in their role. Although we did notice staff had not received learning disability training, which we've referred to further in our key question of Well-led.
- Staff told us training was good. When staff first started at the service they underwent induction, shadowing and training. A staff member said, "I did my induction and then I attached a senior." Staff induction covered medication, fire safety, safeguarding and moving and handling.
- Staff completed refresher training annually to help ensure they retained the appropriate skills and knowledge.
- Staff were given the opportunity to meet with their line manager on a 1:1 basis through supervision. This enabled them to have a confidential conversation about their role, concerns or any training requirements.

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

- People who received care in respect of their meals, were happy with this aspect of their care. A relative told us, "The carers make sure Mum has a light lunch and a ready meal at tea-time plus cups of tea."
- There was information in people's care plans around their dietary needs and whether they were

independent in preparing their meals and eating them.

- There was also detail around specific needs, such as a person being diabetic and requiring foods with less sugar.

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.

- The registered manager had a good understanding of the MCA. They were aware of their responsibility in relation to assessing a person's capacity or obtaining their consent.
- The agency cared for a very small number of people who did not have the capacity to make any decision. The majority of people could make day to day decisions around their care. People had signed to consent to their care package and sharing information. For the few people that did not have capacity, care package consents were signed by someone who had the legal power to do this.
- People told us staff asked for their consent before providing care. Staff told us, "We would always tell them what we are about to do first and ask them if it is okay" and, "I would never just do something. I would always check with them first."

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 our inspection in February 2021, we rated this key question Requires Improvement. At this inspection the rating has changed to 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 were happy with the way they were treated and cared for by staff. People told us, "They are lovely carers", "They are very kind" and, "They talk to me very kindly and are considerate."
- Relatives were equally happy, telling us, "The carers are all so polite towards Mum", "My wife does feel well treated by staff" and, "Carers do treat Mum well."
- People said they got on well with staff. People told us, "I get on well with everyone. We have a good laugh" and, "We always have a laugh."
- Relatives felt their family member had developed a good relationship with staff. One relative told us, "I do hear them laugh and joke when in the bathroom." They went on to say, "They (staff) do spend time chatting with both of us."

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

- People were supported to make their own decisions. One person said, "They (staff) don't interfere with my own abilities" and, "The carers know I am independent."
- Relatives' observations of staff concurred with this view. They told us, "Staff encourage her to walk with her walker", "Because Mum has always been independent, the tasks that carers do are ones Mum can't" and, "Carers do let my wife do things for herself and they give her support to help her to do this."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected by staff. People said, "They (staff) respect my privacy" and, "Definitely (they do) they are here to help."
- Relatives were also happy that their family member was given their privacy. A relative said, "When they (support my wife to the toilet), they take her into the bathroom and leave her and close the door for privacy."

Is the service responsive?

Our findings

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

At our inspection in February 2022, we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received person-centred care. They were able to make their own decisions around how they wished to receive their care and what they wanted to continue to do themselves. People told us, "They seem to understand what I need" and, "They are good carers."
- People's backgrounds were recorded to help staff recognise them as individuals with a history. This helped new staff who may not know people as well.
- People's preferences were recorded which assisted staff to provide appropriate care. Relatives told us, "Carers are aware of my wife's needs and routine and have learned how she likes things to be done" and, "They have a lot of awareness of Mum's lack of memory and difficult mobility."
- The service was not providing care to anyone at the end of their life. Care plans were in place for this time in people's lives and information was being added as people or relatives expressed their wishes.
- The service clearly recorded where people had chosen not to be resuscitated in the event of a health emergency,

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.

- The agency was able to provide information in different formats if required.
- The agency was providing a care package to one person whose first language was not English. The registered manager told us, "We have a staff member who speaks (person's language), so they provide the care calls and it means they can understand each other."

Improving care quality in response to complaints or concerns

- People were able to raise their concerns or complaints in the confidence that these would be investigated and responded to. People said, "I would speak to the manager" and, "I would contact the manager, but haven't had to."
- Relatives knew how to raise a complaint, with a relative telling us, "We would raise a concern with the manager if we didn't like something." They told us a previous concern had been resolved with the manager's input.
- A complaints policy was in place and any complaints received were recorded and actioned.

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 inspection in February 2022, we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This service has been rated requires improvement for the last 2 consecutive inspections. This meant the service management and leadership was inconsistent and it 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 inspection in February 2022, we found there was a continued lack of good governance within the service to help ensure people received a good quality service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, although improvements were found, further work was needed to embed those improvements into daily practice.

- People did not always feel they received a person-centred service as we had mixed reviews. Some people told us, "It's wonderful" and, "It is excellent. Mum feels this as well." However, other's said, "I never know when the carers are to visit or how long they should be staying" and, "I'm not sure why I only get 15-minute visits when I am paying for 30 minutes."
- Management had not sufficiently improved their governance processes to ensure they provided a consistently good quality service as we received comments from people around poor time keeping and late and missed calls. Despite having a process in place around care call expectations for staff, there was lack of oversight to effectively monitor this process.
- The service did not have good communication systems in place. The registered manager told us people were called if staff were running late, however this was not what we heard from people. We were told, "Today we were called to tell us the carer was running late. This is the first time that anyone has done that."
- A satisfaction survey sent to people in July 2022 received 30 responses. The registered manager said feedback was generally good, although they were scored lowest in 'quality of time'. The registered manager said they had been working on this, although we found evidence at this inspection further work was needed to embed improvements.
- The service had not implemented relevant national guidance or training. The registered manager was aware of guidance around Right support, right care, right culture. Yet, we found that 20 of the 27 staff had not received learning disability training despite the agency being registered to provide care to people in this service user band.
- There was a lack of understanding of the requirements of registration. We discovered the agency was providing care to people living in Sussex, although we had not been told this prior to our inspection. Following discussion with the registered manager, they confirmed care plans and management was being

overseen by the main office but they would submit an application to register the satellite office as a registered address. This was done.

Despite improvements to the governance of the service, further work was needed on the monitoring, processes and systems to ensure people received a high-quality service. As such, this was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 their responsibility in relation to duty of candour when care did not go to plan.
- Where concerns were raised, these were investigated by the registered manager and a response was given.

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

- People and relatives knew who the office staff were. People told us, "She (the manager) phoned me yesterday" and, "I have spoken on the phone to cut down my 3 visits to 1." Relatives said, "She has come to the house some time ago" and, "They have come round a couple of times to check how we feel about things."
- Relatives said they were asked for their views on the service. They told us, "We do have a face to face using a questionnaire", "We did get a questionnaire to complete" and, "I did fill out a questionnaire some time ago."
- Regular staff meetings were held. These were carried out remotely to enable as many staff to join as possible. Newsletters were also sent out regularly to people and staff.

Continuous learning and improving care

- Since the last inspection, the registered manager had introduced training sessions focusing on topics of interest for both management and care staff. These centred on service issues and people's needs, such as dementia or diabetes.
- The registered manager explained they would source additional information or a video relating to a topic, read this and discuss internally. Following that staff would be expected to read the same information or watch the video and it would be discussed at the next staff meeting.
- Staffing levels and stability had improved at the service. The registered manager told us, "Since the last inspection, we now have a more stable staff team and have more staff in the office."

Working in partnership with others

- The service worked with the local authority commissioning team, Surrey fire and rescue and various charities, such as the local foodbank.
- The registered manager was also registered with Skills for Care and the Surrey Care Association and used NICE guidance for information around medicines.

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 17 HSCA RA Regulations 2014 Good governance The provider was not consistently providing a high-quality service to people.