

Facilitate Care Services Ltd

Facilitate Care Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Facilitate Care is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported 153 people with personal care.

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 told us the care they received met their needs. They felt safe with the staff that supported them and described the care provided by staff as good.

People and their relatives were involved in planning and reviews of their care although face to face reviews had not routinely taken place due to the COVID-19 pandemic. People were supported by a consistent group of staff which meant staff knew people well. Basic risk management information was included in people's plans of care. Staff had completed some training in relation to the specialist care needs of people they supported. Where there were gaps in specialist training, records did not always support staff with guidance on how to respond to people's needs. Audit systems were not fully effective in identifying gaps in records. However, the lack of clear records had not impacted on people's care.

People were happy in relation to how they were supported with medicines and staff told us they knew how to administer medicines safely. Medicine records however, needed improvement to clearly show how medicines were managed.

Staff felt valued and supported by the management team and spoke positively of working for the service. Staff were recruited in a safe way and there was regular management contact with staff to identify any support needs they may have such as training. Staff had received training on how to protect people from the risk of abuse and understood the importance of reporting concerns. The provider understood their legal responsibilities in acting on and in reporting any such incidents. Staff followed the provider's infection control policies and had access to the personal protective equipment they needed to help prevent the risk of the spread of infection.

There were systems in place for people to give their feedback on the service. The provider had identified some areas where improvements were needed.

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 10 May 2019).

Why we inspected

The inspection was prompted in part due to concerns we had received in relation to lack of staff knowledge and safe care practice in regards to people's specialist care needs. We also received concerns regarding gaps in care records making it difficult for staff to know if care had been delivered safely. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 Facilitate Care Services 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.

Good ●

Is the service well-led?

The service was not consistently well led.

Details are in our well-led findings below.

Requires Improvement ●

Facilitate Care Services

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

The inspection was carried out by two inspectors and two Expert by Experience. One inspector completed the visit to the office and a further inspector made telephone calls to staff. Two Expert by Experience made telephone calls to people and relatives who used the service. 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 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we wanted to be sure the provider or registered manager would be available to support the inspection.

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 and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and eight relatives about their experience of the care provided. We spoke with eight members of staff, including the nominated individual, registered manager, care workers and office support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to help ensure risks were effectively managed. Incidents of concern had been investigated as appropriate and actions taken where needed.
- People and their relatives felt safe with the staff who delivered care to people. One relative told us, "[Name] is very safe. [Name] is very happy with them (staff). They are very considerate and ask for consent (prior to delivering care)."
- Staff had received training on how to safeguard people from the risk of abuse and understood the different signs of abuse. They knew to report any concerns they identified to the registered manager so they could be acted upon.

Assessing risk, safety monitoring and management

- People felt their needs were met by the staff who supported them. One relative told us their family member's needs were complex, very specific and not easy to understand. They described one particular staff member as being "fantastic" because they anticipated their family member's needs and knew how to respond to them.
- Risks were identified, and basic guidance was included in people's care plans for staff to refer to when needed, to help minimise risks of harm. For example, one person suffered with breathing difficulties and had a specific care plan to address this. This listed instructions for staff to follow should the person struggle to breathe or become unconscious.
- Records were not always clear to guide staff in relation to those people who had complex health conditions such as diabetes and seizures. This information is important to support staff who may not know people well. The registered manager told us risk management plans would be reviewed and updated by 4 June 2021 to ensure they contained additional detailed information.
- Staff told us they had access to the training they needed to care for people safely and make sure they understood risks associated with people's care. Staff knew to escalate any changes in people's health or wellbeing to management staff so these could be assessed, and actions taken to address them.

Staffing and recruitment

- There were sufficient numbers of staff employed to support the care calls people needed. Staff told us they usually arrived at the times people expected. Staff said they always completed what was required of them before leaving one call to attend another.
- People told us, "Time keeping is very good and I have never had a DNA (did not attend)." And, "I'm so impressed with Facilitate Care Services, it seems to work very well, staff have looked after me . . . , all fine apart from being late because staff rely on other people to drive."
- Recruitment records confirmed the required checks were completed prior to staff being employed to

ensure staff were safe to work with people. Staff also confirmed all recruitment checks were completed before starting work with the agency.

Using medicines safely

- People said they received their medicines as required. One person told us staff did not always apply enough cream to their skin, but this was resolved when they alerted the staff to this.
- Staff had received training in the safe handling of medicines and training was repeated if there were any concerns identified by management relating to medicine administration. One staff member told us, "If we found medication has not been administered, we report it back to the office. The office would let us know that staff are not signing medication records and tell us we need to follow the medication policy. It is brought up in training and in meetings."
- Medicine administration records were used by staff to confirm medicines administered and these were audited by the registered manager to check medicines had been managed as required.

Preventing and controlling infection

- Staff had received training as well as regular updates on infection prevention and control to help them work safely through the COVID-19 pandemic.
- Staff told us they had sufficient supplies of personal protective equipment (PPE) and used this when visiting people in their own homes and when attending the office. One person told us, "Carers arrive with face masks, gloves and aprons to safely support me."
- Staff working in the office had desks which were social distanced, and we saw staff visiting the office wore masks to promote safe practice. Staff sitting at desks were told to wear masks by the provider during our inspection and we saw this happened. The provider told us none of the people they supported had contracted the COVID-19 virus.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The registered manager gave examples of staff failings during care calls and actions taken to ensure lessons were learnt and they did not happen again.
- A relative explained how their family member had been placed at risk of harm following the actions of a care staff member. They explained that following this, they escalated their concerns, and this had resulted in a review of the person's care plan to help prevent this happening again. The relative told us, "I'm very happy, really pleased how they now understand. Overall, Facilitate are on the ball."
- Staff told us they had regular contact from management staff to discuss any changes in practice needed in response to any concerns. This demonstrated any issues or concerns were taken seriously and lessons were learnt.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has 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.

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

- Whilst people felt their needs were met, the provider had failed to identify that some care plan and medicine records lacked detailed information to support staff in managing risks associated with people's care. For example, care plans in relation to identifying and responding to seizures.
- The provider's arrangements for recording medicines was inconsistent as some records were completed on medicine administration records, and some in daily records. The registered manager said this would be addressed with immediate effect.
- The registered manager spoke of audits completed to check the quality of the service, but these were not routinely recorded to demonstrate ongoing quality monitoring and improvement of the service.

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

- People and their relatives were involved in decisions about the care provided. People spoke positively of the service and of the staff that supported them. They knew they could contact the office and speak with management staff if they needed any adjustments to their care.
- One relative told us, "Facilitate are very responsive, I will give them that, they definitely do try to accommodate us. We see carers in person, and the manager, I generally just telephone or email till our next assessment."
- The registered manager told us they completed regular reviews with people to ensure the care arrangements in place continued to meet their needs. People confirmed their involvement in these reviews.

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

- Staff spoke positively of the service. One staff member said, "We work well together, and I work with the same people. Carers are always on time and are not late to go home. You aren't pressured to work extra shifts."
- People's needs, including any cultural needs, were assessed prior to them receiving a service to help ensure they received person centred care. One person told us, "The carers treat me very well and though I have both female and male carers, they all treat me with dignity and respect."
- Staff told us how they supported people to ensure person centred care. One staff member said, "We will ask how they (people) want the care to be done, for example, some people like to have a bath in the evening

others prefer it earlier in the day, it depends on how they are feeling and if they are in pain."

- A relative explained how their family member's care had improved once they had raised a concern demonstrating they were listened to. They told us, "I indicated I wasn't happy and since then, they've got better and listen to us. I still check on [Name] but I can relax and sleep more when the carers take over."
- A person who spoke positively about the service told us, "I would recommend this service to others certainly. They help keep me clean, looking after me, maintaining good health as much as possible."

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 to be open and honest when things had gone wrong and told us they shared information with staff following any poor practice. This helped to ensure learning and improved care for people. The registered manager said, "Every day is a learning curve as things present differently every day."
- The registered manager understood their responsibility to submit statutory notifications from the service. A statutory notification is information about important events which the provider is required to send to us by law.

Working in partnership with others

- The provider worked in partnership with other agencies to ensure people had access to specialist support when they needed it.
- Staff had assisted people to make contact with health professionals such as the GP and district nurse to help support their healthcare needs. For example, some people needed support with their continence care or skin wounds.