

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected this service on 16 June 2016. This was our first inspection to this agency and was an announced inspection. We telephoned 48 hours' prior to our visit in order to arrange access to the information we needed. This included making arrangements for us to meet with staff who worked for the agency.

Facilitate Care Services is a domiciliary care agency that provides personal care and support to people living in their own homes. Care staff call at people's homes to provide personal care and support at set times agreed with them. At the time of our inspection there were around 25 people who received personal care through Facilitate Care Services.

During the inspection we met with the registered manager and provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when supported by care staff. Staff understood how to protect people from abuse and knew about risks to people's safety. They told us they reported any concerns they had to the staff based in the office so they could be acted upon. This ensured potential risks to people were managed appropriately. All care staff had been provided with a staff handbook containing information about the policies of the provider and what was expected of them when working for Facilitate Care Services. This helped to ensure they provided safe and effective care to people.

Care staff received training on how to manage medicines safely. People told us staff mostly prompted them to take their medicines to make sure they took them. Medication audit checks ensured medicines were managed appropriately.

Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service, although these checks were not always clearly recorded. New care staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge. Staff completed training on an ongoing basis and were about to commence training to achieve the Care Certificate to help develop their skills.

People received a service based on their personal needs and staff usually arrived to carry out their care and support within the timeframes agreed. People were positive about the care they received from staff. People told us staff maintained their privacy and dignity and supported their independence. They commented that staff were respectful and caring in their approach.

People's nutritional needs were met by the service where appropriate. People who were reliant on care staff to assist with meal preparation said the staff would prepare meals and drinks of their choice.

The registered manager understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Care staff told us they gained people's consent before giving care.

The provider had some processes in place to monitor the quality of the service and to understand the experiences of people who used the service. This included regular communication with people and staff, and the use of 'feedback' forms to assess people's views of the care and service they received. People knew how to raise concerns if needed and those people who had done so, felt they had been managed and resolved to their satisfaction.

We found overall that records were not always sufficiently detailed to demonstrate the processes and systems in place to ensure quality care and services were provided.

## 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.

Care staff understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and staff understood risks associated with people's care. Overall people received support from a consistent staff team at the times they had agreed. Recruitment checks were carried out to make sure staff were suitable to work with people.

### Is the service effective?

Good ●

The service was effective.

Care staff completed training to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care staff gained people's consent before care was provided. People were provided with support to eat and drink if required.

### Is the service caring?

Good ●

The service was caring.

People received care and support from care staff who understood their individual needs. People said care staff were honest and respectful, and always ensured their privacy, dignity and independence was maintained. Staff built meaningful relationships with people and had sufficient time to meet people's needs and provide companionship.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people's preferences in regards to their support were taken into consideration when planning their care. Staff knew about people's needs and involved them in decisions when delivering their care. People

knew how to make a complaint if they needed to.

**Is the service well-led?**

The service was not consistently well led.

Improvements were needed to processes, systems and record keeping to ensure the quality of care and services provided could be demonstrated. People were happy with the support they received and were invited to comment on the quality of the service. People and staff spoke positively of the provider and registered manager and staff felt supported in their roles.

**Requires Improvement** 

# Facilitate Care Services

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The office visit took place on 16 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was so they could make sure they and care staff would be available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example, we checked to see if the service had sent us any statutory notifications. A statutory notification is information about important events, such as an accident that occurred in a person's home. The provider is required to send these to us by law. We also looked to see if we had received any contact from members of the public or Local Authority in regards to any feedback about the service. No concerns about the service had been received.

Before the office visit we contacted people who used the service by telephone. We spoke with three people who used the service and relatives of a further five people. During our visit we spoke with four care staff, the provider and the registered manager.

We reviewed two people's care plans to see how their care was planned and delivered. We looked at other records related to people's care and how the service operated including quality monitoring checks, satisfaction surveys, records of complaints, home visit logs including daily records, training schedules and medicine records. We checked whether care staff had been recruited safely and were trained to deliver the care and support people required.

# Is the service safe?

## Our findings

People told us they felt safe when supported by staff from Facilitate Care Services. One person told us, "One hundred per cent safe, definitely." Another said, "They are wonderful, I have got wonderful ladies." We asked relatives if their family member felt safe when being supported by staff. One told us, "Yes I am sure that [person] does." Another said "[Person] is happy with carers." People and relatives said the staff that worked in the office were approachable and they would contact them if they had any concerns.

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. All the staff we spoke with had attended training on how to recognise abuse. They were aware of the different signs of abuse and who to report their concerns to. One staff member told us, "I would speak to the office and report it."

The registered manager said that each person had an assessment of their needs completed before they started to use the service. They told us, "We gather information on their history (relating to their health) and identify what the risks are and set up risk assessments in the care plans. They went on to say, "We have a system that will pick up risks. We go through the care plans to see which ones need a review. The new system we are migrating to will show which ones need review."

We saw there were some risk assessments within people's care plans to identify any potential risks to people. There were also care plans which informed staff how those risks should be managed to keep people, staff and others safe. However, risk assessments were not always sufficiently detailed to show risks had been fully assessed to manage risks safely. The registered manager said they would address this.

We asked staff what they did to make sure people were safe when supporting people with their care. One staff member explained they followed the instructions given in care plans kept in people's homes to make sure they delivered safe care. They told us, "Every client is different and I need to follow the care plan. The care plan tells me that personal care may be a double up (two staff) and that is what I follow. If people who need a double up want a shower and there is only one of us, I have to tell them I cannot do it." Another staff member told us, "We check areas (in people's homes) are always clear, make sure we are there with them when moving around. We check their skin on every call we go to." They went on to say that if they identified any red areas on people skin they recorded this on the person's care records and notified the staff in the office. This was so they could make arrangements with other family members for these to be followed up with any health professionals as needed.

Staff and relatives told us there were enough staff to meet people's needs and most of the time they arrived on time and stayed the full amount of time. They told us the care they received was not rushed and staff supported them safely. Staff visit schedules showed the timings of the calls they made to people but we could not always confirm these were at the times people expected because this information was lacking in some care files. The registered manager agreed to address this. The records staff signed when they visited people at home included the times staff arrived and left, to confirm they had stayed the length of time agreed.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. We saw these were sometimes adjusted according to the needs of people using the service. For example, one person told us they had required the support of two calls per day by two staff prior to a hospital admission. Following their discharge from hospital their needs had increased so they required four calls per day. They told us how the service had accommodated their increased needs by organising four calls a day with four staff supporting them.

The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff told us and records confirmed, Disclosure and Barring Service (DBS) checks were obtained before they started work. The DBS helps employers to make safe recruitment decisions by providing information about any criminal records a person may have and whether they are barred from working with people who use services. We found references were requested but written references were not always obtained before staff started work. We discussed this with the manager who told us that despite written references not being on files they had made verbal contact with referees to discuss staff suitability. The registered manager told us they were in the process of continuing to obtain written references for new staff.

People were happy with the support they received with their medicines. Most people were able to manage these independently. Where people needed support to take their medicines such as prompting, this was provided as required so they could take their medicines as prescribed. Staff completed training before they were able to administer medicines to ensure they managed medicines to the required standards. They also had regular checks to ensure they remained competent to do so. One staff member told us, "We are trained in medicines but clients or relatives do it themselves." Another staff member told us, "A [person] had a calcium tablet and instead of chewing it swallowed it. [Person] started to choke on it. We could not leave them. When I called them (staff in the office) they came out. Now ... when I give it to [person] I make sure they chew it." This demonstrated that staff had learned lessons from this incident and were taking action to minimise any further risks of this happening again.

## Is the service effective?

### Our findings

Most people and relatives told us care staff had the right skills and knowledge to meet people's needs. We asked people if staff knew what they were doing when providing support and if they were sufficiently trained. One person told us, "Indeed they are (trained), the care they give is lovely, they are very kind and gentle and they help me to get dressed. The ladies are lovely." We asked a relative what made them feel staff were sufficiently trained. They told us, "Just everything, the way they carry out their duties, they use all the safety gear." One person told us that new care staff needed extra training to make sure they could meet their needs more effectively. This was confirmed by a staff member who told us, "Training could be improved because some carers take a long time to catch up on things... Some people don't expect to tell you what to do." The registered manager said that training was ongoing for all staff.

Staff told us they had completed some training and this was ongoing. New care staff told us they completed an induction to the service which included shadowing more experienced care staff. They said this helped them to understand their role and how to support people. The registered manager maintained a record of staff training. This was so they could identify when staff needed to refresh their skills. Training records showed staff had completed health and safety, infection control and basic life support training. The registered manager told us that all staff had been asked to complete the 'Care Certificate'. We saw the training information packs that were to be completed by staff. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment. The registered manager said she would "sign off" training when completed to confirm each staff member's learning and competence.

Staff told us their knowledge and learning was monitored on an ongoing basis through observations of their practice during care calls. They also discussed their learning requirements during one to one supervision meetings with their manager in the office. One staff member told us, "Yes I have had a supervision meeting in the office and in the work place to see how you work. They also asked me if I was ok and if there was anything they could do for me. They asked if I am happy here." Another staff member told us, "We discuss training needs and any problems." Staff appraisals were still to be introduced so that each staff member had a clear set of objectives they were expected to achieve to meet the standards expected by the provider. The registered manager told us they had only been fully operating over the last 12 months but they would take action to ensure these were addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We found that staff had an

awareness of the MCA but they were still to complete training on this. However staff knew about gaining people's consent before delivering care. One staff member told us, "I always communicate with them and tell them every step and after I have washed my hands I tell them, 'this is what I am going to do' and ask for their consent." Staff told us that everyone they supported had someone who could assist them with decisions if they were unable to make decisions independently.

Most people using the service told us they were either able to prepare their own meals and drinks or family members provided them. People who were supported by staff told us they were happy with the support they received. One person told us, "They come in the morning and fix whatever breakfast I want, the drinks I make myself." Another person explained what support they received and told us, "Most of time they support with meals and cups of tea, if I ask them to do anything they will do it, no arguing."

Daily records showed how staff constantly monitored how people were, for example, notes included what people could still do independently. The registered manager told us health professionals were accessed in situations when concerns about people were noticed. For example, they explained one person had not been eating well so they had started to monitor them. They told us, "We were trying to see when [person] came back from hospital how much they were eating and drinking and we did a diet chart. From that we recognised they were not eating as they should and they were prescribed fortisips (food supplement)." They went on to tell us that the person was taking the fortisips to help maintain their health.

## Is the service caring?

### Our findings

People spoke fondly of the care staff and said they were treated with kindness and had developed positive relationships with them. One person commented "I would say they are honest, caring, reliable, really lovely people and kind." Another said, "I think all of them are really good, they are always respectful and nice."

Staff told us how they were caring towards people. One staff member told us, "We chat to them, we are always talking to clients when we are with them. They chat about what they used to do when they worked, their families and the weather and garden." Then went on to say they discussed what they were going to do when supporting them such as putting on their shoes. They told us this helped people to feel at ease with them. Another staff member told us, "I introduce myself to the clients and tell them how long I am there for; from there we develop a relationship. I say I am here to care for you. I say to them, this is your house, what would you like."

The provider was committed to ensuring staff provided a caring and supportive service to people. The registered manager told us, "When they come to us it's about cultivating the culture and checking their values. We have a great staff team out there. We speak to them a lot and they know what our values are. As we work with them we instil those values." They went on to say, "When they start we don't send someone to work on their own they have to work with other staff first so that we get feedback." This assured the management team that the staff were working to the values and standards they expected in order to meet people's needs.

People said they were treated with dignity and respect, relatives also confirmed this. Relatives spoke positively about the staff, one told us, "I have been perfectly happy with the carer on every occasion." Another said, "They are fine, they are caring and respectful to [person]."

Care staff were able to tell us how people preferred their care and support to be delivered demonstrating they knew people well. They also explained how they maintained people's dignity, privacy and independence. For example, one staff member told us, "If there is somebody else visiting we make sure no care is done in front of them. As soon as we have done the care, we make sure they are covered up to keep their dignity and keep them warm." Another staff member told us, "I ask if they want a bath in bed or want to walk to the shower, to have a strip wash on the bed or on the commode. I close the door behind me to protect their privacy. I give them a choice, I ask how they feel today, do you want your hair washed?"

## Is the service responsive?

### Our findings

People had agreed how they wanted to be supported and had a copy of their care records in their home. People's care and support was planned with them when they first started to use the service and care plans were developed following an assessment of their needs. Most people told us they were happy with the care they received and said that it met their individual needs and preferences. One person explained how their health had improved since they had started to use the service. They told us, "I have a problem with my legs and those ladies are helping me. My legs have to be bathed and they have to put lotion on. They have to do that every morning. The doctor is really pleased with the progress."

Each person had a care plan which detailed the care and support they required and they contained some information about how they would prefer to receive this. This included for example, applying creams to a person's skin in their bedroom as opposed to the bathroom. This information helped staff to gain the necessary knowledge to ensure each person was at the centre of the care and support they received.

Relatives we spoke with told us that staff were responsive to their family member's needs and explained how staff worked with them to ensure their family member received the support they required. One relative told us, "The district nurse came out and [person] had redness (on their skin). She advised carers not to put certain cream on and they adhered to that." Another family member explained how they expected staff to use a range of different products when assisting their family with personal care. They explained they worked with staff to ensure they used the correct products.

Staff told us how they involved people in making decisions about their care. One staff member told us, "We just try and follow the same routine how they want it. When we first go in we have a care plan we go through, and families tell us how they want things to be done." Another staff member explained how they supported people's independence. They told us, "We encourage them to do as much as they can possibly do, so when undressing and dressing, we try and get them to help as much as possible with buttons or taking their top over their head. Involve them as much as possible."

The registered manager told us that care plan reviews were carried out when people's needs changed or six monthly. This ensured information in care plans remained accurate for staff to follow. People and relatives were involved in care reviews so that they could make decisions about how they wished the ongoing care and support to be provided.

Care plans we looked at contained clear information about what staff were required to do to support people. They also contained some information about people's healthcare needs so that staff were mindful of these when providing care. Staff told us they had time to read care plans and recorded what care they had provided in record books kept within people's homes.

People and relatives spoken with knew they could raise concerns if needed and were aware of the actions to take if they wanted to make a complaint. One relative told us they had raised two issues with the agency and both had been managed effectively. They told us "Every time I have phoned they have certainly been willing

to help when I have changed the arrangements for some reason."

Staff told us they would refer any concerns to the 'office' if they were unable to resolve them themselves. One staff member told us, "If someone is not happy, I try my best to resolve them (complaints) .... and notify the office. I want my clients to be happy and safe."

The provider had a complaints policy which stated complaints were looked upon as an opportunity to learn, adapt and improve to provide better services. The policy identified the timescales when people could expect a response. The registered manager told us people were provided with a copy of the complaint procedure in the 'service user guide' issued to them when they started to use the service. They told us, "They are all provided with a copy of that as part of their assessment." There had been no formal complaints received by the service at the time of our inspection. The registered manager told us that when people had raised concerns these had been promptly managed.

## Is the service well-led?

### Our findings

Overall, people were satisfied with the service they received and were complimentary of Facilitate Care Services. The aims and objectives of the provider were included in the 'Service User Guide' which were discussed and provided to people when they started to receive a service. People told us they knew the management staff, including the registered manager, and felt they were all approachable. One person told us, "She (manager) is professional, nice and approachable." A relative told us, "I met with the two managers when the contract was started to agree our requirements, to write up the contract, and to give me details of how they operated and what their aims were." They went on to say they were satisfied with the service and they had "no problems". Another relative told us, "I think the agency is run very well."

The provider had a clearly defined management structure in place. This consisted of the registered manager and 'field marshals' who monitored that care staff carried out their role as expected. Staff were provided with a 'handbook' when they were employed so they were clear on their responsibilities. The registered manager told us there was an 'on-call' service available to support people out of hours with any immediate concerns.

Staff spoke positively of working for the service and felt supported by the management team to carry out their roles. They confirmed there were procedures to follow to make sure the quality of care and services they provided to people were in accordance with the provider's expectations. One staff member commented, "Very good agency....they are compassionate people, they listen to you and will go out of their way to resolve anything the best they can. You are an actual person to them and not just a number." Another staff member told us, "If I have a problem, I phone them and explain the concern and ask how to deal with it."

We identified some improvements were required to processes, systems and record keeping. This was so the provider could clearly demonstrate that the quality of care and services people received was safe, appropriate and consistent. This included, improving systems for recording risks associated with people's care to show they had been fully assessed and minimised. Improvement of record keeping in regards to the recruitment system to show staff had all of the required checks in place before they started work at the service. We were not able to confirm all staff had regular supervisions because detailed records of these had not been maintained. We found information in some service agreements was not clear to confirm the times of calls people had agreed when they started to use the service. This meant it was difficult to check that people received calls at the times they had agreed and expected.

There were areas of staff training still to be implemented. This included the Care Certificate and Mental Capacity Act training. Processes had also not been put in place to ensure staff appraisals were carried out.

We had not received any statutory notifications from the service. A statutory notification is information about important events which the provider is required to send to us by law. We found there was no central record of incidents and accidents to review to confirm whether any notifications should have been submitted to us. The lack of a central record meant it would have been difficult for the provider to monitor

the number of accidents and incidents on an ongoing basis to identify any patterns and trends that could identify concerns. The registered manager told us there had been very few accidents. They knew this because the registered manager regularly worked as part of the staff team and regularly reviewed records held in people's homes where any accidents and incidents were recorded. The registered manager knew that when care staff had been to homes where people had fallen, they had called an ambulance to ensure risks associated with their health were managed. Staff told us they always reported any concerns to the office to make sure they were aware of them. The registered manager told us they would implement a central record.

The registered manager told us that informal staff meetings took place with care staff and field marshals (management staff based in the office) if needed. They gave an example such as care staff members experiencing particular difficulties in meeting a person's needs. There were no notes of meetings held to confirm discussion points and how they were resolved. However, the registered manager said, "Because staff work together and we get the seniors to meet with them, they communicate with each other. We do call them individually here and they do pop in to bring their time sheets in." They went on to explain how they used opportunities when staff came into the office to discuss any issues they had with their work so that staff felt supported and could meet people's needs effectively. The registered manager also told us of plans to introduce new quality monitoring systems in the future.

People told us they had been asked for their opinions of the service in a recent questionnaire. The registered manager confirmed this and said responses were still awaited from some people. They said these would be reviewed so any areas for improvement could be identified and acted upon by the provider. We saw three of the returned forms with some suggestions for improvement which the registered manager advised she would be addressing.

A provider information return (PIR) was not requested before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager the opportunity during the visit to tell us what the service did well and what areas could be developed.