

Faith Care Line Services Ltd

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Inspection report

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11 February 2020

14 February 2020

17 February 2020

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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?

Good ●

Summary of findings

Overall summary

About the service

Faith Care Line Services Ltd is a domiciliary care agency providing support to 10 people, of which eight were receiving personal care. This service is provided to older people, people living with dementia, learning disabilities or autistic spectrum disorder, physical disability and younger adults.

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.

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

Staff competence to administer medicines safely had not been effectively assessed and this was against the provider's policy. Risks were identified and managed well. Sufficient staff with appropriate skills were recruited safely and deployed in a way which kept people safe. Staff applied their knowledge of hygiene and safeguarding systems well. One person told us, "I like to go to bed at my preferred time and staff are excellent at doing this for me. I feel safe not being in bed too long." Lessons were learned when things did not go quite so well.

People's assessed needs were met by staff with appropriate skills and whose induction, supervision and training was kept up-to-date. The provider worked well with professionals involved in people's care. People were supported to eat and drink well. Staff enabled people to access healthcare and support services.

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.

Staff supported people with compassion, thought and kindness. One relative told us how genuine and sincere staff were and that staff cared from the heart. People's care was provided with dignity and respected their confidentiality. Staff respected people's privacy and encouraged independence. People had a say in developing their care and how and whom provided this. Support to access advocacy was provided.

People's care needs including preferences and abilities had been identified and acted on. However, guidance for staff how to meet people's needs was lacking. This put people at risk of their care not being as person centred as it could have been. People knew how, but had not needed, to raise a complaint. Systems and procedures were in place to support people with end of life care and in an emergency situation.

The registered manager was aware of their responsibilities and acted on improvements they had identified. The registered manager had fostered an open and honest staff team culture, staff were supported. People, relatives and staff had a say in how the service was run. Quality assurance, audits and observations of staff practises were effective in identifying what worked well and if any changes were needed. The provider

worked well with others to provide people with joined up care.

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 2 March 2019) and there was one breach 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 and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous inspection rating.

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 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 well-led.

Details are in our well-led findings below.

Good ●

Faith Care Line Services Ltd

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

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 four days' notice of the inspection because some of the people using it could not consent to a home visit or telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 11 February 2020 and ended on 17 February 2020. We visited the office location on 14 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications about various incidents the provider must tell us about. We sought feedback from the local safeguarding authority and professionals who work with the service. The provider was not asked to send us their 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and four relatives of people who used the service. We received feedback from two health professionals and a social worker about their experience of the care provided. We spoke with the registered manager and five staff including office-based staff and care staff.

We reviewed a range of records. This included three people's care records. We looked at two new staff recruitment file and records relating to training and supervision. A variety of records relating to the management of the service, including staff meeting minutes, compliments, audits and feedback from people and relatives were also reviewed.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff applied their medicines' administration training in line with current guidance, including those medicines which had to be given at a specific time. Staff were aware of when they needed to seek emergency assistance including for potential side effects of people's medicines.
- The registered manager, however, was not able to demonstrate to us that they had assessed staff competence to administer medicines safely. Although, we did not identify any adverse impact on people, this put people at risk of harm.
- One person told us they were independent taking their own medicines and staff just reminded them if the person forgot. A relative said, "Staff always sign the [medicines administration] records. They are diligent in checking the right dose and timing."
- Audits of medicines' administration records helped identify issues before incidents occurred.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and manage risks. For example, medicines' administration, moving and handling and pressure sore prevention.
- Although risks had been identified there was a lack of clear guidance how to safely manage these risks. These included how to safely move and reposition and also how to recognise risks associated with health conditions. The registered manager added this guidance before we completed our inspection.
- Staff were nonetheless, able to describe to us in detail how they attached a sling to a hoist, used equipment and helped prevent people from developing a pressure sore. One relative said, "[staff] are very, very careful. They don't rush and even though I keep a close eye on them moving my [family member], there hasn't been any concerns."

Systems and processes to safeguard people from the risk of abuse.

- Improvements had been made in staff's knowledge about the different types and signs of abuse and harm. One person told us, "I completely trust [staff]. I put my life in their hands every time they help me. I can rely on them when I need them."
- People's care plans included information about what keeping safe meant to them, by having support from two staff members and equipment required as part of people's care.
- One staff member said, "If I saw a person was upset or refusing care I would report this straight away to the [registered] manager. Staff also knew who they could escalate any concerns to, such as the local safeguarding authority."

Staffing and recruitment

- Improvements had also been made to make sure that staff were safely recruited. Checks were now in place to assess staff suitability including a full employment history and a criminal records check (DBS). Other checks included recent photographic identity and evidence of staff's fitness to care for people.
- The registered manager told us that they initially established staff suitability by telephone interview followed by a thorough exploration of staff knowledge.
- All people, relatives and staff told us there were enough staff with the right skills. One staff member said, "We have enough staff. If one of us is off sick or delayed due to traffic or weather, there are staff who can cover this including those based in the office."

Preventing and controlling infection

- People were supported by staff who applied good practise in maintaining hygiene standards. One person told us, "[Staff] always wash their hands and change the gloves after providing care and put them in the bin."
- Staff told us they had training on infection prevention and control as well as having enough protective clothing.

Learning lessons when things go wrong

- The provider took on board learning when things went wrong including staff recruitment, training and staff not always signing medicines records. Actions taken had mostly been effective.
- The registered manager monitored issues for trends and shared any learning amongst the staff team. The registered manager said, "It has been a tough year, but we are getting there. We share any good ideas at team meetings and we can ring the staff or observe their care practise at any time."

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 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'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

- The registered manager told us that they assessed people's needs and contacted the person or their relative within a few days to make sure everything was to the person's satisfaction. One relative said, "It all went very well. I am so pleased with all [the care]. [Staff] know exactly what to do. It is important my [family member] has this level of support."
- The provider used up to date health guidance for people who needed support with their skin care, repositioning and medicines.
- Staff supported people with their needs, including the use of hospital type beds, hoisting and repositioning equipment. One relative told us staff knew exactly how to encourage their family member to eat and had effective ways to do this.

Staff support: induction, training, skills and experience

- Staff had been provided with appropriate skills and they effectively met people's needs. Staff received regular supervision, shadowed experienced staff and were supported in their roles. The registered manager told us that staff had face to face training which had improved their skills and general understanding of subjects.
- One relative told us that staff were adept at encouraging their family member to be more independent. For example, by helping them to wash by themselves. A staff member said, "It is so rewarding to see people do more. It just takes time and effort."
- A planned programme to refresh staff' knowledge was in place. One staff member told us about the forthcoming planned training by a competent trainer. People told us they felt staff had the right skills.

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

- People were supported to eat well and according to their needs. Examples included soft or low sugar food, and to eat and drink a balanced diet.
- We found that staff supported people to prepare or eat meals.
- One relative told us their family member needed thickeners in their drinks as they were at risk of choking and said, "Staff always do this slowly and carefully and follow the instructions."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team worked well with other professionals involved in people's care such as social workers and healthcare staff.
- One relative told us, "My [family member] has a visiting community nurse and they know what the care

staff have done. I am the liaison between them but [registered] manager checks frequently."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people and enabled them to access healthcare services including going to see, or being visited by, health professionals. One person said, "If I wasn't well, [staff] would call an ambulance for me, of that I am sure. They know if I am in pain."
- Staff successfully used health professionals' advice about people's health conditions including those from a speech and language therapist. One relative told us, "There was slight reddening of [family member's] skin but staff got the district nurses and the skin has all healed well. We now have a cream [staff] apply each day."

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that staff had improved their knowledge of the MCA and how they applied its principles effectively, giving people the right to make choices. One staff member told us how they offered a few choices, so they did not overwhelm people. The staff member said, "If people don't want to eat or wash, I try asking them in a different way or make them feel as if it is their choice."
- Some people using the service were supported by an advocate or relative appointed through the CoP. One relative said, "I have power of attorney to make decisions about health. We have first class care as staff definitely give choices in everything. They keep [family member] more independent as a result."
- Staff knew when to respect people's choices but also to keep people safe if their decisions were unwise. For example, if the person chose not to eat or take their prescribed medicines. Another relative told us how staff used moments when people had the most mental alertness, such as in the morning when they were not so tired.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 consistently received care that was compassionate and that respected any disability. One relative described in detail how staff would give their family member as much time as necessary for them to clean their teeth. This included putting the toothpaste on the brush but letting the person do the rest.
- One person told us, "If I need [personal care] the staff are superb. They tell me exactly what they are going to do and what help I might need. They aren't phased by anything."
- The registered manager told us how they used various equipment provided for people, including hospital type beds, adapted drinking vessels or giving people praise for their achievements. One relative said, "[Staff] are very kind, don't rush and know their job inside out. It makes such a difference to my family member."

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

- People or their representative told us they had a say in when and how care was provided as well as by whom. One relative told us, "[Registered manager] came to see us and asked what we wanted. They have given us so much advice and continue to do so for other organisations regarding [health condition]."
- People were given support and as much opportunity to be involved in their care including alternative means to communicate using, body language and facial expressions.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's dignity, promoted independence and respected privacy.
- Relatives spoke positively about how well staff had developed a good rapport. One relative told us, "The staff care from the heart and with genuine compassion. It isn't easy to be dignified but they are good at warming a towel, getting toiletries ready and keeping [family member] covered when providing [personal care]." One staff member said how they made adjustments for people who had complex needs by giving them the time they needed to access any medicines when needed.
- People's personal and confidential information was held securely in the privacy of people's homes or locked in a secure cabinet. Staff respected people's confidential information and only discussed matters in private.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained accurate information which reflected their care needs and helped reduce the risk of social isolation.
- However, all risk assessments just stated 'provide assistance' when repositioning people from a bed to a chair or bathroom. There was no detail how to do this or what the risks to the person were whilst doing this. In addition, there was a lack of guidance for staff for people at risk of high or low blood sugar levels. Not all staff could remember from their training what the risk of a person having low or high blood sugar could be. The registered manager told us they would add more detail to care plans and include guidance for staff about diabetes.
- People's support enabled them to live a meaningful life and to take part in social activities. This helped maintain or improve people's independence and gave them opportunities they would not otherwise have. One person was supported to access and play their musical instrument and read magazines about their favourite music. A relative told us how exceptional staff were at using their judgement to get the family member to do things they [the relative] could not. And, how much pleasure it gave the person reliving happy memories from their childhood by watching music videos staff had accessed through the internet.
- The registered manager told us how one person was being supported with their faith, by having visits to their home. The registered manager had enabled the person to participate more regularly in their faith at a local church and this had made a positive difference. The person was elated to attend church once more.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans gave staff information on what people's preferences were. For example, how important it was to always have female care staff for personal care, making sure this preference was upheld, and also for times staff were on leave.
- All people and relatives told us that they were involved in the support they needed. One relative described in detail the options available to them. Including, having 24-hour live in care and support for their family member to remain at home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff team had a good understanding of what accessible communications

were. A staff member told us how they pointed to objects or showed people a few examples of foods or drinks. This gave people a way to communicate effectively.

- Another staff member told us, "I know when people need more time. Sometimes we have to decide for them as we know what they have always loved. It could be the time of day we use to communicate more easily."

Improving care quality in response to complaints or concerns

- The provider and registered manager identified and responded to concerns before they became a complaint.
- Where complaints had been made the provider was in the process of responding to these and also seeking assistance from external organisations, including the local authority to resolve the concerns.
- People's care plans gave guidance about the various organisations people could contact if they had any concerns.

End of life care and support

- At the time of our inspection no one was in receipt of end of life care. The registered manager had sought assistance from the local authority on best practise and people's decisions about end of life care had been recorded.
- People or their representative had been offered choices and options whether people were to be resuscitated. Staff received regular and specific training for end of life care, including people's religions and cultures.
- The registered manager had worked with local palliative care teams and was aware when just in case medicines were needed, as well as support from health professionals. People could die in a dignified way.

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 had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection there was a lack of organisational oversight as the provider did not monitor all areas of the service provided, including records to identify areas requiring improvement. This was a breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- The provider's governance, oversight and quality assurance systems were mostly effective. The registered manager told us there were still some improvements needed for people's care records and staff medicines' competences.
- Oversight of the service included, ensuring staff had the support they needed, people' care plans were reviewed, and changes implemented. One person praised the service for recognising that their support needed to be increased and that this had been done well at short notice.
- We found that improvements which we had previously identified had been acted on and sustained.

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

- The registered manager was aware of their responsibilities in reporting incidents to us, including those involving safeguarding. The provider was correctly displaying their previous inspection rating poster on their web site but due to an oversight, not in the office. The registered manager acted on this and displayed the rating correctly.
- People and relatives had many positive views about the quality of care provision. One person said, "I would 100% recommend the service to others. It doesn't matter what help I need. When I need it, I get it." This was a view echoed by everyone we spoke with.
- One compliment about the service read, "Thank you for all the support you have provided and [staff] who were competent, good-humoured and really couldn't have done any more."
- The registered manager supported staff with observations of their care practises, and using practical examples staff could relate to.
- These observations helped ensure staff upheld the provider's values of recognizing people's individuality. One staff member had suggested a way to improve a person's independence and this had been shared across the person's care staff team. This small change had resulted in the person being more independent

and having all the care they needed.

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

- The registered manager had recently recruited a care coordinator as the business had grown. This was planned to give them more time to focus on quality improvements and to manage the service.
- Staff were committed to their roles providing high-quality care and support and being open and honest. This helped identify changes in people's needs and any potential for learning across the staff team. One person said, "I would definitely recommend the service to others. Staff are matched to me and they know me really well."
- Staff were unanimous in praising the registered manager who had an open-door policy, and who could be contacted at any time. One staff member said, "I can call in to the office to see [registered] manager at any time. They are very supportive. I know that when I need some guidance, they always come back with a solution."

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

- People, relatives and staff had a say in how the service was run, including face to face meetings, during care reviews and speaking with the registered manager on the phone.
- People's views of the service were also gathered shortly after the provision of care and support had started. This enabled the registered manager to act swiftly if there were any minor issues to act on, such as a change to the care visit timings.

Working in partnership with others

- The registered manager and staff team had a good relationship with others involved in people's care. These included social workers and local quality improvement teams. A member of this team had found the agency had purchased a paperless system and it was hoped this would give a transparent and better oversight of the service users and staff.
- We found that the registered manager was working with people's care commissioners to resolve concerns. The registered manager said, "We have already taken some actions about the staff. We are looking to seek a resolution."
- We also saw how the early involvement of health professionals had resulted in better outcomes for people's health conditions and the management of these in a joined-up way.