

## Favoured Health Care CIC

# Favoured Health Care CIC

### 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Favoured Health Care CIC is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of our inspection 18 mostly older people were receiving personal care from this home care agency. Most people using the service were also living with dementia.

### People's experience of using this service

People using the service and their relatives told us they remained happy with the standard of home care service they or their loved one received from this agency. People told us staff continued to treat them or their loved one with compassion and respect.

The service had safeguarding procedures in place and staff had a clear understanding of how to manage risk and keep people safe. Appropriate staff recruitment checks took place before new staff started working for the service. Staff scheduled visits were well-coordinated. People received their medicines as they were prescribed. The service had procedures in place to reduce the risk of the spread of infection.

Staff received training and support that was relevant to their roles and responsibilities. Staff routinely sought the consent of the people they supported ensuring they had maximum choice and control over their lives. Where staff were responsible for this, people were supported to maintain a nutritionally well-balanced diet. People received the support they needed to stay healthy and to access community-based health care support as and when required.

Staff treated people with dignity and respected their privacy. People were also treated equally and had their human rights and diversity respected, including their spiritual and cultural needs. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

People's care plans were developed from these assessments and routinely reviewed to ensure they remained up to date. People had been consulted about their support needs, preferences and choices. This involvement ensured their expressed wishes were included in their personalised care plan. People were satisfied with the way the provider dealt with their concerns and complaints. People's end of life care wishes were recorded in their care plan.

The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. The provider had effective systems in place to assess and monitor the quality and safety of the service people received. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last rating for this service was good (published 5 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Favoured Health Care CIC

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

One inspector was involved in carrying out this inspection.

#### Service and service type

This service is a home care agency that provides personal care to people living in their own homes. The service continued to have the same manager registered with the Care Quality Commission (CQC) who is also the owner. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24-hours' notice of this inspection because we needed to be sure the registered manager would all be available to speak to us when we visited their offices. Inspection activity started on 4 June and ended on 7 June 2019. We visited the office location on 4 June.

#### What we did

Before our inspection, we reviewed all the key information providers are required to send us about their service, including our Provider Information Return (PIR) and statutory notifications. A PIR provides us with some key information about the service, what the service does well and improvements they plan to make. We use all the information providers are required to send us to help inform our inspection planning.

During our site visit we spoke in-person with the registered manager/owner. We also looked at a range of records including, five people's care plans, eight staff files and various documents relating to the overall management of the service.

As part of the inspection process we also made telephone or email contact with two people using the service, four relatives or friends and six care staff.

# 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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received up to date safeguarding adults training. Staff were knowledgeable about how to recognise the signs and symptoms of abuse or neglect and report any concerns they might have to the registered manager. One member of staff told us, "If I ever witnessed abuse happening I would tell the [registered] manager straight away. It's my duty of care to make sure the people I support are safe."
- However, although the provider had an electronic version of their safeguarding and staff whistle blowing policy and procedure in place, staff could access from the office-based computer, these policies were not included in the staff handbook or displayed in the office. This meant staff did not have easy access to this essential information about how to deal with safeguarding issues.
- We discussed this issue with the registered manager who agreed to include a copy of their staff whistle blowing policy in the employee handbook, conspicuously display the policy in the office and make safeguarding a fixed agenda item during their monthly team meetings.
- Progress made by the provider to achieve this stated aim will be assessed at their next inspection.
- Both the safeguarding concerns raised in respect of this service since their last inspection had been investigated with outcomes and lessons learnt documented.
- The provider had reported allegations of abuse in a timely manner to the relevant local authority's safeguarding team and the CQC, when these safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People's assessments addressed any risks to their health, safety and wellbeing. For example, this included risks associated with people's mobility, use of mobile hoists, eating and drinking, skin integrity, dementia, behaviours that may be considered challenging, taking their medicines as prescribed and their home environment.
- People's care plans also contained detailed risk management plans for staff to follow that enable them to reduce or appropriately manage the identified risks described above that people might face.
- Staff demonstrated a good understanding of the hazards people they supported potentially faced. They confirmed risk management plans were in place and easy to follow, which helped them reduce these identified risks. For example, in relation to preventing or managing pressure ulcers for people identified as being at risk of developing them, one member of staff said, "We are given a chart which indicated areas where people we support might be at risk of developing pressure ulcers, along with guidelines about what to do to prevent and manage pressure ulcers."
- Maintenance records showed where care staff used specialist equipment to support people in their own

homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

#### Staffing and recruitment

- There were enough staff to support people safely.
- People using the service and their relatives told us staff usually arrived on time for their scheduled visits and always rang if they were running late. Typical comments included, "Staff are sometimes late, but they do tell you if that's going to be the case", "The carers are more or less on time. Lateness has never been a major issue" and "Staff are generally on time".
- Staff told us their scheduled visits were well-coordinated by the registered manager. One member of staff remarked, "I think the registered manager does a good job organising the staff rosters, so I've always got enough time to complete all my tasks and get to my next call."
- The provider operated safe staff recruitment procedures that enabled them to check the suitability and fitness of all new employees.
- The registered manager told us people received continuity of care from the same small group of staff who were familiar with the unique needs, daily routines and preferences of these people they regularly supported.

#### Using medicines safely

- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff had received training about managing medicines safely and their competency to continue doing so safely was routinely assessed by managers and senior staff. This included unannounced spot check observations of care staff administering medicines during their scheduled shifts.
- Staff administering people's medicines were required to fill in a Medicine Administration Record (MAR). These records were audited to make sure they were fully completed.

#### Learning lessons when things go wrong

- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.
- The registered manager gave us an example of how they had improved the safety of the medicines management by increasing the frequency they checked medicines records.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people.
- Practice around infection control and use of PPE was checked by managers and senior staff when they carried out spot checks of care staff.

# 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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity and recorded any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
- Staff were aware of their duties and responsibilities in relation to the Mental Capacity Act 2005. For example, staff understood who they supported lacked capacity and told us they always asked for people's consent before commencing any personal care tasks. One member of staff said, "I always ask people for their permission to do what is required to meet their personal care needs." Another member of staff told us, "I explain to people what I'm doing step-by-step and always make sure they understand I'm there to help them."

Staff support: induction, training, skills and experience

- Staff had completed training that was relevant to their roles and responsibilities. For example, as most people using the service were living with dementia it was compulsory for all staff to receive dementia awareness training to ensure they could meet these people's needs.
- This included an induction which was a comprehensive training programme mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the

expected level of knowledge to be able to do their jobs well. The induction was followed by a period of shadowing experienced nursing and care staff.

- Training staff received was routinely refreshed to ensure their knowledge and skills remained up to date.
- Staff demonstrated a good understanding of their working roles and responsibilities. Staff told us the training they received was on-going. One member of staff said, "I have received all the relevant training I need to do my job well and to look after people I support properly."
- Staff told us they felt supported by the managers and senior staff who often observed their working practise during their scheduled visits. One member of staff said, "I often meet the managers during my visits. I feel very supported by them." Another member of staff told us, "I have a supervision meeting the registered manager every three months who I've always found to be very supportive of me".
- Staff had regular individual supervision meetings with their line manager and group meetings with their fellow co-workers.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received support. Expected outcomes for each person were identified and their individual care and support needs regularly reviewed.
- Care and support was planned and delivered in line with people's assessments described above.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs.
- People who received assistance with their food told us they were satisfied with the choice and quality of the meals staff offered them.
- Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care plans set out how staff should support them to ensure their identified health care needs were met.
- Appropriate referrals were made to the relevant health and social care professionals to ensure people received the support they required. This ensured external professionals, such as GP's and district nurses, were notified in a timely manner when people's health care needs changed.
- Records showed staff had immediately contacted emergency services or other health care professionals when they were concerned about a person's health.

# 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 now 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 told us staff were "caring" and treated them or their loved one with respect. Typical feedback included, "The carers are all lovely...Generally not a bad agency", "The carers treat me and my [family member] pretty well...They're so much better than the last lot of home carers we had coming here from another agency we used" and "The staff are good to me and my [family member]...They're [staff] always kind and courteous to us, even when we're not as polite to them as we should be".
- People were treated equally and had their human rights and diversity respected.
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices and staff were respectful of people's cultural and spiritual needs.
- A member of staff told us they regularly accompanied a person they supported to attend services at a local church at the bequest of this individual and their family.
- The registered manager also gave us several examples of how they had matched staff with people who shared the same religion and/or cultural heritage or spoke the same language. For example, a member of staff was allocated to support someone who spoke the same Middle Eastern language and who practiced the same religion.

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

- People told us staff listened to them and acted on what they had to say.
- The provider used people's needs assessments, care planning reviews and quality assurance checks to ensure people had a voice and were able to routinely make informed decisions about the package of care and support they received from this home care agency.
- Care plans also documented people's views about the outcomes they wanted to achieve. People had signed their care plan where they were able and willing to.
- People were given a guide about this home care agency which contained information about the standards of care and support they could expect to receive from this provider before they started using them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff spoke about people they supported in a respectful and positive way. Several staff told us they ensured bathroom, toilet and bedroom doors were always kept closed when they were meeting people's intimate personal care needs. One member of staff said, "I make sure people are always covered with a towel or a dressing gown when I assist them with any personal care." Another member of staff remarked, "when I'm giving people a wash I always close the door to maintain their dignity".

- People told us staff supported them to be as independent as they could and wanted to be.
- Several staff gave us examples of how they helped people develop their independent living skills. One member of staff said, "I help people to retain their independence by encouraging some of the people I regularly look after to use their walking aids or help me make them their tea." Another member of staff gave us an example of how they actively encouraged a person with physical disabilities they regularly supported to apply their own body creams and help get dressed in the morning and undressed at night.
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without help, such as getting washed and dressed.

# 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 now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the home care agency met their needs and that staff provided them with the personalised care and support at home they or their loved one needed.
- Each person using the service had a care plan. These plans were person-centred and contained detailed information about people's unique strengths, likes and dislikes, staff visiting times and duration of their calls, and how they preferred staff to provide their personal care.
- People using the service, and where appropriate their relatives, were encouraged to be involved in the care planning process. This helped to ensure people's choices were used to inform the care and support they received.
- Several staff explained how they helped people make an informed choice about the food they ate or clothes they wore by always showing them a daily selection of meals and clothing to choose between.
- People's care and support needs were regularly reviewed with them by the provider. If people's needs and wishes changed their care plan was updated accordingly to reflect this.

Meeting people's communication needs

- The provider was aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.
- The registered manager told us the service could provide information that people needed in different formats, including large print, audio and different language versions of the providers guide to the service, the complaints procedure and people's care plan.
- People told us staff understood their preferred method of communication.
- People's communication needs, and preferred method of communication had been clearly identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of home care and support they received, and most felt the process was easy to follow. One person said, "I had to make a complaint about a carer not doing all the tasks we had agreed they should do during my [family members] home visits. To be fair to the [registered] manager she took my concern's seriously and sorted it out straight away...I was happy how she dealt with the complaint."
- People told us they were satisfied with the way the registered manager had dealt with any formal complaints or informal concerns they had made about the service.

- People were given a copy of the providers' complaints procedure when they first started using the service. This set out clearly how people could make a complaint and how the provider was expected to deal with any concerns they received.
- A process was also in place for managers to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised.

#### End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- There were policies and procedures in place around end of life care.
- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms included in some of the care plans we looked at.
- Care plans contained a section that people could complete if they wanted to record their end of life wishes.
- Staff had completed end of life care training.
- The service liaised with various external health care professionals, including GPs district nurses, palliative care nurses and staff from local hospices, to ensure people nearing the end of their life experienced comfortable and dignified care at home.

# 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 good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the service's latest CQC inspection report and rating were easy to access on the provider's website and clearly displayed on the wall in their offices. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider had a clear vision and person-centred culture that was shared by the registered manager and staff. The registered manager told us they routinely used group and individual supervision meetings to remind staff about the providers underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The services registered manager who was also the owner remained unchanged since our last inspection.
- There were clear management and staffing structures in place. The registered manager was supported in the day-to-day operation of the service by a deputy manager and two senior care staff. People using the service, their relatives and staff all spoke positively about the way the service was managed. Typical feedback we received included, "I get along very well with the manager...She is very approachable and, in my opinion, runs a good home care agency", "Our managers work hand-in-hand with us" and "I think the owner [registered manager] and deputy manager are both very good".
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and people using it.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service and their relatives.
- People told us they could speak with the office-based managers who regularly visited them at home if they wished to discuss any aspect of the service they or their family member received from this agency.
- The provider used a range of methods to gather people's views about what the agency did well or might

do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular contact with the manager and senior staff via the telephone, home visits and satisfaction surveys. People who had participated in the providers most recent bi-annual satisfaction survey said they were happy with the standard of care and support they had received from this agency.

- The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about the agency through regular one-to-one meetings with the registered manager and group meetings with their fellow co-workers.

#### Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality and safety of the service they provided people. The managers and senior staff carried out a rolling programme of audits to check staff were working in the right way and were meeting the needs of the people they supported. As part of the provider's auditing processes managers and senior staff routinely carried out 'spot checks' on staff during their scheduled visits. During these checks managers and senior staff would assess staff's punctuality, interaction with the person they were supporting and their record keeping.

- The provider also used a range of electronic systems to monitor the quality of the service they provided. This included an electronic call monitoring (ECM) system that enabled managers to keep a close eye on staffs scheduled visit times. In addition, the provider used other electronic information technology which alerted managers when people's care plans and risk assessments and staff employment checks, training and supervision needed reviewing or updating. We also saw the registered manager routinely checked all the records staff were required to keep in people's homes, including medicines administration records (MAR) sheets and daily notes.

- Staff confirmed the managers and senior staff regularly observed their working practices during their scheduled visits. One member of staff said, "They [managers and senior staff] often go around to inspect our work during our scheduled visits."

- The registered manager told us they used these checks to identify any issues and learn lessons to enable them to develop an improvement action plan to reduce the risk of similar incidents reoccurring. For example, the provider had taken appropriate action to remind staff to always sign MAR sheets after administering medicines after they had identified a growing trend of staff failing to always sign for medicines they had administered.

#### Working in partnership with others

- The provider worked closely with various local authorities and community health and social care professionals including GP's, district nurses, occupational therapists and social workers.

- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and sharing best practice ideas with their staff team. This helped to ensure people continued to receive the appropriate care and support they required.