

Fairolive Limited

Fairolive

Inspection report

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09 February 2022
10 February 2022
16 February 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fairolive is a care agency, providing care to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Not everyone who used the service received personal care as the agency provided care to 48 people, although only 46 received personal care. Where they do we also consider any wider social care provided.

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

People told us they felt improvement had been made to the service. Some people said their care call times had improved and they saw consistent staff members. We also found improvements had been made. However, there were still some short falls and further work was needed to help ensure good progress continued and the service people received was of the best quality possible.

People were kept safe by staff. Staff were aware of how to recognise potential abuse and report it. Staff knew people's needs as they read their care plans; however, we found some detail about risks to people or their individual care needs was scant or contradictory. Other care records however were very good and provided comprehensive information to staff.

People received the medicines they required. However, recording of medicines was not always accurate and management did not carry out robust audits to assure themselves that systems were safe. In addition, where people had accidents and incidents, although these were recorded, there was little information in some cases on the action taken in response.

People may not always receive person-centred care as some people told us they remained unhappy with the timings of their visits and that staff were rushed. We found evidence of staff routinely not staying at calls for the allocated time.

Staff were recruited through a robust process and staff told us they were happy working for the service. Staff had the opportunity to meet together to discuss all aspects of their role and the service.

Compliance with the wearing of personal protective equipment had improved and the registered manager routinely checked on this when monitoring staff.

Although the service was not providing care to anyone with a learning disability, we expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not always able to demonstrate how they would meet the underpinning principles of Right

support, right care, right culture should they provide care to an autistic person or someone with a learning disability.

Right support:

Model of care and setting maximised people's choice, control and independence;

Some people told us they did not know when care staff would be coming to them. This did not ensure they were given choice and were involved in decisions around their care.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights;

There was a lack of consistency in the quality of people's care plans which meant people may not always receive person-centred care. In the event the service was providing care to a person who was not able to communicate verbally, this may result in an impact to their human rights.

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives;

There was a lack of effective systems in place to help ensure that the values and culture was such that people could automatically expect a high quality, person-centred service. Improvements to the governance of the service needed to be sustained to demonstrate management and staff had the right values and attitudes.

Complaints to the service had been addressed, and we heard that people felt there was good communication between them and management. People were given the opportunity to feedback their views on the service they received.

Management worked with external agencies to help provide care to people and the registered manager had an on-going action plan in order to continue to improve the service they provided.

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 (report published 30 April 2021).

Why we inspected

We carried out an announced comprehensive inspection of this service on 12 February 2021. We served a Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found breaches of legal requirements relating to safe care and treatment, safeguarding service users from abuse and complaints. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led which contain those requirements. We found the registered provider had met the requirements of the Warning Notice in Regulation 17 as well as the breaches of Regulation 12, Regulation 13 and Regulation 16. However, we found a continued breach of Regulation 17.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed following this focused inspection and remains as Requires Improvement. This is based on the findings at this inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairolive on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Fairolive

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

We gave a short period of notice for the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wished to make telephone calls to people using the service, prior to visiting the offices.

Inspection activity started on 9 February 2022 and ended 16 February 2022. We visited the location's office/service on 10 February 2022.

What we did before the inspection

We reviewed all of the information we held in relation to the service since our last inspection. This included safeguarding concerns, accidents and incidents and other information. We also contacted external agencies to seek their views on the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We started the inspection on 9 February 2022, when the Expert by Experience spoke with five people receiving care from the service and three relatives to obtain their feedback on the care they received.

Two inspectors visited the office on 10 February 2022 to review records. This included 6 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

On 16 February 2022, the third inspector spoke with the manager to give them the chance to tell us what improvements they felt they had made since our last inspection. They also reviewed additional information sent to the Commission following the visit to the office as well as speaking with two care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at improvement plans, staff training and COVID-19 testing information, care plan information and daily notes, email exchanges between the service and external agencies and staff meeting minutes.



Is the service safe?

Our findings

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

At our last inspection, this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service may not always be safe due to a lack of consistency in processes and systems.

Systems and processes to safeguard people from the risk of abuse

At our comprehensive inspection in February 2021, we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the service having a lack of systems and processes in place to effectively prevent abuse of service users. We found improvements at this inspection and the registered provider was no longer in breach of this Regulation.

- Since our last inspection reporting processes for potential safeguarding concerns had been strengthened and staff knew how and when to raise a safeguarding concern. One staff member told us, "I would report anything of concern to my supervisor or manager and they would take action."
- At this inspection, we also found the monitoring of care calls was more robust which helped ensure people always received their visits and there were no missed calls. People also confirmed to us they had never had a missed call.
- We reviewed the information held by the service in line with what they should report to us as per their requirements of registration and found that potential safeguarding concerns had been received.
- The service worked with the local authority in relation to any concerns of potential abuse, to investigate and address any shortfalls.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our comprehensive inspection in February 2021, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found not everyone receiving care from the service had a care plan in place, which meant potential risks to the person may not have been identified. We also found a lack of robust infection control processes. We found improvements at this inspection to infection control. The registered provider was no longer in breach of Regulation 12, but improvements in care plans needed further embedding into daily practice.

- People told us they felt safe with staff. One person said, "I feel safe with the carers and they are well trained." A second said, "[Person's name] is safe with them as we have had no incidents." A relative told us, "My mother is challenging, and she is safe with the carers."
- However, there was an inconsistent approach within the service to ensure that everyone had written information to assist staff in recognising risks to people. One person's support plan recorded they were unable to mobilise independently and required equipment to do so. However, there was no information on how this equipment should be used, although from the records we reviewed, staff were clearly using it

correctly. There had been no incidents relating to this person and the use of this equipment and we read from the records that staff had received appropriate training.

- Guidance in relation to people's specific healthcare requirements did not always contain sufficient detail. For example, in relation to one person's catheter changes and another person's diabetes management in relation to their nutrition. However, any risk to people was mitigated as on speaking with staff they knew people well and it was evident from the care records staff were providing appropriate care.
- Other people had good detailed guidance in place in relation to their risks. For example, staff encouraging one person to drink sufficient quantities to reduce the risk of them developing a urine infection. Or ensuring another person was comfortable in their bed or chair, to reduce their risk of falls. A staff member told us, "If someone needs hoisting, I always ask for a second carer. There has to be another carer to assist."
- The registered manager gave us assurance a full audit of risk assessment information would be completed and additional guidance added where required.
- Since our last inspection, the registered manager had introduced infection control checks into their quality assurance calls with people receiving care. This helped the registered manager identify if staff were using personal protective equipment (PPE) appropriately and in line with government guidance and good practice.
- We read positive responses from people in relation to staff's use of PPE. People told us when we spoke with them, "They wear their gloves and masks" and, "They are good at wearing their PPE at all times."

Staffing and recruitment

At our comprehensive inspection in February 2021, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the lack of management oversight of care calls by the registered manager. We found some improvement at this inspection. However, there were still some system and process issues. So, although the registered provider had met the enforcement action we took against them, they were still in breach of Regulation 17. We have referred to the continued shortfalls in our key question of Well-led.

- There were a sufficient number of staff to provide care to people and staff told us they had enough time with people to provide the care they required.
- One person said, "I have regular carers that I have got to know." They added, "They stay for the time they are supposed to and never leave before all the jobs are done." A second person told us, "The carers are very good, and they arrive for each call more or less on time. There have been no missed calls." A relative told us, "She has regular carers which is good and the continuity has ensured they have a good rapport with Mum. They more or less come on time." A second relative said, "[Person's name] has the same two girls most of the time, which is good and [person's name] is pleased to see them."
- A staff member said, "I have enough time to get things done. If someone needs more time because their needs have changed, I would report this to my supervisor or the manager to look at."
- Staff were recruited through a robust process. This included checks on prospective staff's identity, conduct in previous role and suitability for the position. Staff underwent a Disclosure and Barring Service (DBS) check prior to starting at the service. This check helped ensure applicants were suitable for the role of working with adults or children.

Using medicines safely; Learning lessons when things go wrong

- There was evidence to demonstrate people received the medicines they required. A relative said, "In the morning, the carers will provide her with medication and they record this on their app." A staff member told us, "I read the medicines instructions thoroughly and record (on the electronic medicines system) when I have given the medicines."

- However, records relating to medicines were not always robust. For example, staff were not recording the dosage correctly on one person's medicine record as they had been writing ½ tablet in the book, rather than 1½ tablets. We spoke with the registered manager and office staff about this, who assured us they would take action to rectify the recording issue.
- Accidents and incidents were recorded, and staff responded appropriately. However, we also found a mix in the way accident and incidents records were completed. For example, one person was found unresponsive when the carer arrived. There was little detail on the incident form as to what action the carer took, but in conversation with the registered manager it was evident they had taken the correct action. We have written more about this in our Well-led key question.
- However, other incident forms were detailed. One person did not answer the door to their carer. The staff member followed the instructions in the person's care plan by contacting social services and returning later to check the person was okay, which they were.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our comprehensive inspection in February 2021, we identified a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to a lack of response to complaints from people or their relatives about the care they received. We found improvements at this inspection and as such the registered provider was no longer in breach of this regulation. This was because they now had a robust complaints log in place and people were spoke with told us they would know how to make a complaint.

- We reviewed the information recorded by the service in relation to people's concerns or complaints and found these had been responded to. A relative told us, "They are doing a good job and I have no complaints."
- Where complaints had been raised that related to staff competency the concerns were responded to and action taken, for example, staff were retrained or increased spot checks were carried out by management.
- We also read some compliments received by the service. These included, "Mum has received excellent support and incredible kindness" and, "[Person] is recovering more quickly than we had anticipated." A professional had congratulated staff on their use of equipment with one person.

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

- We received positive feedback from people on how their needs were met. One person said, "The carers are very good, and I don't know what I would do without them. They give me choices when they make my breakfast and leave me with a drink when they go." A second person told us, "A risk assessment was done, and I have a care plan." A third said, "I have the same main carer, which is good, so I feel safe and happy."
- Relatives also gave positive feedback, with one telling us, "The carers do a good job. They treat my wife well and always cover her up when they are doing personal care." A second said, "They (staff) encourage her to do things and treat her with the respect she deserves."
- At our last inspection, we found a lack of person-centred care information in the care plans we reviewed. We reflected this shortfall in the key question of Well-led and took enforcement action against the registered provider.
- At this inspection, we found some improvement, but there was still further work to do. People's care plans varied in the type of information they included. For example, there was a lack of detail in relation to one person's diabetes and a second person who was at risk of neglect. However, daily records showed staff knew people well so any risk of people receiving unsafe care was mitigated.
- We did also find some care plans were much more detailed. For example, one person's plan described

their family and childhood life, likes and dislikes, hobbies and which television channel they preferred. This person had a history of epilepsy and there were instructions for carers on what to do in the event they had a seizure. A staff member told us, "We always get some background information on people, then we have to read their care plan. For example, one person may need thickener in their drinks, and we need to know that."

- We spoke with the registered manager about the lack of consistency with people's care plans. They told us, "As we get to know more about people, we add to their care plan. I am aware that care plans are of a different standard. This is due to office staff not all currently working to the same level. I have a 10-month plan to up-skill the office staff. I hold weekly sessions where we discuss the changes that need to be made and why they are needed."
- We have addressed the lack of robust record keeping in relation to people's care plans in more detail in our key question of Well-led.

Improving care quality in response to complaints or concerns

End of life care and support

- The service was providing care to one person who was at the end of their life. Their end of life care plan demonstrated their wishes had been discussed with staff.
- Other people had a ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form in place, which is a personalised recommendation for the person's clinical care and treatment.
- Some people were recorded as not wishing to discuss this part of their care at this moment in time. End of life care plans were reviewed regularly in line with general care plan reviews.

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.

- People told us they felt listened to. One person told us, "They always ask me if it is okay to do things before they do, but then anything I need doing I tell them, so it is done. They listen. They communicate with me well." A second person told us, "I am listened to by the carers."
- People's care plans stated people's preferred communication style.
- Another person's care plan noted English was not their first language. The registered manager told us they tried where possible to send staff who were able to communicate with this person in their own language.
- Where people had limited verbal communication, there was good information available for staff. Staff were guided to look for, 'blinking of their eyes', or hand gestures to signify yes or no responses to a question.

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 Inadequate and we took enforcement action against the registered provider. At this inspection this key question has now improved to Requires Improvement. Although we found improvements at this inspection, the service management and leadership was inconsistent and people were not always provided with high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our comprehensive inspection in February 2021, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to a lack of robust management oversight of the service; people being left at risk of abuse or neglect and a lack of good systems and processes to ensure people received a good quality service. We served a warning notice on the registered provider requiring them to address the shortfalls. At this inspection we found progress had been made and therefore, we felt the registered provider had met the requirements of the warning notice. However, systems and processes needed further and continued strengthening to help ensure there was effective oversight of the service and as such result in a positive impact on people.

- People and their loved ones had noticed improvement. One person told us, "Things are a little better with the care company as calls are not late now that often." A second told us, "The girls do their job, meet all my needs and are very helpful. They are absolutely top notch. I would recommend any of the girls I have. It's a jolly good service." A third said, "I don't feel any improvements are necessary. They meet all my needs." A relative commented, "The company keeps in touch with me and gives me regular updates on how things are going, so they communicate well with me."
- At this inspection we found positive changes to the service, which had resulted in the registered provider meeting the breaches of regulation we had previously identified. This included, introducing more robust monitoring of care visits so people did not experience missed calls, risk assessment information in relation to people had also improved and the registered manager had introduced infection control checks to help monitor staff's use of PPE. In addition, the service complaints system was better which meant people knew who to speak to if they wished to raise a complaint and the management team had a clear record of complaints and action taken.
- Despite the encouraging feedback from people and the positive changes we identified together with the desire of the registered manager to improve the service, the changes already made needed to be further improved and embedded into practice. There continued to be a lack of effective systems and overall governance of the service.
- We had identified continued shortfalls in the records kept by the service and had spoken with the registered manager about this. They were aware of the further work needed to assure themselves that

information was comprehensive and robust to enable staff to provide person-centred care to people. They had an action plan in place to address this and we will check at our next inspection that records have improved.

- There was a lack of consistency in the timing of people's care calls and we read from the records people's care calls were being cut short. People told us they did not always know when staff were coming. People told us, "Timing of calls is an issue. Sometimes they can be here before nine and some days it's way after nine", "I wish I knew when they were coming. I need to have an idea of the times of the calls", "It's supposed to be 8am in the morning, but sometimes it's after 9.30am" and, "I rang the manager and said I need a rota so I know who is coming and at what time. I haven't had one yet." Some people had also commented negatively in the last feedback survey carried out by the service in relation to care calls timings and length of calls.
- One person was recorded in their care plan as being at risk of social isolation as they lived alone. However, having reviewed their care calls, we found these were regularly recorded as 15 or 20 minutes instead of half an hour. There was no evidence to show that this person had said staff could leave early. A second person's care plan noted they did not like to be rushed and yet, their care calls were regularly noted as 25 minutes, rather than half an hour. Other people's care calls were cut short by between nine to 11 minutes each time. One person told us, "They rush as they have other people to get to." A second said, "I said how long do we get for each call and the manager couldn't answer me." A relative said, "They are in and out very quickly."
- We spoke with the registered manager who told us they had made changes in June last year and people were provided with, "3-hour time slots" rather than specific times for calls. They told us they continued to record people's preferred times in their care plans, but this time could not be guaranteed. We discussed this in more detail with the registered provider and the potential impact to people of not knowing when a carer may arrive. They said, "As a general rule, the care calls follow a pattern, so they (people) would know around what time to expect staff. If the carer is going to be early, we won't let the client know, but if they are going to be much later due to a change in the rota, then we would notify the person." The registered manager said they would write to people to remind them of the time slots. They sent us a copy of this letter following our inspection.
- Audits carried out at the service were not always robust. The registered manager told us they carried out audits of the care calls. We read and were told these audits had been changed from weekly to monthly as management had seen improvements. However, during this inspection, feedback received from people was that the timing of care calls was still an issue. This meant there was a lack of continuous oversight in relation to people's care calls to check people remained happy with the times.
- There was also a lack of audits in relation to medicines. This particularly related to one person for whom staff were recording the wrong medicine dosage. No medicine count had been conducted to double check staff were giving the correct dosage to this person, although we were assured by speaking with management, this was a recording issue.
- Care plan audits were carried out by the registered manager. They reviewed a sample of care plans and discussed any shortfalls or changes with office staff to improve their competence in writing good care plans. However, we found a disparity between care plans, with some containing good information and others not.
- We had also noted from the accident and incident records that despite appropriate action being taken in response, there was sometimes a lack of information to evidence this.

The lack of good governance of the service was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and the registered manager complied with their

responsibility to work in an open and transparent way. They also informed CQC of any important events in the service when required.

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

- People were given the opportunity to give their feedback. Survey forms were sent to people after our last inspection, following improvements made by management. We were told the responses had been reviewed and we received a copy of the action plan developed as a result. The action plan gave an overview of people's feedback and how the service planned to address any shortfalls.
- Spot checks were carried out. These included visits and telephone calls to people to discuss the care provided. In addition, office staff completed quality checks on staff when they were on care calls and action was taken to address any poor practice.
- Staff meetings took place. We read in the January 2022 minutes there was a discussion about staff not staying the full length of time at calls. Management informed staff they would carry out increased spot checks to follow up on this. In the December 2021 meeting, staff were told supervisors were to carry out intermittent supervision and audit care staff on their effective use of the electronic care planning system.
- Staff were happy working for the service. A staff member told us, "I have a good rapport with my supervisor and manager. If I have any issues, I immediately inform them." A second staff member said, "They (management) are very good to work for."
- Management had weekly meetings to discuss specific areas of their role to gain a better understanding. These had included risk assessments, CQCs key lines of enquiry and catheter care. Office staff said they had found these useful when communicating with staff and completing spot checks.

Working in partnership with others; Continuous learning and improving care

- There was evidence of the service working with health professionals, the local food bank, district nurses and the local authority.
- The registered manager told us they planned to move away from paper recruitment records to improve the timeliness of taking on new staff. A new software programme was being introduced in May 2022 which would track applications in a more efficient way.
- A second manager had applied to CQC to become registered. The registered manager told us, "I don't want to be the only one in the office that understands CQC and the registration requirements. I want to up-skill others to take on this responsibility. It will help them to understand what is involved and to drive the service forward."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had a lack of consistently effective systems in place to ensure good governance of the service.</p> |