FACT Healthcare Ltd

# FACT Healthcare Ltd

## Inspection report

Vancouver House
111 Hagley Road
Birmingham
West Midlands
B16 8LB

Tel: 01214525140

Date of inspection visit:
11 May 2017
15 May 2017

Date of publication:
19 June 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This announced inspection took place at the provider's office on 11 May 2017 with phone calls undertaken to people with experience of the service on 15 May 2017. This was our first inspection of the service.

FACT Healthcare Ltd are registered to deliver personal care. They provide domiciliary care to younger and older adults living in their own homes, who may be living with dementia, a learning disability or autistic spectrum disorder, a mental health condition, a sensory impairment and/or a physical disability. At the time of our inspection two people were receiving personal care from the provider.

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

People were supported by care staff who knew the procedures to follow if they witnessed or suspected a person was being abused or harmed. The registered manager understood how incidents needed to be investigated fully and reported to the appropriate external bodies. Assessments were completed in relation to people's health and welfare needs and outlined the risks for care staff to consider when supporting the individual.  People received consistency in the care staff that supported them . Care staff received an induction before working more independently with people. Care staff had completed an appropriate level of training and had a good level of skills and knowledge. Care staff could access support they needed at any time from the registered manager. Care staff supported people in line with the principles of Mental Capacity Act [MCA]. People received appropriate support to ensure they ate and drank adequately.  Referrals were made to relevant healthcare services as required when changes to people's health or wellbeing were identified.

People appreciated having the same care staff because it gave them consistency as they received support from the same small number of care staff who knew their needs well. The care people received maintained their dignity and was provided respectfully. Care staff provided good quality care to people in a way that recognised them as individuals. People were involved in making decisions and were listened to by care staff. Care records outlined opportunities to optimise and promote people's independence and described their abilities.

People received a personalised service that was responsive to their needs. Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences. Provision of care was flexible to people's needs. People's cultural and diverse needs were discussed and considered as part of their initial assessment. Each person using the service was provided with information which detailed how to make a complaint.

The provider's systems in terms of record keeping in relation to recruitment and completion of a

comprehensive induction were not robust. People were happy with the standard of care that they received. People and care staff had confidence in the abilities and skills of the registered manager. People liked the fact that the provider was a small organisation which made the service a more personal one. The provider was keen to actively involve people to express their views about the service provided. In meetings the registered manager revisited expected company standards of conduct and their expectations of care staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People were supported by care staff in a safe manner.

Assessments were completed in relation to people's health and welfare needs and outlined the risks for care staff to consider when supporting the individual.

People had consistency in the care staff that supported them.

### Is the service effective?

Good

The service was effective.

People's consent was sought before care staff supported them.

People's nutritional needs and choices were known and appropriately supported by care staff

People were supported when required to access the healthcare to meet their needs.

### Is the service caring?

Good

The service was caring.

The care people received maintained their dignity and was provided respectfully.

People were involved in making decisions and felt listened to by care staff.

Care records outlined opportunities to optimise and promote people's independence and described their abilities.

### Is the service responsive?

Good

The service was responsive.

People received a personalised service that was responsive to their needs.

Each person using the service was provided with information which detailed how to make a complaint.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

The providers systems in terms of record keeping in relation to recruitment and completion of a comprehensive induction were not robust.

The provider was keen to actively involve people to express their views about the service provided.

The provider was keen to continuously improve the service and acted on feedback received.

# FACT Healthcare Ltd

**Detailed findings**

## Background to this inspection

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

This announced inspection took place at the provider's office base on 11 May 2017 with phone calls undertaken to people with experience of the service on 15 May 2017. The provider had 48 hours' notice that an inspection would take place so we could ensure they would be available to answer any questions we had and provide the information that we needed. The inspection of the service was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, what the service does well and what improvements they plan to make.

We reviewed the information we held about the service including any notifications of incidents that the provider had sent to us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with one person who used the service and three relatives who had regular contact with the care agency and their staff. We also spoke with a social care professional from the local authority, two staff members and the registered manager.

We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to two people by reviewing their care records. We reviewed five recruitment files and the range of systems that were in place to monitor the effectiveness of the service

which included feedback from people that had been sought.

Good

# Is the service safe?

## Our findings

A person using the service told us, "I feel safe with them [care staff]". A relative said, "They [care staff] had all the safety issues covered when they did [relatives name] care". Another relative said, "They are safe hands he's in, I wouldn't have them here if they weren't". A care staff member said, "The training I have had and just reading the records all help to make sure I am keeping people safe". Care records we reviewed outlined how care staff needed to be aware of the environment and how to ensure people should be supported to remain safe within it.

Care staff members we spoke with told us, "If I suspected any kind of abuse I would make sure the person was safe and report it straight away to my manager" and "There are many different types of abuse, people show it many different ways, for example they may seem unusually unwell, have bruising or be anxious. Whatever I suspected I would report it without hesitation". Training was provided to care staff about how to identify and protect people from any potential abuse they may experience. Care staff were able to describe the procedures they would follow if they witnessed or suspected that a person was being abused or harmed in anyway. Although the service had not had to make any referrals in relation to safeguarding concerns, the registered manager was able to demonstrate they had a working knowledge of how they would report and refer any that arose.

Care staff were aware of the provider's whistle blowing policy and how they would use this, should they have any concerns about people that needed to be reported in confidence.

From our discussions with the registered manager we were assured they understood how incidents needed to be investigated fully and reported in some instances to external bodies. The registered manager was investigating a recent incident that had occurred and we saw they were due to meet with care staff to take details from them in relation to the occurrence as part of information gathering.

A relative said, "The carers knew how to do things right and cover the risks". Care staff were able to discuss how they ensured peoples' safety was maintained in a variety of ways for example, by utilising safe moving and handling techniques. Care staff members spoken with confirmed the records available in people's homes contained sufficient levels of guidance about any risks people needed protecting from. The care records we reviewed included assessments of people's health and welfare needs; they described the risks to consider when supporting the individual and highlighted those areas that were particularly high risk for care staff to be mindful of. We found these had been reviewed and updated as necessary.

We reviewed the provider's recruitment records and in three of the five staff files we found both gaps in their employment history or a lack of a full employment history. The provider had recently received feedback from the local authority in relation to their recruitment processes. We saw that the registered manager was in the process of improving their documentation and administration in relation to recruitment processes as a result of the local authority's comments. We saw that all care staff were subject to DBS checks before they commenced in their role. Disclosure and Barring Service had been undertaken to determine if prospective staff members had a criminal record and/or were barred from working with adults.

People were supported by sufficient numbers of care staff to keep them safe. The registered manager informed us staffing levels were dependent upon people's needs and requirements. The relative of a person using the service told us, "When I needed support, I rang [registered manager's name] and she came out herself straight away to support me". Another relative said, "They [care staff] come on time, sometimes a few minutes late but never more than that". People said they had always been able to rely on the agency to attend as agreed. A system was in place to support any staffing difficulties in the event of sickness or unplanned absence. This meant that staffing and care was planned to ensure there were sufficient numbers of regular staff to meet people's individual needs.

People told us they had consistency in the care staff that supported them and that they stayed for the correct amount of time. A person told us, "You get to know the carers as they are the same ones generally; we are on a friendly basis and I don't get on with many people so that says something".

No one required assistance with medicines at the time of the inspection. The registered manager was able to support people with medicines and we saw that training was booked for care staff in relation to medicine administration training. The provider had a clear policy in place ready for care staff to follow and they had also developed a medicines administration record for care staff use.

Good

# Is the service effective?

## Our findings

Care staff were provided with an induction before working for the service. A care staff member told us, "I shadowed other carers with each person before I started work and completed five days of training". Care staff told us that they had received an induction that included completing five days basic training, reviewing the provider's policies and procedures, reading people's care records and shadowing other care staff. We saw that the new employee's performance was monitored by the registered manager through their direct shadowing of them on induction.

People felt care staff had the skills and knowledge required to support them effectively. A person told us, "The service they provide is very good; they are good at what they do". Relatives comments included, "They [care staff] looked after [relative] well and they knew how to do things properly" and "I think the carers are well trained yes, they are competent at doing things". Care staff we spoke with demonstrated they had a good level of skills and knowledge and had completed an appropriate level of training. A care staff member said, "I have had full support from [registered manager's name] to do training and gain qualifications, she supports me and has given me confidence". The registered manager carried out spot checks in people's homes that included areas such as care staff conduct, approach towards people, maintaining time schedules and, competence in the tasks undertaken, including using any equipment.

Care staff told us they were happy with the level of the supervision they received and that they could access support at any time if they needed to. Care staff members said, "If you have any worries or concerns or need advice [registered manager's name] is there for you" and "Support is always available to us". The registered manager demonstrated how they supported their employees through regular formal supervision and meetings.

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.

People told us that care staff sought their consent before supporting them. One person said, "They always ask my permission and respect my wishes; they go at my pace and do what I want done". Care staff were clear about the need to ensure the people they supported gave their informed consent to them before they provided them with assistance. We saw the training care staff had received only provided them with an overview of the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. However the care staff spoken with were able to describe how they supported people and we found this was in line with the principles of MCA. The registered manager told us they would be sourcing training for all care staff relating to MCA and DoLS that was more comprehensive.

People received appropriate support to ensure they ate and drank adequately. Care records included

information about people's likes and dislikes and how they should be assisted. Specialist dietary needs were recorded and care staff were able to talk to us about these needs for the people they regularly supported. Care staff had been provided with food hygiene training.

A relative said, "They [the care staff] have helped improve [relative's name] health a lot". People, who were able, made their own healthcare appointments by themselves or with assistance from their relative or friends. The registered manager confirmed referrals to relevant healthcare services were made as required when changes to health or wellbeing was identified. For example we saw that when care staff attended to one person and noted an injury they had sustained, they contacted the persons GP and the district nurses then attended to review, assess and treat this.

Good

# Is the service caring?

## Our findings

People spoke positively about the care workers who supported them. A person said, "They [care staff are very friendly and I get on really well with them". Relatives spoken with echoed the positive feedback, telling us, "The carers are always polite and kind", "We have found them [care staff] to always be kind and caring towards [relative]" and "They [care staff] are really nice, I can't fault them at all".

People told us that they appreciated having the same care staff because it gave them consistency and continuity of care. A relative said, "We have consistency in terms of who they [the agency] send, that works well for [relative]". We saw that care staff were allocated where possible to the same people and this was generally achieved as the agency was only caring for a small number of people. This meant that people received support from the same small number of care staff who knew their needs well. Care staff also confirmed that they mostly supported the same people which meant that they were able to get to know them and how they liked their care to be provided.

People told us that the care they received maintained their dignity and was provided respectfully. A person told us, "The carers are very respectful towards me". A relative said, "They [care staff] cover [relative] with towels to maintain his dignity; I can tell he trusts them". Care staff described to us how they covered people with towels when they delivered personal care and how they would close doors and curtains to ensure privacy at all times of the person.

Care staff understood the importance of building positive relationships with people and demonstrated how they provided good quality care to people in a way that recognised them as individuals. Care staff talked about the importance of doing the little things in order to make people feel valued. One care staff member told us, "I love working with people, I like to be punctual and never rush them, go at their pace and help them to make choices no matter how small".

People told us that they were involved in making decisions about their care and that they felt listened to by the care staff. One person said, "I tell them what I want and they respect that". A relative said, "Communication between us and the carers is good". Another relative said, "The [care staff] involve [relative] in making every decision, like how he wants to be positioned". One care staff member said, "You can't rush people, you must listen and be guided by what they want to do".

Care staff we spoke with told us how they supported people to maintain their independence, for example choosing how they wished to dress. A care staff member said, "I always support people to make choices themselves about what they want, to promote their independence". Care records we reviewed outlined opportunities to optimise and promote people's independence and described their abilities.

People told us the agency provided suitable information about the service. The information outlined what standards people could expect from the service and the way support would be provided. Contact numbers for local advocacy services were provided to people in the documents made available by the agency to them in their home.

Good

# Is the service responsive?

## Our findings

People and their relatives told us that the agency sought their views and they were consulted and involved in the decision-making process. This included before the agency provided them with a service. One person told us, "The manager asked me exactly what I wanted and they [care staff] do things how I like them". Relatives told us, "[Registered manager's name] came out to do an assessment and asked us questions about likes and dislikes, how [relative] liked to dress and be supported to undress, so they could do it just how he liked" and "We were fully involved in the assessment and we discussed likes and dislikes [relative] has". Care staff we spoke with were able to tell us about the needs and wishes of people who used the service. They described their likes, dislikes and things that were important to them.

People received a personalised service that was responsive to their needs. Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences. They also contained information about how personal care should be delivered, people's communication skills, physical abilities and mobility needs. Care plans were regularly reviewed with people as part of a 'quality review' that was done at the person's home and/or updated appropriately when the person's needs changed. In the Provider Information return [PIR] sent to us, the provider outlined how care plans were written with the individual to allow personalisation and were written in their own words. Records demonstrated that people had been involved in their care planning which we saw were written in the person's words and were signed and agreed accordingly.

People told us that they were happy with their care and that the service responded flexibly to any requests for change. A relative said, "You can contact them and make changes to call times if needed, they are easy to get hold of". The registered manager told us, "I communicate any changes directly to the staff, such as new risks and then update the records in people's homes accordingly, as soon as we can after this". Care staff told us they received regular updates and communication in relation to the people they were supporting, for example if their care needs had changed or call time had been altered. We saw that the provision of care was flexible to people's needs; for example on the day of our inspection we saw that care staff had stayed well over the booked length of a call in order to ensure a person's needs were fully met.

People's cultural and diverse needs were discussed and considered as part of their initial assessment. At the time of our inspection no one using the service had any specific cultural, language or religious needs that care staff were supporting them with. However, care staff had received training in relation to equality and diversity and demonstrated that they knew how people's more diverse needs should be met.

Each person using the service was provided with information which detailed how to make a complaint and also a blank complaints form for them to complete should the need arise. A relative said, "We have a form about complaints we were given, we would complain if we needed to by ringing the manager first of all". Another relative said, "[Registered manager's name] checks in with us to make sure we are happy, if I have raised any small concerns these have been dealt with". Details of other external organisations where concerns could also be directed such as the local authority or the Care Quality Commission were also provided to people. The provider had not received any complaints about the service since they had started

working with people.

Requires Improvement

# Is the service well-led?

## Our findings

We reviewed the provider's recruitment records and found in a number of care staffs files their employment history contained gaps or was not comprehensive. We also found that records provided to care staff to show their understanding and completion of the care certificate were lacking. The care certificate sets fundamental standards for the induction of adult social care workers. Care staff told us they had not completed the workbooks in relation to the care certificate but confirmed that they had completed an induction on joining the service. This meant the providers systems in terms of record keeping were not robust. However we noted following a recent visit from the local authority the registered manager had implemented some changes to systems, mainly record keeping that had been identified as needing to be adopted and/or improved. This meant the registered manager, who was also the provider was keen to continuously improve the service and acted on feedback received.

People told us they would recommend the service to others and were happy with the standard of care that they received. A person said, "The service they provide is very good, I would recommend them to others". One relative told us, "Our experience has so far been good and we are happy with things, it's a good service". A care staff member stated, "It's a good company to work for".

People spoken with knew the registered manager by name and clearly had confidence in her abilities as the registered manager. Care staff spoken with told us they were confident about their management of the service. They told us the registered manager was always available should they have any concerns about people's welfare and they were proactive in providing guidance when needed. Care staff comments included, "[Registered managers name] is a good manager and I would like more hours, but am happy to wait as that's how much I want to work for [registered manages name]" and "She is great, always available and every day checks in to see how I am doing, what is going well and what I need support with".

People were comfortable speaking to the registered manager and care staff and were happy to discuss any concerns they may have which they felt confident would always be responded to. They told us there was frequent telephone communication with the office and they liked the fact that it was a small organisation that made the service a more personal one.

We saw that regular checks and audits were undertaken to assess and monitor the effectiveness and quality of the service provided. People's care records were regularly audited to ensure information was up to date and completed accurately. Records we reviewed confirmed effective action was taken as required when issues were identified.

A care staff member said, "If you call [registered managers name] she will cover calls if necessary, without any issue". We saw that the registered manager was often involved in care delivery themselves which enabled them to have a good understanding of the needs of the people who used the service. This also provided the opportunity to hear about the standard of care people received. The provider told us in the Provider Information Return [PIR] that they monitored care staff and ask people using the service if they are happy with their employees and whether there was anything they were worried about or if there was

anything they wished to change. A 'quality review' was periodically conducted by the registered manager with people in their home; questions asked included their experience of care staff conduct, their opinion of effectiveness of the support being provided and whether they were supported to make choices and were treated with respect. This meant that the provider was keen to actively involve people to express their views about the service provided.

Care staff told us they were well supported and were able to speak openly to the registered manager and at meetings they were encouraged to give their honest opinions. A care staff member said, "I can contact [registered managers name] anytime and she listens and will sort any issues I raise". We saw that in meetings the registered manager revisited expected company standards of conduct and their expectations of care staff.

The registered manager was aware of their responsibilities for submitting notifications about certain incidents/occurrences that happened at the service to the Care Quality Commission [CQC]. The PIR sent to us demonstrated that the provider had a good understanding about how to continue to develop the service.