

Faith Home Care Ltd

Faith Home Care Limited

Inspection report

Unit 91, Waterhouse Business Centre
Cromar Way
Chelmsford
CM1 2QE

Tel: 01245901533

Website: www.faithhomecare.co.uk

Date of inspection visit:
12 January 2022

Date of publication:
09 February 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Faith Home Care is a domiciliary care agency providing care and support to people living in their own homes. At the time of inspection, the service was supporting 14 people.

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

Recruitment practices were completed; however, minor improvements were needed.

We have made a recommendation that the provider follow good practice guidance in their recruitment process and recording.

People and their relatives were very positive about their experience of using the service. There were enough staff to care for people safely. People were supported with their medicines as prescribed. Infection prevention and control measures were effective, including the safe management of COVID-19. Systems and processes worked to safeguard people from the risk of abuse. Learning was shared following any incidents.

People received an assessment before joining the service and risk assessments were undertaken to ensure their safety and wellbeing. Staff received training and supervision to support them in their role. Support was given with people's meals, including choice and preferences. People told us they were supported to access health and other services as required. Consent was considered as part of the care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were treated with dignity and respect. Staff were caring, kind and considerate. People were involved in their care arrangements and were able to make decisions about how care was provided.

Care planning was personalised and regularly reviewed. Staff built up good relationships with people and relatives to help them maintain their independence and reduce the risk of social isolation. People told us they did not have cause to complain but knew how to do so if required. End of life care was provided if needed.

Systems and processes were in place to ensure oversight and governance of the service, including a range of regular audits. People told us they found the registered manager responsive and approachable. There was a positive and open culture. People's feedback on care was sought through reviews and surveys. The provider worked effectively with other professionals to support people to access healthcare services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 November 2020 and this is the first inspection.

Why we inspected

The inspection was undertaken as the service had not been inspected since it was registered.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Faith Home Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by two inspectors and an Expert by Experience who made telephone calls to people and their relatives. 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 and support to people living in their own houses and flats.

Notice of inspection

We gave 3 working days notice of the inspection as we needed information about people who used the service to make contact with them and to ensure the registered management would be there to meet with us. Inspection activity started on 7 January 2022 and ended on 27 January 2022. We visited the office location on 12 January 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and five relatives about their experience of the care provided. We spoke with the

registered manager and one member of staff. We had email feedback from five staff. We looked at a limited number of key records as we were minimising our time at the service. These included care plans and staff recruitment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff recruitment checks were completed including identification, referencing and disclosure and barring service (DBS) checks. Minor improvements were required to clearly record the reason behind any gaps in employment history. The provider had made the necessary improvements quickly following the site visit.

We recommend the provider keep up to date with current good practice guidance in recruitment practices.

- There were enough staff to keep people safe. People and family members said all their calls were covered by regular staff who knew them well. One person said, "The same staff come in regularly. There are enough staff for me." A family member told us, "They are seldom late. They send me a text to let me know."
- Staff told us they were not rushed and had enough time to meet people's needs. Comments included, "We have never been short staffed and always have people to cover. There are always two staff where someone requires it." And, "We presently have enough of us to do the work properly even when the need of the person changes from one staff member to two."

Assessing risk, safety monitoring and management

- Risk assessments provided staff with the information and understanding of how to support people to be independent and safe. These included the home environment, mobility, falls, continence care, nutrition and hydration, and pressure ulcers.
- Staff were knowledgeable about risks and how to keep people safe. A staff member told us, "I had time to read the risk assessments, they are located on the App on my phone. They cover everything, if anything did happen, I would be prepared." Another said, "When a risk assessment is updated, we get an alert to read through it and acknowledge it."
- The registered manager monitored and managed people's changing needs and risks through regular reviews, updates from staff and discussion with people and their families.
- People and family members told us they felt safe using the service. One person said, "Absolutely." A family member told us, "[Name of registered manager] keeps an eye on the staff and makes sure they make no mistakes."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people. The registered manager knew how to raise safeguarding alerts to the local authority when they had concerns about a person's safety.
- Staff had received training in safeguarding people and knew what to do if they were concerned a person was at risk of harm.

Using medicines safely

- People were given their medicines safely and as prescribed, and any support provided was recorded on people's medicine administration records (MAR).
- Staff received regular medicines assessments to check their practice and competency at medicines administration. A staff member said, "I have been trained in giving medicines and I know exactly what to do. Competency assessments are overseen by the registered manager."
- The registered manager undertook regular audits to check all medicine records were completed correctly and there were no errors or gaps. Any errors were picked up quickly and appropriate action taken.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment (PPE) effectively and safely. Staff told us they had enough stock of PPE and people and family members confirmed this.
- Staff were trained in infection prevention and control and explained to us the processes they would take to keep people safe in their own homes. Comments included, "My training has been completed, and we make sure all is done properly, with standard precautions." And, "I have had infection, prevention and control and basic food and safety training which provided insight to how contaminated food can contribute to the spread of infection. To control this, I know the appropriate measures must be taken."
- The provider ensured the testing of staff was carried out and recorded the outcomes.
- People and family members told us that staff all took COVID-19 precautions seriously and used the correct PPE when in the person's home.
- The provider's infection prevention and control policy was up to date. Comprehensive COVID-19 guidance was in place and the registered manager had completed and reviewed staff risk assessments to ensure they were safe.

Learning lessons when things go wrong

- The provider had an electronic management system which recorded care plans and risk assessments, accidents, incidents, near misses, staff rotas and auditing arrangements. It enabled trends to be noticed and forward planning to take place for the safe running of the service.
- The registered manager gave an example of where they had worked with a person and their family to ensure their care was person centred. Random spot checks and meetings with staff were held to understand the issues and amend the tasks being completed. Everyone was able to contribute to the solution and make improvements.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed before they started to receive support. This information formed the development of the personalised care plans
- The assessment included people's physical, emotional, communication and health needs as well as their preferences of staff member. People's protected characteristics were taken into account, such as their religion, ethnicity, age and gender. People and their relatives were involved in the assessment process.
- The registered manager kept up to date on the law and current good practice guidance, so the service remained effective and relevant.

Staff support: induction, training, skills and experience

- People and family members told us staff were skilled and knowledgeable. They spoke highly of staff and said that they were, "Very good at their jobs." They named and praised individual staff members such as, "[Name of staff member] is very attentive, always asks what [relative] wants, and makes sure they leave the place as they found it."
- New staff had an induction when they started working and shadowed the registered manager and other staff until they felt confident. A staff member said, "After the training and shadowing and supervision, I would say I was confident in myself to carry out my duties."
- Staff received effective training that equipped them with the right skills to carry out their roles. The training provided to staff met the Care Certificate standards. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. A staff member said, "I had my induction and [registered manager] made sure I completed all training before working." Additional training was given to staff where people had specific needs for example, people with diabetes.
- The registered manager provided ongoing support, supervision and checks on staff competency. A staff member said, "[Name of registered manager] always reaches out to me, always asks about my welfare and if I am happy." Another told us, "The manager helps us establish good communication between us and the people we work with. That helps us relate with them better."

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

- People's dietary needs were assessed and outlined in their care records.
- Staff assisted people with food shopping, meal preparations and helping them to eat if needed.
- People's care plans gave detailed guidance if they were at risk of malnutrition or dehydration. A staff member said, "The fluid and nutrition training have provided in-depth knowledge of how to maintain people's nutritional balance and help them eat and enjoy food."

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

- Staff worked well with other professionals for example, district nurses, GPs and occupational therapists to support people's health and well-being.
- People's care plans highlighted people's past and present diagnosis, conditions and any treatments they were receiving. Their health and wellbeing were monitored. Information was recorded and any concerns escalated quickly to health professionals.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's rights to make their own decisions were respected and staff were aware of and worked within the MCA. A staff member said, "I do not assume a person lacks capacity to make decisions themselves as the ability to make decisions can change day to day. People with capacity can make unwise decisions sometimes, but that is their choice. I will always report anything to the manager."
- People who lacked capacity to make decision had an assessment regarding the necessary support for example, in taking their medicines. Staff monitored people's day to day capacity and raised any concerns with the registered manager if a person's ability to make decisions changed. "I will listen attentively without making any judgements and pay attention to their needs."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives were very positive about how kind and caring the staff were. Comments included, "Always caring." And, "Most of the time they go over their time. I always go in when they are there although my [relative] trusts them, they do everything." And, "Staff are chatty, friendly and jovial, and at the same time, thorough and precise."
- People's cultural and religious needs were respected by staff and details documented in people's care plans.
- Staff shared positive feedback about working for Faith Home Care and their caring ethos. A staff member said, "I would say the company is the best as the registered manager goes out of their way to make both the staff and people they care for happy and looked after. I am happy to be part of this wonderful organisation." Another told us, "I am very happy with the way the company is passionate about caring for people. We go far and beyond to make sure each person's need is met. It is a privilege to work with someone like [registered manager] who is very dedicated to their job."

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

- People and relatives told us, and records confirmed, people were actively involved in making decisions about the support they received and praised this. People's views had been gathered during the regular reviews and spot checks undertaken. A person told us, "The registered manager is constantly in touch and I can give feedback verbally. A family member said, "The registered manager comes in and does some of the work too."

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy were maintained at all times. One person told us, "I have male and female staff. When it comes to personal care, the female takes over and the male keeps out of the room."
- Staff told us how they approached providing people with dignified care. Comments included "Maintaining people's privacy by shutting the doors or covering them up while giving person care." And, "I would be polite and respectful at all times, and I would keep conversations private."
- People were encouraged to maintain their independence. A staff member said, "Maintaining constant communication before, during and after any care will help me gain people's consent and trust. Encourage people to do things where they can and want to do it on their own."
- The provider ensured people's confidentiality was always respected. Records were kept securely. Each staff member had their own login details to any information stored electronically.
- Staff understood how to maintain confidentiality. A staff member said, "No person is the same but I know each of them very well, all their notes are provided for staff to read and get familiar with. By seeing the same

people, it helps build a relationship."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans based on their assessed needs. They were regularly updated. Staff were very responsive to their needs. A family member said, "Staff are flexible and methodical. [Name of staff member] does everything that is required."
- Care and support given enabled people to remain living in their own homes. A family member told us, "The time can be negotiated. When [relative] is more able, they will leave earlier, and when they are not, staff will stay longer. It's open to adjustment."
- The registered manager gave us an example of when they started to care for someone who was not caring for themselves well. They told us, "We developed a relationship with them, took it at the person's own pace and now they have regular personal care and a better sense of themselves. A family member said, "Thank you so much. [Relative] looks relaxed and fresh you are doing an excellent job."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.

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

- People were supported to maintain their independence and reduce isolation. We saw examples of where people, who had not been able to go out of their environment for various reasons, were going for a walk and enjoying fresh air and a change of scenery. This had resulted in a change and lift in mood, a sense of achievement and something new to talk about with family members. A family member said, "[Person's name] really enjoys the sunshine and they were very happy. I never thought they would enjoy the walks so much."

Improving care quality in response to complaints or concerns

- The provider had a policy on how to record and manage complaints.
- People told us they knew how to raise a complaint. A family member told us, "Any issues to do with tasks are sorted out amicably with the staff."

- The provider's complaints log demonstrated that when complaints had been received, they were investigated and responded to in line with the policy.

End of life care and support

- At the time of the inspection, the service was not caring for anyone at the end of their life.
- The service enabled people to receive end of life support at home without having to go into hospital, if that was their wishes.
- The service showed us compliments they had received. A family member told us, "The whole team who came to care for [relative] were just so loving and caring not only to [relative] but also to us. I have no words to say how much we appreciated them. Another said, "The care and attention you gave to [relative] was amazing. I know that in their final days you were there." A staff member said, "The last time I was working with [name of person], they were chatty and talking about death and we had a good discussion about this and their wishes."
- Staff had received training in end of life care and were knowledgeable about how to support people at this difficult time. A staff member said, "I have received training in end of life care for people who are dying and have a few weeks or months to live. Making sure I give quality care to them in their last days is very essential. I help by carrying their family members along at every step of the way encouraging and supporting them to help the peaceful transition."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us the service was responsive and well managed. They spoke very highly about the registered manager and staff. A person told us, "I have seen her several times. She comes here quite often." A family member said, "The registered manager is lovely. They have explicitly said, "If we have a problem, call me at any time."
- Staff told us they all worked as a team and that morale was very good. It was clear staff shared the same goal of wanting to provide good quality care. Comments included, "The vision of the service is to provide quality care to older people with values such as compassion, competence, courage, good communication and confidence. Staff at Faith home care are compassionate, giving their best at all times within their capabilities." And, "Our boss has been nice as well in dealing with staff and most importantly ensuring things are done the ways it ought to be."

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 registered manager was aware of their legal responsibilities and were open and honest when things had gone wrong. Records showed how they had dealt with incidents and accidents and how to prevent them from happening again.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notifications appropriately to CQC.

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

- The service was well-led, the day to day running of the service was managed by a registered manager with back up from the nominated individual (the person with responsibility for supervising the management of the regulated activity). There was a clear staffing structure and staff were clear about their roles and responsibilities.
- The provider had effective quality assurance systems in place. These included audits of daily records, medicine management records, care plans and risk assessments. The provider used various trackers to monitor staff's training, accidents, safeguarding concerns and other occurrences. These were discussed during management and team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives were able to feedback their views during regular reviews, spot checks and by telephoning the office. There was regular contact with people so that any concerns could be dealt with quickly. A family member told us, "The registered manager drops in regularly." Another said, "I really get on with the registered manager. They are visible and approachable:"
- Satisfaction surveys for staff and people and their relatives were undertaken and the service had received a good response with good outcomes. Any improvements or feedback required was implemented.
- Staff told us they were valued, listened to and there was good communication. We saw from team meeting notes that regular communication and continuous learning and improvement was a team task with management and staff working together to achieve their aims. A staff member said, "I can make suggestions and raise an issue at any time as [name of registered manager] give us the opportunity to do that they listen to us all the time and always come back with a positive feedback."
- Staff worked closely with other professionals. Records showed referrals made such as requests for equipment, advice and support, actions taken and outcomes for people. A family member said, "My [relative] is a diabetic and the district nurse comes in twice a day to inject. [Name of staff member] has called me twice when blood sugar levels have dropped, and on one occasion, they reacted quickly and called the ambulance."