Filey care and support LTD

Filey Care and Support LTD

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Filey Care and Support Ltd on 9 and 12 October 2017. The inspection was announced. We gave the provider 48 hours' notice of this inspection to ensure that the registered manager would be available to support us with this process.

Filey Care and Support Ltd provide personal care and support to people living in their own home as part of a supported living scheme. The service works with people with mild to moderate learning disabilities. At the time of the inspection there were two people using the service.

This inspection was the first inspection of the service since it was registered with the Care Quality Commission (CQC) on 15 March 2016.

There was a registered manager in post. 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.

One person and relatives we spoke with told us that they were happy with the care and support that they or their relative received. We observed positive interactions between people and staff which promoted person centred care, choice, respect and dignity. Care staff were clearly aware of the needs of the people they supported and how these were to be met.

A number of policies and procedures were available and accessible which related to keeping people safe which included safeguarding people from abuse. Care staff understood the key principles of safeguarding people and the actions they would take if people were subject to or at the risk of harm.

Risk assessments had been completed, which identified and assessed people's individual risks and provided guidance and direction to staff on how to mitigate or reduce risk in order to keep people safe.

Robust recruitment processes had been followed in order to ensure that staff employed to work with vulnerable people were safe to do so.

Medicines were managed, recorded and administered safely. Appropriate arrangements were in place which ensured that people received their medicines safely and on time.

All staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and staff understood what to do if they had concerns with regards to people's mental capacity. Care staff were able to demonstrate the ways in which they obtained consent from people. They understood the need to respect a person's choice and decision where they had the capacity to do so.

Care staff confirmed that they had received a comprehensive induction followed by training in specific areas related to their role. Records confirmed that the provider had equipped staff with the skills and knowledge required to deliver good effective care. However, not all staff had been provided with moving and handling training. The provider confirmed that this would be addressed immediately after the inspection.

Care staff told us and records confirmed that they received regular support through supervision. Care staff were yet to receive an annual appraisal as none of them had fully completed a year of employment. Care staff told us that they felt well supported by the registered manager.

Each person had a current care plan in place which contained information about the person and the care and support that they required. These were reviewed every six months or sooner where required. Care plans were person centred and gave care staff pertinent information about the person and how they wished to be supported. However, there was little information available about the person's background, life history, likes and dislikes. The registered manager and care staff that we spoke to demonstrated that they knew people really well but some important facts had not been recorded within the care plan which would give newly recruited care staff the information they needed to support people appropriately.

People knew the registered manager and the care staff that supported them. We observed people had developed caring and meaningful relationships with all staff that was based on mutual respect. People were encouraged and supported to maintain their independence where possible.

People were supported to maintain good health and had access to a variety of healthcare services where appropriate.

People were encouraged and supported to access the community and engage in activities of their choice.

Relatives knew the registered manager and confirmed that they were in regular communication with him and all care staff. Relatives felt confident and able to raise any concerns or complaints about the care and support that their relative received directly with the registered manager. Relatives also confirmed that any concerns or complaints they raised would be appropriately addressed.

The registered manager visited people they supported at the supported living scheme on a daily basis and carried out a number of checks in order to monitor the quality of service being provided in order to learn and make improvements. This included daily well-being checks of people receiving care and support and medicine management checks. However, other than the informal notes that the registered manager made, these checks had not been formally recorded.

The service regularly requested feedback from people who used the service. However, the provider was yet to implement satisfaction surveys for relatives to complete.

Care staff told us and records confirmed that the provider held regular staff meetings which enabled effective communication exchange and encouraged staff to discuss issues and areas for improvement.

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. Care staff were able to describe the different types of abuse, how they would recognise abuse and the actions they would take if abuse was suspected.

Risk assessments identified people's individual risks associated with their health and support needs. Clear guidance was available on how to mitigate or reduce risk in order to keep people safe.

Appropriate processes and systems were in place which supported people to have their medicines safely.

The provider followed safe and robust recruitment process to ensure that all staff recruited were safe to work with vulnerable people.

Is the service effective?

Good

The service was effective. Care staff received a comprehensive induction followed by training in specific areas related to the provision of care and support. However, not all staff had received moving and handling training.

Care staff received regular supervision and confirmed that they felt appropriately supported to carry out their role.

The registered manager and the care staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). People's care and support needs based on their level of capacity had been appropriately recorded within their care plan.

People were appropriately supported with their dietary needs which took into account any specialist needs that had been identified.

People were supported to access a variety of health and social care professionals as and when required.

Is the service caring?

Good

The service was caring. Care staff knew the people they

supported really well and demonstrated and in depth knowledge and awareness of how they wished to be supported.

People and relatives told us and we observed care staff to be caring with an approach that promoted respect and dignity.

Care plans person centred. People were supported to make informed decisions about the care that they received.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and gave care staff pertinent information about the person and how they wished to be supported. However, there was little information available about the person's background, life history, likes and dislikes.

The service had not received any formal complaints since they had begun providing care and support. People and relatives confirmed that they knew the registered manager and felt confident to raise any concerns or issue with the assurance that these would be dealt with appropriately.

The registered manager maintained regular contact with people and their relatives in order to ensure that the quality of care and support was maintained and where concerns were identified these were addressed immediately.

Is the service well-led?

Good

The service was well-led. People and relatives knew the registered manager and were able to raise any concerns or issues at any time.

The registered manager carried out a number of daily checks in order to monitor the quality of service being provided in order to learn and make improvements. However, these were not formally recorded.

The provider held regular staff meetings which enabled effective communication exchange and encouraged staff to discuss issues and areas for improvement.

Filey Care and Support 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 checked 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 inspection took place on 9 and 12 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service within a supported living scheme and we needed to be sure that someone would be available to support us with the inspection process.

The inspection team consisted of one inspector. On the first day of the inspection we visited the provider's registered office and on the second day of the inspection we visited people receiving care and support at the supported living scheme.

Before the inspection we looked at the information that we had received about the service from health and social care professionals, notifications that we had received as well as the provider information return (PIR) that the provider had sent to the Care Quality Commission (CQC). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and two care staff. We also observed interactions between people and care staff. We reviewed a range of records about people's care and how the service was managed. These included care plans for two people, five care staff files, medicine administration records, staff training records, quality surveys and a range of policies and procedures.

After the inspection we conducted telephone interviews with a further two care staff.

Good

Is the service safe?

Our findings

One person receiving care and support from Filey Care and Support Ltd told us that they felt safe with the care staff and the support that they received. Relatives also confirmed that they felt that their relative was safe. One relative stated, "I can assure you that if [name of person] was not safe he would not be living there."

The registered manager and care staff that we spoke with demonstrated a clear understanding of the principles of safeguarding and were able to list the different types of abuse as well as explain the steps they would take if abuse was suspected. One care staff member told us, "Safeguarding people is about looking after vulnerable people and providing a safe environment." Another care staff member explained, "If I saw someone being abused I would report it immediately to the manager. You can tell if you see the person is withdrawn. You can observe that something is not right." All staff told us and records confirmed that they had attended safeguarding training as part of their induction and that this was refreshed on an annual basis.

The provider had a comprehensive safeguarding policy which covered the meaning of safeguarding, the different types of abuse as well as procedures the provider would follow where potential abuse was suspected. The policy also took into consideration national and local legislation and policy updates to ensure that staff were provided with the most current information in relation to safeguarding. The service had not received any safeguarding concerns since it had begun providing a regulated activity.

Care staff understood the meaning of the term 'whistleblowing' and to whom this must be reported to including external agencies such as the police, the CQC or the local authority.

Care plans contained individualised risk assessments which identified and assessed risks associated with people's health, care and support needs. Assessments explored risks associated with safeguarding, health and special needs, physical environment and risks to others. Once a risk had been identified a personalised plan had been developed listing each risk and the action or resources identified that could be taken to reduce or mitigate risk. Risks identified included people's vulnerability, self-harming, food allergies, behaviour, diabetes and asthma. Risk assessments were reviewed on a six monthly basis or as and when required if significant changes had been noted.

Care plans also contained leaflets to further provider detailed information to all care staff on people's health needs such as diabetes and information about Downs Syndrome. Care staff we spoke with were aware of people's individual risks and how they were to be supported in order to keep them safe and free from harm. One care staff member told us, "Care plans tell us about people's risks but we also talk to people and listen to them and give them options about what to do and what not to do."

People received support with the administration of their medicines where this support was an identified need. Both people receiving care and support received varying degrees of support from the care staff. One person told us, "I call staff and they come in and watch me take my tablets. That's good isn't it?"

Medicines were kept in a lock cupboard in the person's own flat. One person required prompting and observation when taking medicines and the second person required full support with the administration of medicines. We looked at both people's Medicine Administration Records (MAR's) and saw that all MAR's were appropriately completed with no gaps or errors in record. Where people had been prescribed 'as and when required' (PRN) medicines, a PRN protocol was in place which detailed the medicine, why it had been prescribed and when they should be administered.

The registered manager completed daily and weekly medicine checks to ensure that people were being administered their medicines safely and appropriately. However, these checks were not formally recorded. The registered manager assured us that going forward all checks and audits would be formally recorded.

Care staff told us and records confirmed that they had received medicine training and that they had been observed administering medicines as part of their training in order to assess their competency. However, the registered manager did tell us that although he had observed all staff when administering medicines, he had not formally recorded the outcome of the assessments. The registered manager confirmed that he would ensure that all future assessments were recorded and kept as part of the care staff members training record.

Staff files that we looked at contained the relevant documents confirming people's identity as well as checks that had been completed to ensure that each staff member recruited had been assessed as safe to work with vulnerable adults. This included criminal record checks, obtaining suitable references and proof of identity. Records had also been checked and verified by the registered manager so as to confirm their originality and their authenticity.

Filey Care and Support Limited provide the regulated activity of personal care within a supported living scheme. One care staff member was always available 24 hours per day for access by all tenants living at the scheme when required. One person had been assessed as requiring one to one support which the provider had put in place. Therefore, there were no concerns relating to late or missed visits as a care staff member was always available to support people when required.

Good

Is the service effective?

Our findings

We asked relatives about whether they felt staff were adequately skilled and trained to carry out their role. One relative told us, "I think they are." People we spoke with were unable to comment on whether care staff were adequately trained or not due to the impact of their learning disability on their level of understanding.

Records confirmed that each staff member had received a comprehensive induction prior to commencing work with the provider. The induction covered health and safety, staff roles and responsibilities, fire safety, abuse and neglect. Care staff had also completed training in mandatory topics such as safeguarding adults, first aid, infection control and the Mental Capacity Act (MCA). However, we noted that not all staff had completed moving and handling training. Currently people did not require any specific support with moving and handling but we brought this to the attention of the registered manager who assured us that he would ensure all staff undertook moving and handling training immediately as good practice.

The registered manager told us about plans in place for all newly recruited care staff to undertake and work towards completing the care certificate. This is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. The plans to deliver the care certificate would also include current care staff completing this qualification. Records also covered that all staff had either completed or were in progress of obtaining a national vocational qualification in health and social care.

Care staff confirmed that they had received a comprehensive induction as well as training in specific topics which enabled them to carry out their role effectively. One care staff member told us, "The induction was quite thorough. I also spent a shift shadowing and I was introduced to the service user and was told about what I needed to know about the service user." A second care staff member stated, "The training was good."

Care staff told us that they were appropriately supported in their role and received regular supervision with their line manager. One care staff member told us, "We talk about whether I am happy or not, workload and service users." Another care staff member stated, "We are asked to give ideas and suggestions and they listen. Management attitude towards staff is very good." Records that we looked at corroborated what care staff had told us about receiving regular supervision. Supervision records addressed topics such as personal welfare, key working, safeguarding and work performance. There were no appraisals available for any of the care staff as none of them had completed one year of their employment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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. We checked whether the service was working within the principles of the MCA.

Care plans had been signed by people confirming that they had consented to the care and support that they received. Care plans also contained detailed information about people's level of capacity and listed the

particular areas where support would be required and individuals who were involved in supporting the person to make decision on their behalf and in their best interest.
Records confirmed that all care staff had received training on the Mental Capacity Act 2005 (MCA). When asked about their understanding of the MCA, care staff demonstrated knowledge and awareness of the legislation and how this impacted on the care and support that they provided. One staff member told us, "You have to assess people's capacity. People can make basic decisions but more complex decisions may need input from relatives or professionals so that decisions are made in the person's best interest." Another staff member explained, "I get people involved in decisions. We will have a discussion but will let the person decide. Why should I make decisions for the person? It's their life. I can only encourage them."

Care plans provided information on the support people required with their mealtime preparation and dietary needs. Relatives confirmed that people were involved in devising shopping lists and were supported to carry out their shopping. Depending on the support people required, care staff would also be involved in meal preparations. One person was noted to have specific dietary requirements due to their health conditions. Care staff were well aware of the person's needs and the way in which they were to be supported. One relative told us, "They [care staff] are most particular with meals. I have told them [care staff] what he enjoys. I can only see the results of this which touch wood have been positive."

Records confirmed that people had access to a variety of healthcare services including the GP, chiropodist and specialist consultants. One person said, "If I am going to the hospital they help me but I can go myself." One relative told us, "They [care staff] call me up and let me know if there are any GP appointments. They are very good when I take [name of person] to the GP they always send a staff member with me." The second relative stated, "She [person] has been referred by the service to the hospital." Outcomes of visits to any healthcare professional were recorded within the care plan.

Good

Is the service caring?

Our findings

People and relatives were very complimentary of the care and support that they and their relatives received. We were told that carers were caring in their approach. Comments from one person included, "The care staff are nice and good." Relatives comments included, "Staff go beyond their call. They are absolutely fantastic with [person]. The carers are caring and [person] has had nothing but kindness" and "We are happy with the care that [person] receives."

During our visit to the supported living scheme we observed that staff had developed positive and caring relationships with the people that they supported. Care staff that we spoke with knew the people they cared for well and knew their personalities, habits and traits and were responsive to those. One relative told us, "He [person] has people around him who he can relate to."

Care staff explained the importance of knowing the people they supported in order to promote their independence. Comments from care staff included, "We need to let them make their own decisions" and "I am there for them [people] as far as they require. I let them do what they want to do and also what they are able to do."

Relatives confirmed that they were always involved in all aspects of care and support that their relative received. One relative told us, "They [service] are always in touch and I always tell them what I feel." Another relative stated, "We are always talking and speaking to the key workers." The registered manager also explained that he visited people on a daily basis and spoke with relatives on a weekly basis to discuss progress of their relative and any updates that needed to be communicated.

One person told us that care staff were respectful of their privacy and dignity. They said that, "Staff always knock on my door before coming in." Care staff also gave different examples of how they would maintain people's privacy and dignity. Examples included, "We respect the person regardless of whatever level of capacity they are at. We are also careful with the exchange of information and maintaining confidentiality" and "When supporting with personal care I make sure the curtains are closed and I lock the door."

Staff we spoke to understood what equality and diversity meant and how that affected the care they provided for people who used the service. When asked about supporting people who identified as lesbian, gay, transgender or bisexual (LGBT) one staff member told us, "This doesn't matter to me. I have to be respectful and empathetic." Another staff member told us about how they have supported people with maintaining intimate relationships and explained, "We support people with their sexuality. We advise them about protection and we support them with maintaining their relationship. If we have needs, people we support also have needs."

Good

Is the service responsive?

Our findings

One person told us that they felt able to approach the registered manager and/or care staff if they had any concerns. The person told us, "I know the manager and can talk to him if I have a complaint." Relatives also stated that they knew who to speak with if they had any issues to raise and were assured that their complaint would be dealt with appropriately. Comments included, "I have no qualms about ringing them and I have no reservations about complaining and sometimes they are two steps ahead of me" and "I don't have any complaints really but I know the manager and I can speak to him if I need."

The service had not received any complaints since they had begun providing a service. However, appropriate systems were in place and available to allow the service to effectively record, investigate, respond and learn from any complaints that they may receive in the future.

Care plans had been written with the person in mind and contained information about the person and how they wished for their care and support to be delivered. Information included specific details in relation to their health conditions and disabilities, allergies, relationships, keeping health and looking after their emotional and physical wellbeing. However, we found that care plans did not give detailed information about the person's background history, likes and dislikes which would enhance the care plan and support the person centred approach. Although the registered manager and care staff that we spoke with were knowledgeable about each person that they supported and were able to list their likes and dislikes, none of this information had been recorded. The registered manager acknowledged this feedback and stated that they would work towards enhancing their care plans and making them more person centred so that staff would be enabled to respond to the person in a more informed way.

Care staff were able to clearly explain what person centred care meant to them and how this was to be translated into the care and support that they delivered. Comments from care staff included, "Every person is unique and they each have unique things about them. It is not generalised care, we have to have a holistic approach" and "The person is at the centre of the care. We have to concentrate on the person. The person is the main one."

Care staff kept daily notes for each person that they supported which included two hourly observations, activities people had participated in, interactions between the staff member and the person and what they had eaten for their meal. These notes provided current and detailed information to staff who were about to begin their shift, about the person and how their day had been and where required any follow up actions that needed to be addressed. This also enabled to staff to respond to people according to their mood and temperament as observed.

Relatives told us and records confirmed that people were supported to participate in a variety of activities as per the person's choice and wish. This included attending day centres, going for walks, watching television programmes of particular interest to the person and visiting family. One person told us, "I go to my mum's and then I plan what I would like to do." One relative told us, "There are such lovely people living there which has made such a difference to his life. I think they are proactive and I would like [person] to do more but

[person] is older now. They seem to be good and [person] potters around with them."

Good

Is the service well-led?

Our findings

One person living at the scheme knew who the manager was and felt able to approach them as and when they required. We observed during our visit that people knew the manager well and felt comfortable in their presence. Relatives also confirmed that they knew the manager and were in regular contact with them about the care and support their relative received. One relative told us, "I know the manager and I can speak with him if I need."

Care staff that we spoke with were very complimentary of the management and their positive attitude towards people and staff. Feedback from care staff included, "The management is on top of every issue. The manager is good. Always around", "The manager is lovely. Very good. He never gets angry" and "Very good manager. I feel supported in my role." Care staff also commented on the staff team and how they all worked well together as a team.

Care staff told us that they were also supported through regular care staff meetings which the provider confirmed were held every two to three months. We were shown records for the last two meetings that had been held. Topics discussed included support plans, risk assessments, clients wellbeing and role of the support worker. Care staff also confirmed that these were the topics that were discussed and that they felt enabled to give ideas and suggestion about improvements to working practises and that these were taken on board by the management. Comments from staff included, "Meetings are very helpful. We exchange information. Every day you learn new things" and "We are listened to and we are able to give ideas and suggestion that may help."

The registered manager visited people they supported at the supported living scheme on a daily basis and carried out a number of checks in order to monitor the quality of service being provided in order to learn and make improvements. This included daily well-being checks of people receiving care and support and medicine management checks. However, other than the informal notes that the registered manager made, these checks were not been formally recorded. The registered manager confirmed that generally there were no concerns that needed addressing but where small issues were identified these were addressed immediately. The registered manager confirmed that going forward all audits, checks and actions taken would be formally recorded.

On the second day of the inspection the registered manager showed us a spot check form that they planned to implement going forward as part of their quality monitoring process. Spot checks would include observations of care staff performance as well as obtaining feedback from people receiving care and support with a view to learning and making improvements to service provision.

As part of the inspection process we contacted external professionals who had commissioned care from Filey Care and Support Ltd. One professional stated, "Filey Support are very good in all areas. The manager is approachable and service users are progressing well."

Since the provider had begun supporting people, both people receiving support had been asked to

complete a satisfaction survey whereby they could give their opinions and thoughts about the quality of care they received. Responses were positive. However, the provider did not have a formal process in place for obtaining feedback from relatives or involved healthcare professionals. The registered manager told us and relatives confirmed that although relatives had not been sent a quality assurance survey, the registered manager was in regular contact with them to ensure the service being provided was of a good quality. The registered manager confirmed that he would begin to implement this process going forward.