

Miss Sikholisile Moyo

Falcon Carers

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

The inspection took place on 17 March 2016 and was announced. This was the services first inspection since it registered in 2014.

Falcon Carers provided personal care to people in their own homes. At the time of the inspection one person was using the service.

There was no requirement for a registered manager. The registered provider managed the service. For the purpose of this report we will refer to them as 'the 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 protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place.

There were sufficient staff to keep people safe and to support people to follow their hobbies and interests.

Risks to people were minimised to encourage and promote people's independence. Staff were clear how to support people to maintain their safety when they put themselves at risk.

People's medicines were managed safely by trained staff.

Staff were supported to fulfil their role effectively and were offered applicable training.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The manager followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions in their best interests.

People were encouraged to eat and drink a healthy diet and their choices were respected.

People were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

Staff demonstrated a positive value base and treated people with dignity and respect.

Care was personalised and met people's individual needs and preferences. The manager had a complaints procedure and people knew how to use it.

The provider had systems in place to monitor the quality of the service.

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 protected from harm as staff knew what to do if they suspected someone had been abused. Risk of harm to people were minimised through the effective use of people's risk assessments.

There were enough staff to meet people's needs. Staff were trained to administer and support people with their medicines.

Is the service effective?

Good ●

The service was effective. Staff were supported and effective in their role. The manager followed the principles of the MCA and ensured that people consented to their care and support.

People were supported to maintain a healthy diet and attend health care appointments when required.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect.

People were supported and encouraged to be as independent as they were able to be.

Is the service responsive?

Good ●

The service was responsive. People received care that reflected their individual preferences.

The manager had a complaints procedure and people felt listened to.

Is the service well-led?

Good ●

The service was well led. There were systems were in place to monitor the quality of the service.

Relatives and staff felt that the manager was approachable and responsive.

Falcon Carers

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 inspection took place on 17 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to facilitate the inspection.

The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details 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 spoke with one person who used the service, a relative, one care staff and the registered provider.

We looked at care records, staff recruitment procedures, policies and procedures and the systems the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

People were protected from abuse and the risk of abuse. A relative told us: "My relative is safe as they can be". Staff we spoke with knew what constituted abuse and what to do if they suspected abuse had taken place. One staff member said: "I wouldn't hesitate to report anything suspicious to the manager or social services". The manager demonstrated knowledge of the safeguarding procedures. There had been no safeguarding referrals made to the local authority.

Risks to people were assessed and plans were in place to minimise the risk of harm. There were clear and comprehensive plans to inform staff how to support people and prevent harm to themselves or others. The manager and staff knew the person well and knew the risks associated with their care. We saw that the person at times put themselves at risk due to inappropriate behaviour in the community during a particular activity. We saw a plan which informed staff how to support the person when accessing the community and during the activity. The manager told us that incidents of inappropriate behaviour had reduced since the risk assessment had been in place as the level of support the person was now receiving met their care needs.

There were enough suitably trained staff to meet the needs of people who used the service. Staff were available at all times through the day and night. Staffing hours were commissioned through the local authority based on the person's individual assessed needs. We saw that safety checks had been undertaken prior to the person being employed. References and Disclosure and Barring (DBS) checks were completed to ensure that the prospective staff were of good character. The DBS is a national agency that keeps records of criminal convictions. This meant that the provider checked staff's suitability to deliver personal care before they started work.

Staff told us and we saw records that confirmed that they had all received medication training. The person they were currently supporting administered their own medicines and only required occasional prompting. The staff supported the person to request repeat prescriptions to ensure they did not run out of their medication.

Is the service effective?

Our findings

A relative told us that the staff were effective in their role. They told us: "The staff do their best to encourage my relative, it's not easy and they try hard". Staff training was on-going and relevant to the role they were undertaking. We saw that the manager had undertaken one to one supervisions with individual staff. A member of staff told us: "The manager spent three days with me at the service when I was on induction, showing me what I needed to do and helping me get to know the person".

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. The provider was working within the principles of the MCA when supporting people to make decisions about their care. We saw the person being supported had signed their own care plans and the manager told us the person was in the process of having their mental capacity assessed by health professionals. They had an advocate who had supported them previously in making decisions and we saw the person made their own choices about their care whenever they were able to.

People were supported to access food and drink of their choice. Staff had received training in the safe food handling and preparation. The manager and staff were able to tell us the person's food preferences, which were recorded in their care plan. The manager told us: "[Person's name] only likes to eat once a day, it's been discussed with their GP and they are not concerned, we keep an eye on their weight but it's what they chose so we respect that".

People were supported to attend health care appointments with professionals such as their GP, opticians and community nurses. A member of staff told us: "We support [Person's name] to appointments and make them when required". We saw that the person currently being supported had access to a wide range of health care facilities.

Is the service caring?

Our findings

The manager and staff member we spoke with demonstrated a caring value base. The manager told us: "[Person's name] has a photo of their relative and we all know not to touch it or move it as it is very special to them". A relative told us: "The carers are nice people, they don't let us down".

We saw in the care records we looked at that the person was offered choices and these were respected. The person had been involved in agreeing and signing their care own plans. The manager told us: "We can tell when [Person's name] is in the right frame of mind to discuss their care, so sometimes we have to approach them on another day when they feel more like it".

Care reflected the person's choices. The manager told us that the person liked to lie in bed in the mornings so the staffing hours had been changed to reflect this. Daily records confirmed that the person got up when they wanted to and followed their own routine every morning.

The person was encouraged to be as independent as they were able to be. We saw records and the registered manager confirmed that the person was able to care for their own personal care needs. We saw goals towards independence had been set. The manager told us: "We are working on cooking now, just switching on the oven and putting the pies in to start with".

Relatives visited the person regularly and a relative told us: "The staff always let us know how [Person's name] is getting on".

Is the service responsive?

Our findings

Prior to people being offered a service, an assessment of their needs was undertaken to ensure that the provider could meet people's individual needs. Care plans and risk assessments were drawn up for staff to be able to support the person based on their individual preferences. The manager and staff we spoke with knew the person they supported well and knew their preferences.

Care was regularly reviewed. We saw the manager had reviewed the persons care plans. They told us that they responded to any changes in the person needs. For example, they had recognised that the person did not like to get up early so any health care appointments were made in the afternoon whenever possible. We saw it was recorded that a chiropody appointment had recently been changed to the afternoon to suit the person's preferences. Written handovers were recorded which informed the next staff member of any significant incidents or changes in the person's needs.

People were supported by staff to participate in hobbies and interests of their choice. The person receiving a service enjoyed shopping for personal items and the staff member we spoke with told us: "We spent all day out and about yesterday looking for this one particular item". Staff also supported the person to maintain their friendships. The manager told us: "[Person's name] likes to go and chat with people in the local shop every evening so we support them to do that and people from the local church visit them at home".

The provider had a complaints procedure. They told us they had no formal complaints and any issues people had were usually discussed and sorted out informally. A relative told us: "The manager acts on everything we put to them".

Is the service well-led?

Our findings

The manager kept themselves up to date with relevant training through Skills for Care and Care Match and they had completed a provider information return at our request. A relative told us: "The manager is excellent".

Staff we spoke with told us that they felt supported by the manager. They received on-going training and regular supervision. Currently most training was completed through E Learning. The manager told us of their plans to implement more in house training as the service grew and more staff were employed. We saw records of regular staff meetings to discuss the person's needs and relevant legislation that affected staff working practices.

The manager told us of their plans to recruit people from differing ethnic backgrounds. They told us: "Because we only have one person, recruitment has been word of mouth, I plan to expand and employ from a wider circle of people". They told us they also had plans to use a call monitoring system as the service grew so they were able to monitor calls and ensure that staff were on time and stayed the allocated amount of time. A relative told us: "The staff are always there, they have never let us down".

Records were kept of the person's wellbeing and health appointments and any interactions with other professionals. Incidents and significant events were also recorded and maintained to ensure a clear audit trail of activity. The manager kept the person's care plans up to date and reviewed.

The manager had sent out a quality questionnaire. We saw that they had received one response and they had received positive feedback about the quality of care.