Faithgift Limited

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Inspection report

37 Regent Court
Gateshead
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Ratings

Overall rating for this service	Insufficient evidence to rate

Is the service safe?	**Insufficient evidence to rate**
Is the service effective?	**Insufficient evidence to rate**
Is the service caring?	**Insufficient evidence to rate**
Is the service responsive?	**Insufficient evidence to rate**
Is the service well-led?	**Insufficient evidence to rate**

Summary of findings

Overall summary

About the service
Faithgift is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there was 1 person using the service. We were able to carry out an inspection, but we could not rate the quality of the service as we had insufficient evidence as the provider had only carried out regulated activity infrequently in the last 6 months.

People's experience of using this service and what we found
Systems were in place to safeguard the person from abuse. The person felt safe with care staff. Risks to the person's safety were assessed, some risk assessments were not person-centred.

The registered manager delivered the service to the person. They were suitably trained to carry out their roles and wore their PPE when required.

The person received effective support with eating and drinking. The person was 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 person received personalised support based on their needs and preferences. There was a complaints procedure in place.

Policies and procedures were in place to support care provided. Some policies were not consistent with each other. Reviews of care documentation were taking place. Due to the care currently provided other governance checks were not required at this time. The registered manager had plans to expand the service in the future.

Rating at last inspection
This service was registered with us on 19 January 2022; however, it was dormant until August 2022 and this is the first inspection. A dormant service is one that is not providing a regulated activity but is registered with CQC. We were unable to rate this service as we did not have sufficient evidence.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Recommendations
We have made recommendations in relation to ensuring policies are consistent and risk assessments are person-centred.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? We did not have sufficient evidence to rate the safety of the service.	**Insufficient evidence to rate**
Is the service effective? We did not have sufficient evidence to rate whether the service was effective.	**Insufficient evidence to rate**
Is the service caring? We did not have sufficient evidence to rate whether the service was caring.	**Insufficient evidence to rate**
Is the service responsive? We did not have sufficient evidence to rate whether the service was responsive.	**Insufficient evidence to rate**
Is the service well-led? We did not have sufficient evidence to rate whether the service was well-led.	**Insufficient evidence to rate**

Faithgift Limited

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and the registered manager.

Inspection team
The inspection was carried out by 1 inspector.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the nominated individual.The nominated individual (NI) is responsible for supervising the management of the regulated activity provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We sought feedback from the local authority about the service.

During the inspection
We spoke to the registered manager who was also the nominated individual. We reviewed a range of records including 1 person's care records and policies. We spoke to the person's relative.

Insufficient evidence to rate

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 of this newly registered service. We did not have sufficient evidence to rate the safety of the service.

Systems and processes to safeguard people from the risk of abuse

- The person was safe from the risk of abuse. The registered manager had undertaken safeguarding training. There had been no safeguarding incidents. The registered manager was aware of their responsibilities to safeguard people.

Assessing risk, safety monitoring and management

- Risks to the person had been assessed. Risk assessments were not always person-centred; however mitigations were in place.
- Environmental risk assessments had been carried out to ensure the safety of the registered manager.

We recommend that risk assessments are reviewed to ensure they are person-centred.

Staffing and recruitment

- There were no staff employed at the time of the inspection other than the registered manager. The registered manager was aware of the requirements for employing staff safely.

Using medicines safely

- There was no medicines administered at the time of the inspection. The registered manager was trained in medicines administration. Suitable policies were in place to support medicines administration.

Preventing and controlling infection

- The person was safe from the risk of infection. The registered manager wore PPE when required.

Learning lessons when things go wrong

- A lesson had been learnt from an incident which occurred. The registered manager had reflected on the incident and put appropriate measures in place to prevent similar incidents occurring.

Insufficient evidence to rate

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. We did not have sufficient evidence to rate whether the service was effective.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The person's needs had been assessed prior to the care commencing.

Staff support: induction, training, skills and experience
- The registered manager had the training and skills required to care for people.
- It was not always clear from the policies in place, what mandatory training should be completed.

We recommend the policies that relate to training and induction are reviewed to ensure they are consistent.

Supporting people to eat and drink enough to maintain a balanced diet
- The person was supported to eat and drink appropriately. Documentation showed what the person preferred to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- The registered manager was not working with other agencies at this time. They were aware of other agencies that may need to be involved in people's care in the future.
- The person was supported to walk and enjoy fresh air when they wished to.

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.

- The person was supported in line with best practice.

Insufficient evidence to rate

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 service. We did not have sufficient evidence to rate whether the service was caring.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The person was supported in a caring manner. The person's relative said, "[Person] looks forward to [the registered manager's] visit, she is always on time and is patient with [person]."
- The person was supported to be independent where possible. The registered manager explained that she supported the person to make drinks themselves when possible.
- The relative said, "I know [person] is safe with [the registered manager], when I come home, they are often sat having a good chat on the sofa."

Insufficient evidence to rate

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 service. We did not have sufficient evidence to rate whether the service was responsive.

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

- The care plan was sufficiently detailed and personalised. The person's care met their needs and preferences.
- The registered manager was flexible and able to provide additional care visits when needed.

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 care plan included information about how the person preferred to communicate. The registered manager was aware of the requirements of the accessible information standard.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. At the time of the inspection no complaints had been received. The registered manager spoke regularly with the person and their relative to ensure the service provided was meeting their requirements.

End of life care and support

- End of life care was not being provided at the time of the inspection.

Insufficient evidence to rate

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 service. We did not have sufficient evidence to rate whether the service was well-led.

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

- The culture of the service was open and person-centred. The person's relative felt the support provided was good.

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 the duty of candour. There had been no incidents that required this to be applied.

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

- The registered manager was clear about their role. They understood their regulatory requirements.
- Care documents and policies had been reviewed when needed. Other governance checks were not needed due to the number of clients and support provided.

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

- The person and their relative were involved in decisions about how care was provided.

Continuous learning and improving care

- The registered manager was working to expand the client base. They were open to learning and improving the service as it grew.

Working in partnership with others

- There was no partnership working at the time of the inspection. The registered manager was looking to work with the local authority to take on more people and staff.