

FEB Supported Living Services Ltd

FEB Care

Inspection report

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Date of inspection visit:

22 November 2021

26 November 2021

Date of publication:

24 December 2021

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

FEB Care is a domiciliary care service, which provides personal care to people living in the community.

At the time of the inspection 17 people were receiving personal care from the service.

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

Systems were in place to protect people using the service from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report any safeguarding concerns.

People were supported with taking positive risks and encouraged to be as independent as possible in managing their own risks.

Medicines were managed safely. People were encouraged to manage their own medicines as much as possible to promote independence.

People were protected from the risk of infection. The provider had systems in place to reduce the risks of the transmission of COVID-19.

There were enough staff available to meet people's needs. Staff received regular training, supervision and support to ensure people's needs were met.

Systems were in place to respond to, record and monitor accidents and incidents. Reviews were undertaken to learn from incidents and reduce the risk of recurrence.

People's needs were assessed prior to the service commencing their care packages.

People were supported to maintain a healthy balanced diet.

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.

The service worked in partnership with health care professionals. People were supported to access community health care services as and when required.

People were involved in the planning of their care and regular reviews. Care plans detailed people's likes, dislikes, choices, decisions and communication needs.

Systems were in place to support effective communication. Staff respected people's privacy and dignity.

Systems were in place to respond to any complaints, in line with the providers policy and procedure.

People using the service and their relatives had good relationships with the registered manager and the staff team.

The registered manager and provider maintained effective oversight of the safety and quality of the service and worked in partnership with other professionals to ensure people's needs were continuously met.

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

This service was registered with us on 21/08/2020 and this is the first inspection.

Why we inspected

This was a planned inspection since the service registered with us.

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.

FEB Care

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

The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available.

The inspection activity started on 22 November 2021 and ended on 26 November 2021. We visited the office location on 26 November 2021.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority.

The provider was requested to complete a Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. The provider completed and returned the PIR to us within the set timescale. We took this information into account in making our judgements in this report.

During the inspection

We spoke with the relatives of five people using the service, to hear about their experience of the care their relatives received. We received feedback from 10 members of care staff on their experiences of working for the service.

We reviewed a range of records. This included two people's care records, risk assessments and medication records. We also reviewed two staff recruitment files and a variety of other records relating to the overall management of the service, including the provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Such as, staff recruitment records and mental capacity assessment documentation.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. All the relatives spoken with commented they were confident their relatives received safe care from the service.
- Staff received training in safeguarding to recognise the types of abuse and any potential signs of abuse. They were able to competently explain the actions they would take if they suspected or witnessed any form of abuse. One staff member described how they had used the safeguarding procedure to raise a concern and how it was professionally dealt with by the registered manager and provider.

Assessing risk, safety monitoring and management

- Staff had access to clear guidance on how to support people and keep them safe. People's care plans identified the actions needed to reduce risks. At the time of the inspection the registered manager was in the process of formalising a risk assessment tool to record the level of risk. For example, low, medium or high and the intervention needed to reduce the risks.
- People were supported to take positive risks to encourage and instil confidence and promote independence. For example, one relative said, "With the staff's support and encouragement [relative] can now safely use the stairs." Another relative said, "I feel confident the staff know how to provide the right care, I have witnessed staff moving [relative] and have no concerns about their competencies."

Staffing and recruitment

- System and process were in place to ensure only suitable staff were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to meet people's needs.

Using medicines safely

- Medicines were managed safely. People were encouraged to be independent with their medicines as much as possible with some people only requiring reminding / prompting to take their medicines. Medicines administration training was provided for staff to safely administer medicines to people who required a higher level of support.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to appropriate personal protective equipment (PPE), such as disposable face masks, gloves and aprons to safely support people with personal care. Staff had received training in preventing the spread of infection, which included training on COVID-19

and accessed regular testing for COVID-19.

Learning lessons when things go wrong

- The registered manager and the provider were proactive in taking immediate action, to improve the service, when any shortfalls were identified. For example, they were implementing further tools to identify risks and actions taken.

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 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 were assessed prior to their care package commencing. The assessments included people's social and health conditions, religion, important relationships, culture, likes, dislikes and hobbies. This information was used to plan people's individualised care and support.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, they received appropriate training to develop their skills. One staff member said, "The training is good, it supports me to do my job well."
- Staff told us they received regular support and supervision from the registered manager.

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

- People's needs around eating and drinking were documented within the care plans. One relative said, "I always ensure [relative] has a variety of meals in the freezer, we work together as a team." Another relative told us staff followed the advice from dietitians and speech and language therapists (SALT) to promote healthy eating plans for their relative.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team worked with other agencies to ensure people received health care support when needed. Staff confirmed they called the family and if necessary, the medical emergency services if needed. One relative said, "Since moving to FEB Care I have seen a huge improvement in [relatives] health, the staff follow the advice of the healthcare professionals and it has made a great difference to [relatives] quality of life."

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 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.

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.

- The registered manager said capacity decisions were based on the pre-commissioning care package assessments, completed by health and social care professionals. Records showed the registered manager had begun completing specific capacity assessments for people with fluctuating capacity, or uncertainty about the ability to make certain decisions. For example, whether a person had capacity to safely manage their own medicines.
- Staff received training and had a good understanding of the MCA and respected people's choices.

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 using the service and their relatives had developed good relationships with staff. One relative said, "We had a bad experience of receiving home care before moving to FEB Care. Moving to FEB Care is the best thing we ever did; it has made a huge improvement in [relatives] life. We have the same staff and have developed trusting relationships with them all. They have a laugh and joke with [relative]. They look after my welfare as well."
- People's wishes, beliefs, religious, cultural and communication needs were assessed and planned into the care.

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

- People using the service and their relatives were involved in planning their care and regular reviews. . People could request support at a time that suited them best.
- The registered manager and staff were as flexible as possible in meeting people's requests.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Relatives commented on how the staff were always mindful of ensuring doors and curtains were closed when providing personal care for their relatives. They confirmed that staff always treated their relatives with respect. One relative said, "I'm so impressed with how the staff have helped improve [relative's] mobility and independence." A staff member said, "We are very respectful, patient and empathetic to the clients. These qualities are deep rooted in the services provided by FEB Care."

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 were involved in planning their care and support, which was tailored to meet their needs, choices and preferences.
- The registered manager was passionate about providing high quality personalised care.
- The care plans provided information about how staff could best support people, they were regularly reviewed and updated as people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were fully assessed and documented within their care plans.
- Staff knew how to communicate effectively with people.

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 by staff to maintain relationships important to them, for example with family and friends, , and have access to the community and social activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was made available to people using the service and their relatives. The registered manager kept oversight of complaints to identify any trends and patterns to continually review and improve the service.

End of life care and support

- There was no one receiving end of life support at the time of the inspection. However, peoples end of life wishes were discussed as part of the care plan process.

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

- The registered manager and the provider promoted a culture of supporting people to be involved in their care and to be as independent as possible.
- Positive risk taking was supported to empower people. For example, where people were able to administer their own medication this was supported and planned into their care.

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 had a good understanding of the duty of candour and the legal requirement to be open and honest when something went wrong. They had good relationships with people using the service and relatives and kept in regular contact. One relative said, "[Relative] had a fall, which resulted in a hospital visit and the registered manager and staff kept in touch with me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to ensure the registered manager and the provider maintained effective oversight of the service.
- The registered manager and provider demonstrated a good knowledge of regulatory requirements and were open and transparent throughout the inspection.

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

- The views of people using the service and relatives were sought to identify any areas for improvement of the service. During the COVID-19 lockdown restrictions people still had the opportunity to speak directly with the registered manager and be involved with their care reviews. This gave them opportunities to share their opinions and, ideas.
- Staff told us morale in the staff team was good and they felt supported in their roles. Staff meetings took place and those who could not attend were provided with the minutes of meetings.
- Staff told us they felt FEB Care was a good place to work. One staff member said, "We feel listened to, [Registered manager] really cares about the staff and clients and has a good attitude towards the staffs. This encourages us to do a good job. Staff meeting are held periodically, so that further improvements can be identified and correct any mistakes. This allows staff to be open and come forward with any comments.

[Registered manager] will always answers our calls no matter what the situation."

Working in partnership with others

- The service worked in partnership with other professionals to ensure people were well supported, such as GP's, district nurses, dieticians, speech and language therapists and occupational therapists.
- Health and social care professionals also supported the service by monitoring people's health and care needs. This improved the quality and safety of care people received.