

Frasercareservices Limited

FraserCareServices

Inspection report

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06 March 2019
12 March 2019

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25 April 2019

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:

FraserCareServices is a domiciliary care agency. It provides personal care to people living in their own homes in the community. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection three people received the service, which was provided by the registered manager and one other member of staff.

People's experience of using this service :

- People consistently told us how they received care from staff who knew their needs well, at times when they expected them and this helped to make them feel safe.
- People told us they "trust" and "appreciate" the staff and described the staff as being "kind and caring to me." One relative had observed, "The interactions are good."
- Staff received regular training which was relevant to people's needs.
- People were supported to access appropriate healthcare where necessary to maintain their health and wellbeing.
- Where needed, people received their medication as prescribed.
- People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.
- People and staff felt the service was well led.
- There was a process of continual improvement and quality assurance in place.

Why we inspected:

This was the service's first planned inspection since it was registered on 12 April 2018.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as good .

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

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.

FraserCareServices

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

Service and service type:

FraserCareServices is a small domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they 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 visit. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection site visit activity started on 6 March 2019 and ended on 12 March 2019. We visited the office location on the 6 March 2019 to see the registered manager. We reviewed people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records for the only care worker employed at the service.

What we did:

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

An expert by experience spoke with one person, one relative, two friends of two people and one member of staff by telephone on 7 March 2019.

We requested further information from the registered manager related to the service; this was provided promptly.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse. Staff had received training on the safeguarding of adults. The registered manager had a good knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to people and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff.
- Staff said they had received training in equipment they needed to use in order to move people safely.
- Each person had an emergency information sheet in their file, in order to provide essential information quickly. If a person had a 'care line pendant' alarm installed, a prompt for staff to ensure the person had it close to hand was included in the care plan, and the alarms were tested each month to ensure they worked.
- There was a contingency plan in place in case of events that effected the service running safely such as staff sickness and adverse weather.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.

Using medicines safely

- Staff were trained and deemed competent before they administered medicines, and regular checks ensured people received their medicines safely. One relative told us "X has a lot of medicine and it's all written up in the grid."
- Where safe to do so, people were encouraged to manage their own medicines. This promoted their independence. One person said "They don't help me with any medicine at all, I see to that myself."

Preventing and controlling infection

- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control. One person said "They (staff) help me to wash and dress and always wear gloves for the personal care. They (staff) wash their hands before preparing any food."

Learning lessons when things go wrong

- There were systems in place to monitor and learn from incidents and accidents. Records were monitored for any themes or patterns, and the registered manager took appropriate preventative actions where necessary.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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.

- We checked whether the service was working within the principles of the Mental Capacity Act [MCA]. Staff had a good understanding of these pieces of legislation and when they should be applied.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- Care plans had been developed with the person it related too. Care plans had been signed by the person to show their agreement and consent to receiving the care and treatment being provided.
- Training records confirmed that staff had undertaken training in relation to the MCA.

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

- People's needs and preferences had been assessed.
- The service worked hard to match staff to people's preferences and needs as well as personalities and provided continuity of care. Staff said "We are just building up the client base so the staff have plenty of time to spend with the clients at the moment."
- Staff told us they received training and regular updates on changes to guidance or the law. This ensured they were providing best practice and effective care and support to people.

Staff support: induction, training, skills and experience

- One friend of a person who received the service said "He feels they (staff) are well trained."
- Records showed staff were competent and skilled. Staff conveyed their knowledge when speaking with us.

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

- Some people had support from staff in meal preparation, and care plans reflected the support the person needed.

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

- If required, referrals were made to appropriate health professionals for further advice and guidance.
- Staff spoke knowledgeably about people's health needs and recognised the importance of being proactive in seeking guidance and support from health professionals.

Adapting service, design, decoration to meet people's needs

- People had the equipment they needed to promote their independence in their own homes. Staff were aware of their responsibility in ensuring equipment was safe before being used.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were assessed and planned for to make sure they received the care they needed.

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

Good: 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 told us they "trust" and "appreciate" the staff and described the staff as being "kind and caring to me." One relative had observed, "The interactions are good."
- Staff received training, support and supervision to ensure they were providing the level of care and support the person expected.
- People's care and support records reflected their cultural and religious beliefs and staff respected their views.
- Staff received training regarding equality, diversity and human rights. Spot checks and supervisions for staff and the quality assurance processes ensure this has been implemented.
- The service acknowledged special occasions, such as a person's Birthday.

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

- Everyone we spoke with felt included in how their care and support was planned and delivered, and had opportunities to have their opinions heard.
- The service provided information to people such as local community services.
- People were supported by staff to make decisions about their care, and staff knew when people wanted help and support from their relatives. External professionals were contacted when help was needed to support people with decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence, privacy and dignity.
- The service had referred people to occupational therapy services when changes in people's needs meant they may need additional equipment to enable them to remain living at home.
- Staff received training and supervision to ensure they were maintaining people's privacy, independence and dignity.
- People's personal information was kept secure and staff understood the importance of ensuring people's confidentiality was maintained.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and detailed exactly how the person wanted their needs and preferences to be met. Each person's plan was regularly reviewed and updated to reflect their changing needs. One person said "I was involved in the care plan and I am having my care extended to the evenings as well and the Manager is coming to see me later about that."

- People consistently told us how they received care and support which was exactly as they expected and needed.

- People were supported to communicate in ways that were meaningful to them. Their methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard. This is a legal requirement for providers to ensure people with a disability or sensory loss are given information in a way they can understand and have the communication support they need.

Improving care quality in response to complaints or concerns

- Everyone we spoke to was aware of how to raise concerns if they needed to, and were confident they would be listened to and resolved. A person told us "I have no complaints but if I did I am confident that action would be taken about it." One relative said "I feel very confident that any problems or complaints would be dealt with."

- People were given information about the service, including their support plan, out of hours contact arrangements and a copy of the complaints procedure.

- People were encouraged to express their views and make comments about things during their review.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.

- People's wishes regarding their end of life care was documented. This would ensure people received care and support in the way they wanted at this time of their life.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager planned and promoted person-centred care which focused on good outcomes for people. Compliments received showed this was evident and appreciated. One relative said "Yes it is well managed. The manager is pro active in providing him with the best care for him."
- There was a duty of candour policy in place, which the registered manager referred to when dealing with complaints, incidents and when things went wrong.
- Staff felt encouraged and supported to gain further qualifications and to bring any matters to the attention of the registered manager.

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

- People and relatives told us that the registered manager was known to them and approachable. We saw the registered manager to be kind, caring and that they knew everyone extremely well including their relatives. One person described the service as being "Well managed and the manager checks up on things and also asks me my opinion of the care. I get a rota telling me which carer is coming."
- The staff team consisted of the registered manager and one member of staff. Both were highly motivated and spoke passionately about their roles and for the future development of the service.
- There was a schedule of audits in place to ensure the quality of service was maintained and any shortfalls identified were acted upon.
- The registered manager was aware of their responsibilities to notify the CQC as required by the regulations

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

- People were encouraged to express their views and suggestions about the service via face to face with staff, surveys or reviews. This information was used to improve the service and to pass on praise to staff.
- Staff felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There was evidence that learning from incidents and investigations took place and appropriate changes

were implemented.

- The registered manager told us they would shortly be implementing an electronic system for planning the delivery of care. This would co-ordinate people's visits to the staff available and ensure care and support plans would be more easily maintained and updated immediately.
- The service had made positive connections with professionals that could benefit people who used the service.
- In the event of bad weather or a major incident the provider had a contingency plan in place.

Working in partnership with others

- The registered manager was generating links with local groups and charities to promote people's wellbeing, interests and hobbies. This also promoted people's inclusion into the local community and reduce isolation for people.
- The registered manager benefitted from being part of a local registered managers' mentoring scheme. This enabled valuable sharing of good practice and an opportunity to discuss different ways of caring and supporting people for everybody's benefit and well-being .