

Foremost Care UK Limited

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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

About the service

Foremost Care UK Limited is a domiciliary care service supporting people with personal care in their own houses and flats. There were five people using the service at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe using the service. There were safeguarding policies in place and the registered manager and staff knew how to identify and report concerns.

People were supported by staff who understood their needs and who had the right skills and experience. Risks associated with people's care and the environment were assessed and managed to minimise risks of harm.

People told us there were enough staff to support them and they never experienced missed calls. Staff were kind, caring and respected people's dignity and privacy.

Care plans were person centred and considered people's protected characteristics. Although assessments were carried out prior to a care package starting, this was not recorded. We have made a recommendation about this in our report.

Recruitment checks were carried out prior to staff starting to work at the service. However, we observed there were gaps in employment history records. We have made a recommendation about this in our report.

There were systems in place to ensure staff received the right support and encouragement.

Checks were carried out by the nominated individual and manager to ensure compliance. They were in the process of putting in place audit systems.

Notifications were submitted to the Commission when required to ensure we were notified of significant events occurring at the service.

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.

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

Rating at last inspection

This service was registered with us on 18/08/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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.

Foremost Care UK Limited

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.

Service and service type

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

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. The registered manager was on leave at the time of the inspection. We were assisted by a manager who was in charge in the absence of the registered manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 October 2019 and ended on 28 October 2019. We visited the office location on 24 October 2019 and contacted people, relatives and staff via telephone on 28 October 2019.

What we did before the inspection

We reviewed information we had received about the service since their registration with the Commission. We sought feedback from external professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the nominated individual, manager, a consultant working with the service and two carers.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 and their relative told us they received safe care and support from staff members. Comments included, "Yes I always feel safe with the carers, I never experienced any problems" and "The service is safe. They take good care of her and always treat her well."
- There were policies and procedures in place to safeguard people from the risk of abuse. Staff received training in safeguarding and were confident if they reported concerns the manager would take the right actions.
- The manager notified us of incidents of potential abuse where this had occurred at the service.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were assessed and managed to ensure people's safety and to reduce risks of re-occurrence.
- We saw risk assessments in relation to people's medical conditions, such as diabetes, epilepsy and strokes. Other risk assessments included moving and handling, nutrition and hydration and skin integrity.
- Additional detailed guidance and information were available to make sure staff knew what to do in the event of an emergency. For example, in the event people suffered from a stroke or epilepsy.
- Environmental risk assessment was also in place to make sure people and staff were safe during visits.

Staffing and recruitment

- People told us they received care from a small but consistent staff team. Comments included, "There is continuity. Always carers that I know" and "No missed calls or cancelled calls."
- People said they knew who to expect for their care calls and they were notified if there were any changes.
- We looked at recruitment records and saw that pre-employment checks were carried out before staff joined the service. These included, criminal record checks, references from previous employers and confirmation of people's right to work in the UK.
- However, we observed there were gaps in staff employment records. We discussed this with the manager.

We recommend that the provider review all current staff employment records and follow their policy and procedures when recruiting new staff.

Using medicines safely

- Not all people receiving support from the service needed help with their medicines. Where this was identified as part of their care package, appropriate support was put in place.
- Medicine administration records [MARs] had recently been updated following a recent safeguarding

concern. MARs were completed by staff following support provided to people. This included details of any allergies.

- Staff received training in supporting people with their medicines. Staff we spoke with told us they had their competency checked by the manager. Records seen confirmed this.

Preventing and controlling infection

- Staff were aware of good infection control practices and people told us they had no concerns in relation to this.
- The manager told us and staff confirmed that personal protective equipment, such as gloves and aprons were supplied by the provider.
- Staff received training in preventing and controlling infection as part of their induction.

Learning lessons when things go wrong

- We discussed accident and incidents with the manager. They told us there has not been any accident or incidents since they started operating in July 2019.
- However, they told us they would record and investigate any reported accident and incidents to ensure lessons are learnt and improvements made to practices.

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

- The provider told us they assessed people's needs before care packages started to ensure they could meet people's needs. However, these were not recorded.

We recommend the provider review their assessment process to ensure this reflect current best practice guidelines.

- Detailed care plans were put in place following the start of care packages. Care plans supported a range of needs, including mobility, skin integrity, nutrition and hydration and personal care.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans which included their preferences in relation to culture, religion and gender preferences for staff support.
- People, relatives and staff told us that there was continuity of care. People told us, "Yes there is continuity. Always carers that I know" and "Always same carers, no changes without letting me know."

Staff support: induction, training, skills and experience

- Training and induction offered to staff were in line with the Care Certificate. Staff we spoke with told us they found the training helpful and effective. One staff said, "The training I completed helped me to understand the job role better."
- Staff also told us they received good support from their line manager and could contact the manager for advice when needed.
- People and their relatives told us, "They [staff] know what they are doing" and "Yes I do think the staff are trained and experienced."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's records identified if people needed any support with nutrition and hydration and this was provided in accordance with people's wishes. One person told us, "Staff do help with meals preparations on days that I cannot manage this. They ask me first, they do not just do it, which I feel is good."
- People and their relatives told us staff proactively supported them in monitoring their health needs and involved healthcare professionals promptly when this was needed.
- People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records contained details about people's capacity to make decisions.
- Staff understood the importance of giving people choice and gaining their consent. Where consent was not possible due to a lack of capacity, best interest decisions had been made with family, GP's, staff and other healthcare professionals involved.

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 and their relatives spoke positively of the staff team that supported them. Comments included, "Staff are very kind, caring and they listen to us" and "Staff are kind, helpful and we have no concerns."
- Staff knew people well, including their likes and dislikes, preferred routines and activities.
- Care records included information about people's interests, hobbies and past employment.
- People's needs under the Equalities Act 2010 were respected. For example, care plans included information about people's cultural, dietary and gender needs.

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

- People were encouraged to make decisions about their day to day care. Staff respected people's choices. One person said, "We worked on the care plan together and we have a copy."
- People told us the manager contacted them for their feedback on services provided. The manager confirmed they conducted regular telephone monitoring and we saw records of these.
- People were supported and encouraged to contact appropriate representatives when they needed additional support to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected and maintained. People told us, "Staff make sure the door is closed when attending to personal care" and "Yes they respect my privacy, they do not pry into my personal life."
- Care records included information to guide staff on how to promote people's independence.
- People told us staff encouraged them to do as much as they could for themselves to ensure they maintained their independence. One relative said, "My wife cannot do much, they talk to her, explain things and allow her time, they don't rush her."

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 received support which was personalised and met their individual needs.
- Care plans contained person-centred information and identified what was important to individuals.
- People told us their care plans were reviewed with them and changes made to ensure the service they received met their changing needs.
- Daily notes recorded tasks completed and people's choices and preferences, as well as information about their physical health and general wellbeing.

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 information and communication needs were identified and recorded in care plans as necessary.
- The manager was aware they were required to make information available in alternative formats if required by people in order to aid communication and understanding.

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

- Most people using the service were supported to follow their interests and take part in social activities by their relatives.
- People and staff confirmed that they had time to have a chat with people and were not rushed. One person told us, "They are good at their job, they are friendly and we can have a chat."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and each person was provided a copy when they joined the service.
- People and their relatives told us they knew how to make a complaint and that they had not had a need to raise one. Comments included, "Yes, I know who to contact if I have to make a complaint. Never complained. I am very happy with the service and carers" and "I have had no reason to complain so far but yes I do know who I can contact."

End of life care and support

- At the time of this inspection the service was not supporting people with end of life care.

- The manager told us going forward they would discuss and record people's preferences and choices in relation to end of life care as part of their overall assessment and care planning.

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

- People, their relatives and staff told us they felt the service was well-led. Comments included, "Yes I know who the manager is and they run the service well", "They are doing a good job, I cannot complain" and "The service is well managed."
- Staff we spoke with felt the culture within the service was open and positive.
- People and relatives confirmed communication systems were effective. People said, "They involve me by asking me for my opinion and let me decide" and "We are notified when there are changes."

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

- The provider understood their legal duties in relation to the duty of candour and were open and honest with people if something went wrong.
- Notifications were submitted to CQC as required.
- The provider and manager were in the process of putting quality assurance and governance systems in place to ensure services provided continue to meet current best practice guidelines and requirements.
- The manager carried out audits and checks which helped them identifying shortfalls and take action to address these.
- Staff work practices were observed during 'spot checks'. These were to check that staff were working to the required standards.

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

- Feedback from people and relatives were sought via meetings and telephone calls. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed.
- Staff told us they felt listened to and described the provider and manager as approachable.
- Team and management meetings were used to share good practice ideas and problem solve.

Continuous learning and improving care; Working in partnership with others

- Staff worked in partnership with relevant healthcare professionals to enhance people's social inclusion

and ensure their individual need were met.

- Referrals were made to healthcare professionals for guidance and support to ensure good care for people.