

Ms Monica Maxwell

Francis Lodge Care Agency

Inspection report

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Date of inspection visit:
03 July 2018

Date of publication:
17 August 2018

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

We carried out an announced inspection of Francis Lodge Care Agency on 3 July 2018. We gave the provider two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that the provider was available on the day of the inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of the inspection of Francis Lodge Care Agency it was providing two older people with personal care. Cleaning and other tasks were also carried out by the service.

The previous inspection of the service took place 26 July 2016. Following that inspection the service was not awarded a rating because at that time there was only one person using the service. As there was only one person using the service we did not have enough evidence to enable us to rate the quality of the service overall and for each of the five key questions, to assess whether the service was; safe, effective, caring, responsive and well-led. There were no breaches of legal requirements at the last inspection.

This service does not require a registered manager as the regulated activity personal care is carried on by an individual who is registered with us in their own name. The individual Ms Monica Maxwell is in charge of day to day activity carried out by the service.

At the time of the inspection the provider carried out most of the personal care, with support from one care worker. Staff had the skills, knowledge and experience needed to care for people. Staff received the support they needed to carry out their role and responsibilities. A member of staff told us the training was useful and informative.

A person using the service and a person's relative informed us that they were happy with the care and the other services they received. People received consistency of care from staff that they knew. People told us that staff were polite and respectful.

People had been visited by the provider before their support began who carried out an assessment of their needs. People received personalised care and the service was responsive to their needs. People were consulted about how they would like to receive their care and their preferences were supported. People's care plans were up to date and included information staff needed about how best to support them.

People and where applicable their relatives and representatives were fully involved in making decisions about people's care. The provider worked with healthcare and social care professionals, and people's relatives and advocates to provide people with the care and support that they needed.

A person using the service told us that they felt safe when receiving care from the service and they liked the staff who treated them well. Procedures were in place to protect people and keep them safe. Staff knew how to identify abuse and understood their responsibilities in relation to safeguarding people and reporting

concerns.

Risks to people's and staff safety were identified and guidance was in place to manage and minimise risks of people being harmed and protect them.

The provider carried out appropriate checks so only staff who were suitable to work with people using the service were employed by the service.

People told us that staff were polite and respectful. Staff knew people well, listened to them, respected the choices they made and supported their independence.

People's dietary needs were understood and supported by the service. People received the assistance and support that they needed and wanted to make sure their nutritional needs were met.

People and their relatives had the opportunity to feedback their views of the service and knew how to make a complaint.

There were systems in place to carry out checks, monitor the service and to make improvements when needed.

Arrangements were in place to make sure medicines were managed and administered safely so people received their medicines as prescribed.

We have made a recommendation about the management medicines for adults receiving social care in the community.

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.

There were procedures in place to protect people from abuse and harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Suitable recruitment and selection arrangements made sure staff with appropriate skills and experience were employed to provide care and support for people and keep them safe.

Systems were in place to ensure that there were sufficient numbers of staff available to meet people's needs.

Arrangements were in place to support the safe management and administration of people's medicines.

Is the service effective?

Good 

The service was effective.

People received personalised support that was effective in meeting their preferences and assessed needs.

Staff received the support and direction that they needed to carry out their roles and responsibilities.

People were provided with the support they needed to meet their dietary and nutritional needs. People had the support they needed with their healthcare. The service liaised with healthcare professionals when required.

People and when applicable people's relatives, were fully involved in making decisions about the care people needed and wanted.

Is the service caring?

Good 

The service was caring.

Staff knew and understood the preferences of people who received care and support.

People told us staff were approachable, kind and provided the care and support they needed.

People's privacy and dignity were respected.

Staff knew the importance of respecting people's differences and human rights.

Is the service responsive?

Good ●

The service was responsive.

The needs and preferences of people receiving care were assessed before they started using the service.

Care plans were in place. They were personalised, specified people's care and support needs and detailed the support people needed from staff to ensure that their individual needs were met.

Staff understood how to respond to people's changing needs and preferences.

People were aware of how to complain if they needed to. They told us comments about the service had been listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well-led.

People we spoke with were satisfied with the service and the way it was run.

The provider understood their responsibilities in ensuring that people received a good quality service.

Staff told us they found management staff approachable and supportive.

Checks were carried out to monitor and improve the service that people received.

Francis Lodge Care Agency

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.

The inspection was carried out by one inspector. We visited the office location on 3 July 2018. We gave the service two working days' notice of the inspection visit because it is small and the provider was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return (PIR) which the provider had completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed the PIR with the provider during the inspection.

During our visit to the office premises we spoke with the provider and looked at written feedback from people's relatives about the service. We also reviewed a variety of records which related to people's individual care and the running of the service. These records included care files for both people using the service, one staff record and a range of policies and other records that related to the management of the service.

Following the inspection, we spoke with one person using the service, one care staff, one person's relative and a person's advocate. We also received feedback about the service from one social care professional.

Is the service safe?

Our findings

A person using the service told us they felt safe when being supported with their care. A person's relative and written feedback from people's relatives showed that they had no concerns about people's safety. A member of staff told us, "If I saw something not right I would inform [provider]."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse. The safeguarding adult's policy did not include details about the need to notify the Care Quality Commission of safeguarding issues. During the inspection the provider updated the policy to include that information. A care worker we spoke with was knowledgeable about types and signs of abuse, and knew that they needed to report any abuse to the provider. They told us that they would report it to the host local authority safeguarding team, CQC and police if no action was taken by the provider. The service had a whistleblowing procedure.

There was minimal risk of financial abuse at the time of the inspection as the service did not manage or handle any people's monies. People and/or their relatives managed people's finances.

Assessment of risks to people had been carried out by the service and recorded in people's care records. Risk assessments included risk of bathing and showering alone, medicines, self-harm, mobilising indoors, making hot drinks, isolation, falls and crossing the road when out in the community. Personalised guidance was in place for care workers to follow to keep people safe minimise the risk of people being harmed. A care worker was knowledgeable about a person's risk assessments and knew how to access them.

A risk assessment had also been carried out of each person's home environment to identify any risks to the person and staff. Risk management plans were put in place when required.

The provider told us that staff received moving and handling training which included safe usage of moving and handling aids and equipment. A member of staff confirmed that they had had received moving and handling training and had been shown by the provider how to give the assistance a person needed with moving and transferring. A training certificate showed that the care worker had received moving and handling training in 2017.

There was one care worker employed by the service. We looked at their staff record. This record showed that appropriate recruitment and selection processes had been carried out by the provider to make sure suitable staff were employed to care for people. Records showed that an interview had been carried out, which had included relevant questions and scenarios to do with working as a care worker and supporting people's human rights. References and a range of other pre-employment checks had been carried out. These included checks whether prospective employees had a criminal record or had been barred from working with people who needed care and support had been carried out.

At the time of the inspection there were two people receiving a service. The provider told us that there was currently enough staff to meet people's needs and that staff recruitment was on-going. The provider and

one care worker provided people with the care and support that they needed.

The service had a policy for responding to incidents. Arrangements were in place to report and manage incidents and accidents. A care worker knew that they needed to report any incidents or accidents to the provider. Records indicated that there had not been any accidents or incidents within the last twelve months. The provider was aware of the importance of reviewing accidents and incidents, learning from them and taking action to address and minimise the risk of other similar events occurring.

The service had a management of medicines policy. However, part of the medicines policy was not available when we visited. The provider sent us the complete medicines policy following our visit. The provider told us that people using the service mostly received the support they needed with their medicines from relatives. On occasions one person using the service had their medicines administered by staff. The person had a care plan that included details of the support that they needed with their medicines. The name of each medicine was written in each person's care record, but there were no details about what the medicines had been prescribed for and of any side effects. This information could help staff be aware of any symptoms that might result from the medicines people were prescribed. The provider told us that they would update the records to include information about the medicines.

A care worker told us that they had received the instruction and direction they needed from the provider and a person's relative to administer medicines safely. They told us they had been shown by the provider how to support a person with their medicines. The provider told us and records confirmed that they had arranged a medicines training session for the care worker from a relevant service. The provider informed us that they assessed the competency of staff to administer medicines before they carried out the task and monitored this closely. This was confirmed by the care worker. We saw records of 'spot checks' where the provider had monitored the arrangements for administering a person's medicines and had taken action to address shortfalls. The provider told us that they would in future record the staff medicines competency assessments that they carried out.

Medicines administration records (MAR) showed a person using the service received the medicines they were prescribed. We noted that there had been occasions when a care worker had not signed the MAR to show that the medicine had been administered by them. Records showed that the provider had been responsive to this matter. They had found this deficit during a check and spoken with the care worker during a one to one supervision meeting, where they had emphasised the importance of completing the MAR.

We recommend that the provider seeks advice and recent guidance from a reputable source about managing medicines for adults receiving social care in the community.

Systems were in place to minimise the risk of infection. A care worker told us that disposable gloves, aprons and shoe covers were always available to them. The provider told us that during checks of care staff's practice they checked that staff wore protective clothing when required. The provider spoke of the significant support they had provided a person with cleaning their home environment to make it a more pleasant and safe environment. A social care professional and the person's advocate confirmed this. The provider also told us that they encouraged and reminded a person to wash their hands before food preparation, eating and other tasks to minimise the risk of infection.

Is the service effective?

Our findings

A person using the service told us that they were happy with the service they received. They told us, "I am very happy with them [staff]. They [staff] are very reliable." A person's relative told us that they felt staff were competent and provided a person with the support that they needed. Written feedback from people's relatives included the comments, "I am happy with staff," "Carer is providing productive, good service" and that staff were, "Very good, honest, on time, very reliable." A care worker spoke in a positive way about the person they cared for, and was knowledgeable about the person's needs.

Staff completed an induction when they started working for the service. A care worker told us that they had found their induction to be interesting and helpful. They told us that the induction had included being informed about the organisation, people using the service and had prepared them for carrying out their role and responsibilities. They told us that the provider had, "Explained everything."

A care worker told us that they were in the process of completing the Care Certificate induction standards and received the support they required to complete it. The Care Certificate are a set of standards, which care staff should abide by in their daily working life when providing care and support to people.

The provider told us that they introduced care workers to people using the service. They told us that they showed staff how to provide people with the care and support they needed, so that staff carried out personal care and other tasks safely and effectively. A care worker confirmed this. They told us that they had observed the provider assisting a person with their care needs and other tasks several times before they had carried them out themselves. The provider told us that they also observed and assessed staff carrying out care duties before they worked alone.

Staff records showed that a care worker had completed health and safety, moving and handling, fire safety, food safety, safeguarding adults' and basic life support training as well as the induction learning that covered a range of learning relevant to their role. The care worker had also completed a certified dementia care course.

A care worker told us that the provider had explained a person's care plan to them before they started providing the person with care. The provider carried out unannounced 'spot checks' of care staff carrying out care and support activities within people's own home. These checks monitored staff performance, time keeping, and whether they provided people with the care they needed and had agreed to, in an appropriate and safe manner. During these 'spot checks' people were asked for their feedback about their experience of the service.

A care worker told us that they felt well supported by the provider, who was always available for advice and support. Records showed that staff had received regular and responsive one-to-one supervision with the provider. Topics discussed during supervision included, people using the service, medicines, reliability, risks of choking, respect, dignity and choice and independence. The provider told us that the care worker who was currently employed by the service had not yet been employed for a year and would complete an

appraisal of their performance and development in the near future.

People's healthcare needs were understood by the service. Records showed that the provider had liaised with healthcare professionals to ensure people received effective and responsive healthcare. The provider had contacted a person's GP on their behalf when they had become aware of symptoms that showed that the person possibly had a medical condition that required treatment.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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 had knowledge of the Mental Capacity Act (MCA) 2005. They knew that people's capacity to make decisions about their care and treatment could change. A care worker told us if they were concerned about a person's capacity to make a decision or consent to care they would report it to the provider. The provider knew that a decision could be made in a person's best interest when they lacked the ability to make a decision about their care. Care plans included information of people's mental condition and included details about issues to do with their memory. A person's care plan included written guidance for staff to follow to provide them with the support they needed with their mental health needs and memory difficulties. The guidance included prompting as well as assisting the person with personal care and other daily tasks.

Staff knew the importance of obtaining people's consent before supporting them with personal care and other tasks. A person using the service told us that staff asked for their agreement before providing them with assistance.

Staff told us that they encouraged and involved people in making choices and decisions to do with their care. They spoke of people being supported to make day to day decisions such as what they wanted to wear and eat.

People's care plans included personalised information and guidance about people's nutritional needs and dietary preferences. They included guidance about the support and encouragement that people needed with meals and drinks. For example, one person's care plan included details about the assistance that they needed with their meals. It was recorded in the person's care plan that they needed "help with cutting my meals into small pieces." Another person's care plan included details about the particular cutlery that staff needed to use when assisting a person with their meals.

A member of staff was very knowledgeable about a person's dietary needs and told us about the support they provided a person with their meals. A person using the service told us they chose what to eat and at times received some support from staff with their meals. A member of staff told us that they made sure people were encouraged and reminded to drink and eat to minimise the risk of dehydration and malnutrition.

Is the service caring?

Our findings

People using the service told us that staff were kind and provided them with the support and care that they needed in a respectful way. Comments about the care that they received from staff included, "They [staff] are very nice and helpful." A member of staff told us about how much they enjoyed their job providing people with care and support. They spoke about the person they supported in a knowledgeable and caring manner.

The provider told us about the extra tasks that they carried out to support a person using the service to continue to live independently, improve their well-being and to develop the cleanliness and attractiveness of the environment. A social care professional and advocate confirmed that.

A care worker confirmed that they had been introduced to people using the service before the care visits started, which they told us was important and helpful. A person using the service told us that staff were reliable and arrived on time. Records showed that there was frequent communication with people's relatives about people's care and the service.

People's care plans included some information about their background, preferences, religion, and working life. Details about people's cultural needs were not included in their care plan. The provider told us that details of this and other characteristics protected under the Equality Act 2010 would be included in people's care plans where applicable so staff had comprehensive information to assist them in meeting the needs of each person using the service.

People had been asked whether they had a preference regarding the gender of care staff who provided their care and this had been accommodated. The provider spoke of the importance of making sure that care staff were compatible with the people they supported. They told us, "If the carer's interpersonal skills don't match the service user for example one could have a service user who was very quiet and allocating a carer who is very chatty would not be in the service user's best interests."

A care worker spoke about the importance of respecting people's dignity and treating them with respect. The provider told us that they ensured that they made sure that they and staff provided people with the care they needed with bathing, dressing and other care in a respectful way. The provider spoke of the process of building up trust and rapport with people using the service. They told us that they shared similar interests with a person using the service and had chatted with the person about their topics important to them. They told us that this had contributed in building up trust with the person and helped with understanding their needs. Following building a rapport with the person the provider told us that they had become more mobile, and receptive to receiving assistance with their personal care and household tasks.

Staff spoke of the importance of working with people's relatives and others important to them. They told us that they at times provided emotional support for people using the service and people's relatives. A social care professional and an advocate spoke of the improvements that had been made to a person's well-being since the person had started receiving the service.

A person using the service told us that their privacy was respected by staff. People's care records and staff records and other documentation were stored securely. Staff knew the importance of not speaking about people to anyone other than those involved in their care. Confidentiality had been discussed with prospective staff during the recruitment process.

The provider spoke about the importance of encouraging and supporting people's independence. The service had a policy to do with promoting people's independence which included, "We will strive to help [people] make their own decisions and support them in controlling their own life."

Staff we spoke with knew about the importance of respecting people's differences and promoting their human rights. The service had a human rights and discrimination and harassment policy, which included a commitment by the service to ensure that the working environment was "free of intimidation and unlawful discrimination." The policy included information about the need for employees to be aware of people's equality and diversity needs and relevant legislation including the Human Rights Act 1998.

We discussed the Accessible Information Standard [AIS] with the provider. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. The provider told us that they had completed a sign language course, which used signs and symbols to help people communicate their needs and preferences. The service had a policy that the service would provide information in accessible formats and languages when needed by people using the service.

People's care plans included guidance about how to support people with communication and sensory needs. One person had a hearing impairment. Guidance reminded staff that they may on occasions need to repeat what they said to the person and that they should also "check [person] has understood what is being communicated to them."

Is the service responsive?

Our findings

People using the service and their relatives told us that people received personalised care from the service. People told us, "I am very happy with them [staff]."

People's care records showed that the provider had completed an initial assessment of each person's needs before they started to be provided with a service. People and where applicable their relatives had been involved in this assessment. Each person's physical, nutritional, mobility, medicines, communication, personal care and healthcare needs were included in the initial assessment.

A person's relative spoke of their involvement in the initial assessment process. The provider told us about the importance of assessing people's needs before they were provided with a service. They told us that assessment helped them gain a good understanding of the care and support each person required, and to determine if the service was able to meet the person's needs. They provider told us that when applicable they received information about people's needs from local authorities. A social care professional told us that there was good communication with the provider about a person's needs.

The provider spoke of the importance of speaking with people using the service and when applicable their relatives to gain an understanding of people's needs and preferences.

People's care plans were personalised and developed from the initial assessment. Care plans provided detailed information for staff about people's needs, routines and goals. They included clear guidance for staff to follow to meet people's needs and preferences. For example, a person's morning routine detailed the way the person liked to have their hot drink made. There was also information about respecting the person's choice about where they wanted to sit and have their drink. There was also guidance for staff about building up a "positive rapport" with a person so they could better support them with their personal care. The guidance included, "I [person] need carers to communicate at all times when providing support and personal care." Another person's care plan included detailed guidance about how staff needed to support a person with exercises.

Records showed that the service had been responsive when they observed changes in a person's skin condition, which had resulted in the person being prescribed the medicine that they needed from their doctor.

People's care plans and risk assessments were reviewed at least six monthly by the provider with people using the service and when applicable people's relatives to ensure that that they reflected current needs. The provider told us people's care needs were also reviewed when their needs changed.

A care worker told us they were provided with the information they needed about a person prior to visiting them for the first time. They informed us that people's care plans included the information they needed to provide them with the care that they needed. It was evident from speaking with the provider and care worker that they knew people using the service well. A care worker spoke of being able to refer to people's

care plans at any time and of speaking with people, people's relatives and the provider about people's care needs and preferences. Records showed that the service had been flexible to people's relatives' requests about changes to do with the number and length of visits.

Staff completed 'daily' records during each visit about the care they provided and the health and well-being of each person receiving a service. This helped ensure that staff monitored people's progress and were up to date with people's current needs.

The service had a complaints procedure. There were no complaints recorded within the last twelve months. People and their relatives knew who to contact if they wished to make a complaint. A person's relative confirmed that they could contact the provider at any time. They told us, "I know how to complain." Records showed that during spot checks and reviews of people's care people's relatives had been asked if they had any concerns about the service. Records showed that the agency had received compliments about the service they provided.

The service had a palliative care policy. The provider told us that there were currently no people using the service who were receiving end of life care. They informed us that a care worker would complete a learning module about end of life care during completion of the Care Certificate induction. The provider spoke about the importance of supporting people with achieving their wishes and meeting their preferences and choices at the end of their lives. They told us, "It's the small things that are significant."

Is the service well-led?

Our findings

Feedback from a person using the service and a person's relative indicated that they were satisfied with the service and how it was run. When we asked a person using the service what they thought of the service that they received they described the service as, "absolutely excellent." When we asked a person's relative if they would recommend the service they told us that they felt the service was "better than the last one [previous domiciliary care service used by a person]" and that they "would certainly say they [the service] was ok." They told us that they could contact the provider at any time and that, "She [provider] always gets back to me." Written feedback from another person's relative showed that they would recommend the service to others.

The provider managed and ran the service. A care worker told us they found the provider to be approachable and supportive. They confirmed that the provider could be contacted at any time for advice or to report any changes in people's needs. They told us that they were kept well informed about any changes to do with the service and people's care. Staff were provided with an employee handbook when they started work. This included information about health and safety, mental capacity act, training, incidents, complaints and equal opportunities. A member of staff confirmed that they had received the handbook.

Staff knew they needed to keep the provider informed about any changes in people's needs and any issues that affected the service. The provider told us and records showed that they were always available to provide guidance and support for staff, and be responsive to the needs of people using the service and their relatives.

The service had a statement of purpose which included the values of the organisation and details about the service. Following our inspection the provider supplied us with a statement of purpose that had recently been reviewed and updated. A person's relative told us that they had received written information about the service which included contact details of the provider and information about the services provided.

The service liaised with community professionals to ensure people received an effective, good quality service. A social care professional and an advocate spoke in a positive way about the service that a person received.

The provider told us that she ensured that she kept herself up to date with relevant health and social care guidance and information to do with their role, and attended events organised by the host local authority. They told us that they were in the process of completing a management qualification and planned to complete a further relevant qualification. They told us, "It is good to keep the mind busy."

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service provided to people. The provider told us that they communicated frequently with people using the service and their relatives. Records showed that people's relatives had provided feedback about the service. They had rated the service as good or excellent in areas regarding staff's competency, staff working

with families, arriving on time and being polite and friendly. Reviews about the service posted on a home care internet website in 2017 were positive about the service and had rated the staff and care highly. The reviewers all said that they were likely or extremely likely to recommend the service to others.

They told us that during reviews of people's needs and unannounced 'spot check' visits they monitored the care that people were receiving from care staff and received feedback about the service from people. During 'spot checks', areas of the service were checked. These included checks of health and safety matters, visit records, which detailed the care provided by staff and whether medicines administration records were completed appropriately. Records showed that action had been taken to address deficiencies found.

A business plan and contingency plan of the service included details of its objectives and current status of aspects of the service including staffing and funding.

The care documentation that we looked at was up to date. The service had up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in areas of the service such as responding to complaints and health and safety matters. Some policies were not dated, so it was not clear when they were implemented and when they needed to be reviewed. We noted that a policy included reference to some out of date legislation which had been repealed and incorporated in the Equality Act 2010. The provider told us that they would review the policies to ensure that they were dated and included up to date information.

The staff handbook included information about policies to do with the service.