Fylde Community Care 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?	Requires Improvement

Summary of findings

Overall summary

The inspection of Fylde Community Care was carried out on 20 and 21 November 2017 and was unannounced on the first day.

This service is a domiciliary care agency. It provides personal care to people who live in their own homes. It provides a service to older people and those who may live with dementia, mental health conditions, physical disability and sensory impairment. The agency is situated in St Annes. At the time of our inspection there were 35 people receiving a service from Fylde Community Care.

We last inspected the service in October 2016, when we found the service was not meeting legal requirements in relation to the safe recruitment of staff. During this inspection, we checked what improvements had been made and found the provider was meeting legal requirements.

The registered provider had procedures around recruitment and selection to minimise the risk of unsuitable employees working with people who may be vulnerable. Required checks had been completed before any staff started work at the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, we found staff had received training to safeguard people from abuse. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of adults who may be vulnerable.

There was an appropriate skill mix of staff to ensure the needs of people who used the service were met. New staff received a comprehensive induction and worked alongside experienced staff members whilst they learnt their role.

The registered provider planned visits to allow carers enough time to reach people and ensure their care and support needs were met. New clients were not taken on unless the service had capacity to do so at the

times people required support.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about the care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. Senior staff completed spot checks on care staff to observe their work practices were appropriate and people received care that was safe.

Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

The registered provider used a range of methods to assess, monitor and improve the quality of the service provided. They were looking to introduce further formal methods following our inspection.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their the care and support they required. Staff told us they felt well supported by the management team.

People told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

When appropriate, meals and drinks were prepared for people. This ensured people received adequate nutrition and hydration.

Care records contained information about the individual's ongoing care and health requirements. This showed the registered provider worked with other health care services to meet people's health needs.

People said they had a team of regular carers with whom they and had built up good relationships. Staff told us they had got to know people they supported well and had a good level of knowledge about people's needs and preferences.

A complaints procedure was available and people we spoke with said they knew how to complain. At the time of our inspection, the registered provider had received no formal complaints.

The registered manager had sought feedback from people receiving support and staff for input on how the service could continually improve.

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team.

There was recorded evidence that showed the registered provider worked in partnership with other agencies to provide safe care and treatment.

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.

Staff had been trained in safeguarding and were aware of their duty to report suspicions of poor care and/or harm.

Risks to people were managed by staff who were aware of risk management plans to help reduce potential harm to people.

Staff were provided with personal protective equipment to minimise the risk of spreading infection.

There were enough staff available to meet people's needs safely. Staff members we spoke with consistently said they were allocated sufficient time to visit people and provide the support required.

Recruitment procedures the service had were safe. Checks were undertaken to ensure candidates were suitable for the role.

Staff were trained in the administration of medicines. Medicines protocols were safe.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and support to meet peoples' needs.

Staff told us they received effective support and communication with the management team was good.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had knowledge of the process to follow.

Where appropriate, people were protected against the risks of malnutrition and dehydration.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff we spoke with told us they had developed strong relationships and spoke about those they visited in a warm, compassionate manner.

Is the service responsive?

Good

The service was responsive.

People received care from the same staff as far as possible.

People told us staff arrive on time and ensured they received the support they needed.

People told us they received personalised care that was responsive to their needs.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with by the management team.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not submitted required information to CQC.

People and staff felt the management team were supportive, accessible and approachable.

The management team had oversight of and acted to maintain the quality of the service provided. The registered manager was working to further improve quality assurance systems.

The management team had sought feedback from people, their relatives and staff.

Fylde Community Care Limited

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.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people living with dementia, physical disabilities and older people.

The inspection took place on 20 and 21 November 2017 and was unannounced on the first day. We visited the service's office on 20 November 2017 and visited people in their own homes on 21 November 2017.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when accessing the service.

One adult social care inspector and an expert by experience carried out the inspection. The expert by experience had experience of caring for older people.

During the inspection, we visited four people who used the service in their own homes. We spoke with the registered manager, the administrator, senior carer and three members of care staff. We also spoke with eight people who used the service and three people's relatives over the telephone. We looked at the care records of five people who used the service. We also reviewed training records and recruitment records of

three staff members and other records related to the management of the service.

We looked at what quality audit tools and data management systems the provider had. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received.

Good

Our findings

We asked people if they felt safe being supported by care staff who come into their home. No one we spoke with reported any concerns. One person told us, "Oh, yes. I feel very safe with the girls [care staff]." Another person commented, "Yes, very safe. It's good to know they will be coming. That helps me feel safe." Other comments we received included, "Very happy with the care workers- very safe indeed." And, "Yes I definitely feel safe – we have a good giggle." People we spoke with gave positive feedback about staff punctuality and told us they had never experienced missed visits. A relative we spoke with told us, "Yes my relative is safe now- we did have one lady previously who my relative did not feel comfortable with, this was changed immediately by management." Staff members we spoke with explained they saw it as a key part of their role to ensure people were safe which included making sure the environment people were in was safe for them.

When we last inspected the service in October 2016, we found the provider was not meeting legal requirements in relation to the safe recruitment of staff. During this inspection, we checked to see what improvements had been made.

We looked at recruitment records of three staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed and to keep people who could be vulnerable safe. Staff we spoke with confirmed safe recruitment procedures had been followed. This showed the provider was meeting legal requirements in relation to the safe recruitment of staff.

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "I did safeguarding training as part of the induction and as part of my NVQ." Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies if they felt they were not being dealt with effectively. This indicated staff could protect people by identifying and acting on safeguarding concerns quickly. It showed the registered provider had processes and practices to safeguard people from abuse.

During the inspection, we viewed five care records related to people who were supported by Fylde Community Care. We did this to look how risks were identified and managed. We found individualised risk assessments were carried out, which identified areas of risk, such as mobility and falls. Written plans of care contained guidance for staff to follow in order to minimise these risks. We saw these plans were in place when we visited four people in their own homes. There were step-by-step guidelines for staff to follow at each visit. People explained staff ensured their needs were met and often went over and above. For example, going to the shop for them if they needed something, even though this was not planned for. We saw risk assessments and plans of care were regularly reviewed, involving the person or, where appropriate, others acting on their behalf. This helped to ensure plans to lessen risks were kept up to date and accurate.

Care staff told us members of the management team completed unannounced visits to make sure they were delivering appropriate support and wearing protective personal equipment such as gloves to protect people from infection. We saw documentation of these visits. This showed us the registered provider had systems to manage the risks related to the delivery of personal care and infection prevention. These safeguards supported people to remain living in their own home.

We looked at how the service was staffed. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The administrator explained to us they would not consider taking on a new client if they did not have the capacity to do so. This helped to ensure the service had sufficient staffing to make sure people received visits as they were supposed to in order to meet their needs.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required and travelling time between visits was sufficient. Staff told us this was important, as people they supported were often otherwise isolated. We saw from rotas and people we spoke with confirmed that as far as possible people received support from the same members of staff who knew them well and knew their needs. This showed the provider delivered consistent support to maintain people's safety.

We looked at the procedures the provider had for the administration of medicines and creams. The registered provider liaised with the person or their family about the medicines. Each person we discussed the administration of medicines with told us there had never been any concerns or issue. Staff we spoke with confirmed they had received training to administer medicines safely and were able to describe the processes they followed which were safe and in line with best practice guidance. We observed one member of staff administer medicines to two people and saw they did so safely. Senior staff at the service carried out spot checks on staff, during which they observed staff administering medicines. This enabled management to monitor staff practice to ensure it was safe. This showed the provider had systems to ensure medicines were managed safely.

We spoke with the registered manager and administrator about accident and incidents and what actions are taken to lessen the risk of accidents happening again. They explained they had a system to document and review incidents. At the time of our inspection there had not been any recent accidents or incidents which had required analysis. However, the administrator was able to explain the process they would follow in order to reduce the risks of recurrence.

Good

Our findings

People we spoke with told us they felt staff were well-trained and had the right skills and experience to support them. One person told us, "I can't fault them at all. They all know what they're doing." Another person commented, "All the staff know what they're doing and make sure I get what I need. They're brilliant." Other comments we received included, "Oh yes they do know what they are doing. All tasks completed on time. No issues on this side." And, "No complaints at all with regards to training – the care workers always do everything right." Comments we received from relatives included, "They are good. Well trained. No complaints." And, "The older ones are very experienced. The younger ones need more experience but they are always shadowed."

Before providing care and support, staff received a comprehensive induction. The registered manager told us, and staff we spoke with confirmed, new staff spent around two weeks receiving training before they were allowed to work with people in their own homes. New staff then shadowed experienced staff until they were competent and confident to work alone. This included shadowing experienced staff during visits at different times of day because the provider recognised people's needs were different in an evening compared to a lunchtime call. Staff we spoke with told us the induction they received gave them the relevant skills and knowledge and helped to prepare them to carry out their role effectively.

We saw the registered manager had a structured framework for staff training. Staff we spoke with and records we viewed showed staff received regular training to ensure they were able to provide effective support to people. Staff were registered and supported to complete a vocational training course related to adult social care. Training was provided to staff to meet people's specific needs, such as blood glucose monitoring and the use of moving and handling equipment. This showed the provider had a framework to train staff to meet people's needs effectively and support individual staff development.

We looked at how the service supported staff. Staff we spoke with told us they felt well supported in their role. They explained because they had a small staff team, less than 20 staff in total, the registered manager and senior staff were able to maintain regular contact. Staff told us they spoke often with members of the management team over the telephone and could call for guidance or advice any time. Staff told us and records we reviewed confirmed staff received annual appraisals. The registered manager confirmed they did not formally document staff supervision, as they saw it as part of their daily routine, to contact and support staff. They confirmed they would review this following our inspection. Staff did not raise any concerns and were positive about the level of support they received.

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. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. People told us their care plans were regularly reviewed and they had agreed to the support they received. People told us, and we observed during our visits to people, they were consistently offered choices during the support they received. Staff we spoke with explained the ethos of the service was to treat everyone as individuals and to support people to maintain independence, rather than increasing people's dependency on the service. Policies and procedures we reviewed confirmed what staff had told us.

We looked at how people were supported to have sufficient amounts to eat and drink. Where people required support from the service to prepare meals or drinks, this was recorded in written plans of care. Records included people's preferences in relation to food and drinks in order to guide staff. During our visits to people, we observed staff offered choice and prepared drinks for them accordingly. People we spoke with explained staff respected their wishes in relation to food and drinks and encouraged them to eat healthily. One person commented, "They give me breakfast – just like I like it." And a relative told us, "They do make the food for my relative. No complaints, it's just like she wants it." Staff recorded what food and drinks they had prepared for people and sought guidance from senior staff if they had any concerns about a person not eating or drinking sufficient amounts. This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care requirements. The administrator and a member of staff told us there were established links with external professionals such as social workers, district nurses and the mental health team. We saw records that showed multidisciplinary meetings had taken place, in order to ensure people's needs could be met by the service. This was reflected in people's care records. This confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs.

Good

Our findings

We asked people about staff who visited their homes and if they had time and treated people with compassion, dignity and respect. All the responses we received were very positive. People described staff as "Brilliant", "Kind" and "Very caring". People said they had a team of regular carers with whom they and had built up good relationships. Comments we received included, "They make me feel not just like a disabled person, but they make me feel human and wanted." And, "They're a really lovely bunch." Another person told us, "Extremely caring. We look forward to them coming. They are always respectful to us." Whilst another said, "Oh yes I get on very well with the care workers. They are more like friends - we can have a laugh." Relatives we spoke with commented, "They are absolutely wonderful, very caring, very polite and respectful to my [relative]." And, "Yes they are kind and caring. They do respect my [relative] and give him dignity at all times."

Regarding their role, a member of staff told us, "It's great! I know we make a real difference to people." A second staff member commented, "I love it. I love working with all my clients. It's important people get the time they need from us, even if it's just for a chat." All the staff we spoke with told us they had regular clients that allowed them to build positive relationships with them. This showed the registered provider had sought to provide regular staff to maintain continuity, foster positive relationships and promote valued communication.

People told us they were involved in their care, had discussed, and consented to their care packages. They told us a senior member of staff regularly visited them to review their care plan to make sure it still met their needs. For example, one person said, "[Staff member] comes every month or so. She asks me whether I'm happy with everything and she makes sure the paperwork is all still right."

We discussed advocacy services with the registered manager. They informed us everyone they supported had capacity and/or a support network in place. They told us no one had an advocate at the time of inspection and all care delivered was discussed with people they supported or, where appropriate, others acting on their behalf. They confirmed, should advocacy support be required, they would support people to access this. This showed the registered provider had the knowledge to respect people's views and promote their independence and dignity.

Care records we checked were personalised and included important details about people's likes, dislikes and preferences. This helped to guide staff to provide a service that was centred around the person. A member of staff commented, "Everyone is different, so we need to make sure we treat everyone as

individuals." Staff told us if people told us they wanted to change something in their care plan, visit times or routine. For example, they would record this and pass information on to senior staff who would contact the person or visit them to make the required changes. This showed the service took people's individual needs and preferences into account.

The service had an ethos of helping people to remain as independent as possible. Care plans guided staff on how to support people with an emphasis on helping the person to do what they were able to with staff support. The administrator told us this was important, rather than increasing people's dependency on the service, they were helping people to be as independent as they were able.

Good

Our findings

We asked people whether they felt the care they received was personalised and met their needs. One person told us, "Yes, [Staff member] came and we went through everything. The staff will always listen if I want something done differently." Another person said, "Yes, I feel they are responsive. They make sure I have everything I need. They will even go to the shop for me if I need something. I think they good at making sure I'm alright."

Staff also told us they had regular visits that allowed relationships to form and they had got to know people and their needs. One staff member told us, "We have a small team and a small number of clients really, so that means we get to know everyone really quite well. I tend to go to the same people most of the time so we've got good relationships." People we spoke with told us staff members completed all of the required care during each visit. People also said they were happy with the care and support they received from the carers.

People told us they had been involved in creating their care plans and their care plans took account of their preferences, wishes and choices about how they wanted to be supported. We saw care plans provided guidance for staff on people's person care and support needs at different times of the day. They included people's preferences, such as what time they preferred to get up, go to bed and how they liked drinks prepared. Staff told us plans of care gave them information which, coupled with the knowledge they had gained from spending time with people, enabled them to deliver care and support which met people's needs and was responsive to their views and preferences.

The service had a complaints procedure which was made available to people the service supported within a comprehensive service user guide. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. People said they had not had cause to complain formally. Everyone said they found the management approachable and friendly and would have no problem in speaking to them if there was problem. One person told us, "If ever there was anything, I know I could just pick up the phone and speak with [staff member]. She would sort it out." At the time of our inspection, the registered provider had not received any recent complaints.

We asked about end of life care and how people were supported sensitively during their final weeks and days. We noted end of life care was a part of people's care plans. The management team and staff protected

people's rights in line with the Human Rights Act 1998. This included Article Nine of the act, 'Freedom of thought, conscience and religion.' For example, they were conscientious about checking, documenting and assisting people with their spiritual and end of life wishes. Staff told us they had completed end of life care training. This showed the registered provider had recognised end of life decisions should be part of a person's care plan.

We discussed with the administrator and registered manager what work had been undertaken to ensure information was shared in an accessible way to support people to understand it. They explained people's communication abilities were assessed as part of the overall assessment before someone started to use the service. Where people had particular communication needs, these were recorded in plans of care. The administrator gave us examples of where they had tailored communication to individuals in the past. For example, a member of staff speaking with a person whose first language was not English and also where they had sat down with people whose eyesight was poor, to read through documentation. The administrator explained they were continually looking for ways to improve how they ensured information was accessible for people who used the service.

Requires Improvement

Our findings

Everyone we spoke with was positive about how well-led and organised the service was. The provider demonstrated good management and leadership. One person told us, "Yes, I think the manager must be doing a good job, because I get the girls coming round when they should and they are all good." Another said, "The managers are good. I know I can always call and speak with them if I need to."

Following our last inspection, we requested an action plan from the provider, in order for them to explain how they would make improvements to the service in relation to the breach of legal requirements we identified. We did not receive this. Additionally in September 2017, we requested a Provider Information Return (PIR), to which we did not receive a response. A PIR 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.

When we last inspected the service in October 2016, we made a recommendation the provider should seek guidance from a suitable source in relation to robust auditing that maintains people's ongoing quality of care, safety and welfare. During this inspection, we checked to see what improvements had been made.

When we discussed our previous findings with the registered manager and the administrator, they told us they had implemented further checks in areas such as medicines, but had not sought guidance around auditing. They told us they felt their existing quality monitoring systems, along with regular communication with service users and staff enabled them to sufficiently monitor the quality of the service people received. The registered manager agreed to explore what formal audits they may be able to implement which would add value to existing systems.

The service had a range of quality assurance systems. These included checks on daily notes, medication and care plans. These were completed on a regular basis. As the management team worked alongside staff, they told us they reviewed paperwork during their visits into people's homes. People we spoke with confirmed this. The registered manager told us they did this to ensure they had oversight of the service and they could respond to any concerns highlighted and lead the service in ongoing improvements.

Spot checks were carried out when staff completed their visits. These were unannounced visits to observe staff work practices and to confirm staff were punctual, completed required care tasks and stayed for the correct amount of time allocated. Records seen and staff spoken with confirmed observations or spot checks had taken place. Spot checks also gave senior staff the opportunity to gain feedback from people

about their views and experience of the service provided. We noted positive comments from spot checks which included, 'They [care staff] are very good' and 'I find the carers very good and they spend time talking with me'. In addition to spot checks, a senior member of staff visited each person every month, or where people had more complex needs, on a weekly basis, to review plans of care and to gain feedback about people's experiences of the service. This showed the registered provider regularly sought the views of people who received support.

Staff we spoke with were positive about the management and leadership of the service. They explained they got all the support they needed, knew which clients they were visiting and when, and they could speak with the registered manager or senior staff at any time for guidance.

The service demonstrated good management and leadership with clear lines of responsibility and accountability. The management team were experienced, knowledgeable and familiar with the needs of people they supported.

Staff we spoke told us the registered manager encouraged new ideas and new ways of working. For example, a member of staff had suggested a memo system to improve the way information was recorded and fed back to management if there were any changes in people's circumstances. This was an idea being explored at the time of our inspection. We found the management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The registered manager told us and staff confirmed communication was good between staff and management. Due to the smaller size of the staff team, we were told it was difficult to get staff together for team meetings. Information was, instead shared during telephone conversations or via memos, which were sent to staff smart phones through the service's electronic call monitoring system. Staff told us they felt this worked well. The registered manager told us they were looking to find ways to hold staff meetings and would ask staff for suggestions on how this could be achieved.

We spoke with the administrator about working with other agencies. They were able to give us several examples of where they had worked with external professionals in order to make sure people received the care and support they needed. They also told us about how they kept up to date with best practice guidance, by way of signing up to newsletters and reviewing information from several different societies. This showed the registered provider was open to continuously learn and improve to promote the continuity of safe care.

We noted the registered provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should bad weather, an incident or accident occur. This meant the provider had plans to ensure people still received care and support in such circumstances.

The service had on display, in the reception area of their office, their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.