

Fonjock's Social Work Practice Limited

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Inspection report

Orchard House
1 Old Convent Orchard
Bury St Edmunds
Suffolk
IP33 3PQ

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10 October 2018

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23 November 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

Fonjock's Social Work Practice Limited is a domiciliary care agency, providing personal care and support to people with mental health needs or a learning disability living in their own homes. The service operates from an office based in Bury St. Edmunds. At the time of this inspection there were 2 people using the service.

At the last inspection of 25 February 2016, the service was rated Good. At this inspection we found the service remained Good.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be safe at the service because staff had received training and were aware of procedures to safeguard people from abuse and manage risks to their health. Each person had a support plan and staff were aware of people's individual needs. There were enough suitably knowledgeable staff that had been recruited through a robust recruiting process. People received their medicines as prescribed.

Staff received training and supervision to enable them to provide the support to people with regard to their assessed needs. People gave consent to the support they received. People were given support to manage their nutritional needs and to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice.

Staff were empathic and treated people with understanding. People's privacy and dignity were respected. Staff encouraged people to maintain and develop their independent living skills.

People continued to receive support that met their individual needs and preferences. Each person had an assessment of their needs and support plan which was updated regularly as required. Staff encouraged people to pursue their hobbies and interests. People knew how to raise a complaint and were confident any concerns raised would be addressed and resolved.

An open and positive culture was maintained by the service. The registered manager led and supported the staff team to focus upon person-centred support. Quality checks and audits remained in place so that issues were identified and resolutions for improvements put in place. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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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 was a comprehensive inspection carried out by one inspector.

The inspection took place on the 10 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

Before the inspection we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events. Statutory notifications include information about important events which the provider is required to send to us by law. We used this information to plan the inspection.

During the inspection we spoke with one person who used the service and a relative. We also spoke with the director, area manager, registered manager and a member of staff

We looked at two people's care plans. We reviewed three staff records including recruitment, training and supervision. We also reviewed the staffing rota and quality assurance records.

Is the service safe?

Our findings

At the last inspection in February 2016 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People continued to be protected from the risk of abuse as staff knew people well and how to keep them safe. Staff had received safeguarding training and were able to identify signs of abuse. A member of staff told us, "I have had training and I know how to make a referral."

People continued to be kept safe as risks to their health were identified and recorded in their care plan. We saw the risk assessments were written with regard to the specific needs of each individual. One person enjoyed swimming and they confirmed this to us when we spoke with them. Staff were well aware of the risks and told us about how they kept the person safe when taking part in this pursuit which the person particularly enjoyed.

Support to each individual was provided by knowledgeable staff to meet their needs and keep them safe. The registered manager had worked with each person and their families to devise a care plan to support them. Each person was supported by a small team of four to five staff members. A timetable was provided in advance so the person knew who was coming to support them.

There was a policy and procedure in place for the recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service checks on staff. This meant that the service checked upon staff's suitability to work with the people who used the service.

People continued to be supported with their prescribed medicines. People's care plans had detailed information about the support they required to take their medicines, why they were prescribed and potential side effects. Senior staff carried out regular audits of medicine's stocks and records.

Staff continued to receive planned training regarding how to protect people by the prevention and control of infection. Staff informed us that they had access to the equipment they required such as gloves and aprons.

The senior staff reviewed the activities of the service on a regular basis to learn lessons and plan for the future. The service staff had learnt during the bad weather experienced earlier in the year how they would ensure they had access to vehicles to attend care visits.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People's needs and choices continued to be assessed and recorded. Each person had a care plan which as well as identifying their needs also identified possible activities to do at each visit. We saw that from visit to visit people did different things. A member of staff explained to us this was in response to the person's choice at that time. A relative told us, "Staff are knowledgeable and very helpful to [my relative] and also to us as a family." The relative further explained the staff had identified a number of things that would be of interest to their relative and arranged for these interests to be pursued.

The registered manager organised training for the staff that was relevant to the needs of the people. There was an induction programme in place for new staff, which included time with senior staff and to meet the people using the service. Staff were then provided with supervision and regular training. A member of staff told us, "I have had an annual appraisal and supervision during the year."

Staff continued to be knowledgeable about people's dietary needs including the risks and support some people required with their diets. Staff encouraged people to have a balanced diet and specialist support had been sought as required to support people with their dietary needs.

The staff supported people to access healthcare professionals in order to maintain good health. Healthcare needs were met through people visiting their GP and dentists. A relative told us, "The staff and us work together so [my relative] attends all of the appointments."

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 make particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. Consent for care was obtained in accordance with the principles of the MCA. Wherever possible people had signed their consent to receiving care and support and this form was contained in people's care planning documents. People told us that staff always gained their verbal consent prior to delivering care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In community settings restrictions placed upon people's liberties require authorisation by the Court of Protection (CoP). At the time of our inspection there was no-one subject to an authorisation by the CoP.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People were continued to be supported with kindness and respect by staff that knew them well. Staff supported people to speak with us never rushing them and giving time for them to explain while supporting with examples of activities and choices of words to convey meaning.

The staff clearly knew the needs of the people they supported on a regular basis. Care plans evidenced that people were involved in making decisions about how they were supported. Information was written in ways that helped people to understand the support that was provided to them. The care plans were pictorial as well as in writing and people were able to use pictures of thumbs up to explain they were in agreement. The plans had been regularly reviewed and information had been recorded that people had given their consent to the support agreed.

People continued to be able to express their views. Relatives told us the choices their relatives made were respected. A relative explained to us that they used the care plan section of daily activities to discuss with their relative what they had done that day with the staff. The relative informed us the staff had listened to their relative to assist them to fulfil those choices. A person we met was able to explain to us what they had done in the morning and where they were going with the staff for lunch. They further explained they had different choices of things to do in the afternoon and would make that decision later with the staff.

People continued to find the service caring. One person was able to indicate to us that they thought the staff were caring. Relatives told us that staff respected people's dignity and privacy. They gave examples, of staff talking with people and involving them in conversations. We learned how the service staff had worked with a person to increase their independence. Instead of being with them at all times by agreement the staff met with them at different points along a cycling route, This gave the person their choice to do some of the bike ride on their own.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Relatives continued to tell us positive things about the service. These comments included, "The staff listen and respond well to my family member, they interact very positively with them and do everything that is needed to support them."

Before people started to use the service their support needs were assessed. People and their family and other professionals were asked appropriately about the support required to determine if the service staff could provide that support.

People's support records continued to be kept up to date with staff writing information in the daily notes regarding each visit and then transferring relevant information as required into the support plan. A member of staff told us, "I record each time I support the person and read back to see if there have been any changes." We saw that the plans focussed upon the needs of each person and took into account their choices and preferences. Support plan reviews were planned in advance and we saw that audits of the support plans were regularly carried out. This meant the support plans were regularly reviewed for the purpose to check that the support provided was recorded and responsive to the person's needs.

Staff demonstrated a clear understanding of the needs and wishes of the people they supported and it was evident that positive working relationships had been formed. This was demonstrated when we observed people were relaxed in the company of staff and enjoyed jokes with them. Staff were able to give examples of how they responded to people's changing needs. For example, one member of staff described a situation in which a person was recovering from an illness. While they were recovering this had resulted in changes to their care plan to take account of the person not being as active as usual.

There was a complaints policy and procedure. These details and how to make a complaint were provided to people when they first began to use the service. There was also information about how to raise a complaint in each of the people's support plans we saw. The registered manager explained to us how a complaint would be logged and the action taken to resolve a complaint. There were no open complaints at the time of the inspection and the staff considered this was because they were in contact with people each day and resolved any issues as they arose. We saw a number of compliments about how people had been supported from a number of resources.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

A registered manager was 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.

The registered manager continued to oversee the service provided to people. Throughout discussion the registered manager demonstrated a thorough knowledge of people using the service and the staff team. The registered manager was supported by office based staff, including the area manager and director.

Staff spoke positively about the support they received from the registered manager and senior members of care staff. They told us that they were supportive, caring and always available to offer advice. The service had an on-call system so that staff could seek advice and support at any time.

People using the service and their relatives were very familiar with the registered manager and spoke positively the support received and helpfulness. A relative told us, "You can take confidence from the manager being so caring and understanding."

Since the previous inspection the service had reviewed, updated and developed a number of policies and procedures for use within the service. All of these procedures were available to the staff team at the office. Staff meetings continued to take place within the service and all staff had the opportunity to spend time and speak with the registered manager and senior member of staff as needed.

Since the previous inspection the service had further developed the business continuity plan in place. This plan considered what actions to take in relation to specific events occurring within the service, For example, sickness and absence of staff and lack of access to people's addresses due to road closures. In addition, further development of the 'Service User Guide' had taken place and had involved both people using the service and their families for their comments.

Regular reviews and monitoring of the service took place by the senior staff. There were systems in place to monitor the review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and support plans as well as seeking feedback from people and professionals. The registered manager was also supported from regular visits and results of audits organised by their manager.