

Fylde Community Care Limited

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Inspection report

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Date of inspection visit:
17 November 2022

Date of publication:
05 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing support to 9 older people.

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

People using the services of Fylde Community Care, benefited from a service that was committed to providing safe and high-quality care and support. Although we were assured risks to people were identified and managed, we have made a recommendation that individual risks are better recorded in people's care plans.

Although we were assured quality assurance systems were applied consistently and effective at identifying potential concerns, we have made a recommendation that quality assurance systems are reviewed to make them easier to audit.

People had a genuine say in their own care and support plan and were supported by a consistent staff team who knew their needs well. Staff supported people to retain their independence in order to remain living in their own homes. Staff were recruited in a way to ensure they were safe to work with people.

We received positive feedback from both people who used the service and their relatives about the quality of the care and support they received.

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

The service practiced a compassionate culture which was committed to delivering high-quality care to people. This was underpinned by good governance and collaborative working to achieve positive outcomes for people.

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

Rating at last inspection

The last rating for this service was good (14 February 2018).

Why we inspected

We undertook this inspection given the amount of time which had elapsed since the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 November 2022 and ended on 5 December 2022. We visited the location's

office on 17 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We attended the office and spoke with the registered manager who was also the registered provider.

We looked at records in relation to people who used the service including five care plans and systems for monitoring the quality of the service provided.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with 2 people and 1 relative on the telephone to help us understand their experience of the care and support received. We also spoke with 2 members of care staff on the telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although we were assured that people's risks had been identified and were appropriately managed and mitigated by staff, not all risk assessments were recorded in a person-centred way.

We recommend risk assessments are written in way to better record the identified risk to the person and the action taken to manage and mitigate the risk.

- We spoke to the registered manager about this who assured us risk assessments would be rewritten, to better reflect the individual needs of the person.
- People and their relatives told us they felt the care and support provided by staff was safe. One person told us, "Yes, absolutely I feel safe, the staff are great and know what they are doing."
- The service managed risks in a way which balanced people's right to choose with their right to be free from harm. Staff supported people to make their own choices in an informed way and understood where people required support to reduce the risk of avoidable harm.
- Risks were reviewed regularly to ensure the service had a current and accurate picture of safety. Information about risks was also shared and discussed through staff meetings.
- The service adopted a practice of learning from any incidents, accidents and other relevant events. People's records were reviewed to monitor any safety related themes. Findings were communicated to staff to ensure the correct action was taken to help prevent any future recurrence.

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA. We saw how the service liaised with a person's relative who held power of attorney in relation to decisions concerning health matters. People told us staff always explained what they were about to do before providing support.

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse. Although the service had not had any cause to raise a formal safeguarding concern, systems and processes were in place to ensure any concerns would be shared with relevant safeguarding authorities and for investigations to take place.
- Staff were trained in safeguarding matters and knew what action to take to keep people protected. One told us, "I have total faith that if I did report something to the manager, they would act on it."

Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files contained all required information.
- People received a reliable and consistent service. People received care and support from regular staff who knew their needs well. One person told us, "Yes, the same staff come to me." A relative commented, "I can't speak highly enough of staff."

Using medicines safely

- Medicines were managed safely. Staff were supported to ensure they met good practice standards and were trained and competent to administer medicines. One person told us, "Staff help me with all my medicines, and I get them when I need them."
- Wherever possible, staff supported people to manage their medicines independently, and sometimes only supported people by prompting them to take their medicines, this helped maintain people's independence and dignity.

Preventing and controlling infection

- The service managed the control and prevention of infection. Staff followed policies and procedures on infection control which met current and relevant national guidance. Risk assessments for the management of COVID-19 were in place.
- The service ensured staff understood their role and responsibility for maintaining good standards of hygiene in people's homes. This included managing risks of COVID-19 by the use of effective infection prevention techniques and the use of appropriate PPE.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Although governance and quality assurance systems were effective at identifying risks to the safety and quality of the service provided to people and helped to drive up improvement within the service, records of checks were kept in people's plans and staff files making it difficult to audit.

We recommend the registered provider reviews quality assurance systems to better record and demonstrate the management of quality performance.

- The registered provider was also the registered manager and demonstrated a hands-on approach to care. The registered manager and staff had a good understanding of their role and responsibilities and were committed to deliver a person-centred service for people.
- Staff were positive about the manager and shared the same values, ethos and need to provide a quality service. People confirmed this by telling us, "Staff are just great," and "I am very happy with this service."
- Staff were supported using performance feedback, such as supervision and appraisals and provided with opportunities for further learning and development to help further enhance the delivery of good care and support.

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

- The service encouraged and facilitated people and their relatives to be heard. Various methods were used to obtain feedback from people about all aspects of their care and support. The registered manager told us that they regularly called and visited people and were "constantly open to feedback."
- This regular feedback and knowledge enabled the service to make changes to people's support plans as their needs changed.
- The service operated from an office which was local to people using the service and staff. People and staff were welcome to call into the office at anytime.
- We received consistently positive feedback about the registered manager from people and staff. One person told us, "Yes, I know the manager, [Manager] calls on me to make sure I am OK." Comments from staff included, "[Manager] is a fantastic manager, they are hands on, spot on, I feel supported," and "[Manager] is very good, I can call in the office anytime but [Manager] is always on the end of the phone."
- The registered manager also engaged regularly with staff to enable them to have a platform to voice their feedback and views. Feedback was listened to and acted on to help shape the service further.

Continuous learning and improving care

- Quality assurance processes were in place to capture the views and experience of people using the service, this included regular visits to people's homes.
- The service demonstrated a commitment to sustained and improved care at all levels. Best practice guidance was shared amongst staff to help further in the deliverance of good care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The leadership, governance and culture promoted the delivery of high-quality person-centred care, which was underpinned by compassion, dignity and respect. These values were understood and shared amongst staff so that people using the service received a service that was inclusive and person-centred.
- Wherever possible, the service involved people's relatives in their support, which helped lead to positive outcomes for people.
- The service promoted equality, diversity and inclusion to remove any barriers to people's access to high quality care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was open to feedback and adopted a transparent and open approach. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

Working in partnership with others

- The service worked in partnership with external organisations to support high quality care provision to ensure people received a positive experience based on best practice outcomes and people's choice and preference.