

Frendy Integrated Services Ltd

# FHS24 Nursing+Care Agency

## Inspection report

123 Middle Street  
Yeovil  
Somerset  
BA20 1NA

Tel: 03301241814  
Website: [www.fhs24.co.uk](http://www.fhs24.co.uk)

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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

### About the service

FHS24 Nursing+Care Agency is a care at home service that provides personal care including supported living and live in care for people with learning difficulties, mental health, autism and older people. At the time of the inspection four people were receiving support with personal care. People had limited verbal communication, so we captured some of their experience through observations.

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.

The service for people with learning disabilities and/or autism has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Improvements had been made with recruitment practices, the provider was now notifying the Care Quality Commission in line with legislation and the provider's auditing systems had identified concerns. However, it is not clear whether these improvements were sustainable yet. Additionally, small concerns found on the inspection had not always been identified by the management. Although they were proactive at responding to them.

People told us they were happy and appeared comfortable in the presence of staff. Medicines were administered safely. Most risks had been identified with ways to mitigate them in place. However, concerns were found with one person who had a specialist eating and drinking plan. Following the inspection, the registered manager had taken action to rectify them. Records and processes around the management of behaviours which could challenge themselves or others were in place.

The management strove to be open and constantly develop and improve the support people were received. When systems had identified issues, actions were being taken.

People were supported by enough staff to meet their needs. Staff had received a range of training including specialist courses in health and social care. Care plans were personalised and provided a range of information for staff to use to support people's needs and wishes. There were good links with other health and social care professionals.

Staff were kind and caring and knew the people they were supporting well. Staff respected privacy and dignity. Links had been developed with the community which had a positive impact for people.

Independence was promoted, as were the values of treating each person as an individual.

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 applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service who had learning disabilities and/or autism can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service with learning disabilities and/or autism reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 January 2019) and there were multiple breaches in regulation. The provider completed an action plan and met with us to tell us how they would improve. We also completed an inspection to follow up the warning notice (published 13 June 2019) where the rating was not change. At this inspection we found improvements had been made and the provider was no longer in breach of any regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

Since the last inspection we recognised that the provider had failed to display their ratings on their website. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# FHS24 Nursing+Care Agency

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. One person was receiving live in care in their own home in a specialist housing scheme with warden support.

Three people were receiving care and support whilst living in their own homes under a 'supported living' style approach. This is so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They were supported by the managing director to run the service.

#### 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 30 October 2019 and ended on 31 October 2019. We visited the office location on 30 October 2019.

#### 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 who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We met with four people who used the service, and this included carrying out observations when they had limited verbal communication. We spoke with the registered manager and the managing director. We also spoke with 10 members of staff which included care staff and members of office staff.

We looked at four people's care records and five staff files. We also looked at information received in relation to the general running of the service including medication records, auditing systems, policies and procedures, compliments and complaints, and training records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19 and they had now met their warning notice.

- People were supported by staff who had been recruited in line with current legislation. Staff recently employed confirmed they did not start working until the recruitment checks were completed.
- However, there were gaps in employment identified which did not always have full explanation as to what had happened in them. The registered manager told us they would make sure this practice was included moving forward.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we made a recommendation to the provider that improvements were made to the management of safeguarding systems including lessons learnt.

During this inspection we found improvements had been made.

- People told us they were safe. When asked if they felt safe, one person smiled and looked at the staff member and smiled again. Another person said, "Yes, they [staff] are all very nice." Whilst a third person said, "The staff are all very good and I definitely feel safe."
- Staff knew how to keep people safe and recognise potential abuse. One staff member said, "When you get to know a person you know something is not right or something is wrong." All staff felt action would be taken by the management should they raise a concern.
- Records in relation to safeguarding were now more detailed and action had been taken promptly. Reflections on concerns demonstrated lessons were now being learnt.
- Systems were now in place to manage safeguarding concerns and contact was made with relevant external bodies when required.

### Assessing risk, safety monitoring and management

- People had a range of risks assessed and plans to mitigate them. This included around dietary

requirements,

- Staff understood how to keep people safe when they became upset or anxious. People with behaviours which could challenge themselves or others had clear guidance in place. Analysis was carried out by the management to help identify any patterns.
- However, one person with eating and drinking difficulties had inconsistent records. Staff had not always been following guidance from a specialist and lacked training on safely supporting the person. Following the inspection, the registered manager updated us with a range of actions they had taken to keep the person safe and train staff.

#### Using medicines safely

- Medicines were managed safely in people's own home. People's preferences were understood by staff and medicine administered in line with them. One person told us how staff had supported them to manage their medicines when they changed to a medicine to one with less side effects.
- Records were kept accurately, and regular monitoring was occurring by senior staff including staff competencies being checked.

#### Preventing and controlling infection

- Staff had access to a range of equipment such as gloves and aprons to help reduce the risk of infections spreading. Staff confirmed that protective clothing was made readily available by the registered manager.

#### Learning lessons when things go wrong

- Systems were in place to identify patterns of accidents and incidents. Action was taken to demonstrate lessons being learnt when they occurred. One recent incident involving a person had led to a staff meeting so strategies could be discussed. Staff were positive about this and said it had helped them all to manage the situation better.
- Another person had a reduction in falls because of the analysis completed by the management. Action was taken to liaise with other health professionals to monitor the person's condition.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were constantly being assessed. When changes occurred, actions were taken to update their care plan and guidance for staff. If people's care was reviewed, then those important to that person were involved.
- The registered manager kept up to date with current standards through a range of methods. This included sourcing support from external companies to provide specialist advice.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a range of training in line with most of their needs. Staff new to care appear to require more frequent refreshers than other staff because their knowledge was sometimes limited.
- Staff told us when they had started they shadowed more experienced staff before working on their own. All staff had received a range of training prior to working with people.
- The management completed regular 'spot checks' where they randomly visited and observed the care people were receiving. One staff member said, "They [senior staff] do spot checks and they give feedback. They tell us what we have done well and what we have not done well."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy balanced diet and had control over what they chose to eat. One person with specialist requirements due to a specific condition was actively involved in eating and drinking choices.
- Staff were seen preparing the meals and people enjoyed what was prepared. Where possible, people were involved in the preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a wide range of health professionals. When required, staff supported people to arrange appointments.
- Most of the time staff followed the instructions provided by other health and social care professionals. The exception was the person who had a specialist eating and drinking plan which was not always being followed. Following the inspection, the registered manager had contacted the specialist for further support and guidance.
- One person's key member of staff was in the process of coordinating all health professionals test

requirements for a single hospital trip. This was to make it as stress free as possible for the person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff always sought people's consent when it was possible. One person had a set of signed contracts to demonstrate they had been consulted.
- People who lacked capacity or had fluctuating capacity had decisions made in their best interest and were the least restrictive. Family and other professionals were consulted. Although the registered manager had not always sought documentation of family member's rights to be consulted.
- The registered manager was aware of the procedure for community DoLS and was liaising with local authorities in relation to these.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported in their own homes where there was a culture of respect and valuing dignity. Staff spoke affectionately about the people they supported. When interacting with people in their own homes staff were kind and patient.
- The registered manager and managing director valued the people receiving support from staff. One person spoke about their trips out with the managing director to have tea and a sandwich. They said, "[Managing director] comes over and takes us to town for a chat with coffee and cake. I enjoy that." A staff member told us, "[The managing director and registered manager] get to know everybody, they are good like that, always a birthday card and Christmas card.
- Compliments reflected the positive interactions and comments from staff. Comments included, "Excellent committed service. Carers are calm and patient with extremely high standards" and, "FHS24 delivers exceptional service with knowledgeable confident staff members."
- People's cultural and religious needs were always considered whilst receiving care and support. One staff member said, "[Person] is Catholic. I talk about choirs and go to church with them. Make sure I go to places and make sure I know about their religion."

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

- People were supported to make choices and decisions about their day to day care. Most people had limited verbal communication and staff were aware of how they communicated their choices.
- People were fully involved in planning their care and support if they were able to be. One care plan had large amounts of input by the person to reflect their choices and agreements made.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff promoted independence for people. Some people required support to access the community and this was facilitated. One health professional had recorded a positive statement about the development of the person.
- Arrangements were made to meet the diverse needs of people receiving support. Even if people needed supporting with intimate care staff found ways to give people privacy by leaving the room or monitoring closely from a distance.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the last inspection we made a recommendation that the provider should seek guidance about the accessible information standard.

At this inspection we found improvements had been made.

- Systems were in place to explore ways to share information in an accessible way to people. The registered manager had built links with a service who could transfer information into any format people required.
- One person required their care plan in an easy read format and this was already facilitated.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had their own interests and routines. They were able to make choices about their day to day lives. Staff told us they respected people's choices and we saw this was reinforced by provider's ethos and management 'spot checks.'
- Care was personalised to each person. Everyone had a care plan which gave information about their needs and their likes and dislikes. Pictures and other visual communication strategies were being introduced by the provider to help people be involved and understand their care plans.
- Care plans contained a wealth of guidance for staff to follow. Staff clearly knew everybody they worked with incredibly well. Although on one occasion, staff were not as familiar with parts of the care plan.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although we do not regulate this area, evidence was seen that people were supported to regularly access the community. One health professional had commented on the progress they had seen the person make.
- People were supported to maintain relationships with their family and friends. Staff would support people to visit their family. When required, staff were regularly liaising with people's family to arrange care and support.

#### Improving care quality in response to complaints or concerns

- Staff were able to recognise when people were upset which was important because not everyone could verbally communicate. Action was always taken by staff to resolve the issue.
- Systems were in place to manage complaints. Those we saw had been managed in a timely way and followed up with the complainant when it was possible.

#### End of life care and support

- At the time of the inspection the service was not supporting anyone on end of life care. Care plans demonstrated some thought had gone into exploring people's preferences around end of life. When a person was not able to verbally express their choices then relatives had been involved.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider used informal auditing, lacked external scrutiny and was not sending statutory notifications. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 17 and regulation 18.

- Systems were now in place to demonstrate the management had understanding about monitoring the quality and risks of the service people received. When they had identified improvements were required action was taken.
- External scrutiny had been sourced including finding a specialist advisor for recruitment and someone to audit the service independently.
- However, it was not clear how sustainable these changes were. Some small concerns were found, and the registered manager's audits had not identified them. For example, risk assessments and staff training around a person's eating and drinking difficulties. Action was taken promptly to rectify the issues.
- Statutory notifications were now being sent in line with the legal requirements. The provider's new system alerted them when this had not been done.
- Since the last comprehensive inspection, a fixed penalty notice was paid by the provider because they were not displaying their ratings on their website. This was a breach in regulation 20a of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider's website is now displaying their current inspection ratings and they paid a fixed penalty.
- Staff were positive about the support they received including when they were working alone in the community. Comments included, "If you need help, it is just a phone call away" and, "They [the management] come and talk to us. I do feel supported."

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

- People who were able to tell us were positive about the registered manager and managing director. They reminisced of occasions when they had gone out with them and clearly knew who they were.
- The registered manager and managing director promoted a culture of respect and care for people. One person told us how they met with the registered manager regularly and knew their name. One member of staff said, "I am proud and grateful of the company. The needs of the clients come first."
- Staff felt they were listened to when they came up with suggestions. All staff agreed that their ideas were acted upon if the management were able to.

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 provider and registered manager promoted being open and transparent with people and relatives when things went wrong.
- However, on one occasion there was a delay with a staff member reporting an accident to the person's relative. The registered manager and managing director had taken immediate action to rectify this.

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

- People were involved in decisions about their care as much as possible. The registered manager and managing director would regularly visit them.
- Staff views were seen as important. Recently, staff had been consulted about training through a survey to seek their views. As a result, the registered manager and managing director were trying to make changes in line with the survey responses.
- The registered manager shared with us some work they had been completing on developing staff understanding of equality. This had included reviewing their policies and procedures. One member of staff told us, "They [people] are a human being just like me. I accept them for who they are."

Continuous learning and improving care

- The registered manager and managing director strongly believed in continuous learning to improve the care and support people received. They had taken on board input from a variety of external bodies and consultants to improve their service. The positive impact was found during this inspection.
- The provider valued the staff which encouraged them to constantly drive improvement in care. An employee of the month scheme had recently started. Staff were positive about this and some told us about how they were aiming to be the next employee of the month.
- The registered manager found ways to increase their understanding and demonstrate continuous learning. They told us about a variety of ways they were building links with other providers and registered managers.

Working in partnership with others

- Links had been developed with the local community. This had provided a range of opportunities for the people.
- The registered manager had created links with a range of health and social care professionals, so they could work in partnership with them.