

NFC Health & Social 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?

Good ●

Summary of findings

Overall summary

About the service

NFC Health and Social Care provides care and support to people living in their own homes. 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 89 people were receiving personal care.

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

Risks to people's health and well-being had been identified and detailed plans were in place to provide staff with up-to-date information and guidance about how to support people safely. People's medicines were managed safely by staff who had received training in medicine administration and had their competency to administer medicines regularly assessed.

People told us they felt safe and well-supported by staff. One person said, "I am very happy with the care I receive. They [staff] are very nice people and I feel safe. I am never wary of them. I have a variety of carers and I know them all well." Staff had received safeguarding training and knew how to respond to any concerns of abuse.

People told us staff arrived on time and completed all the tasks that were required. Safe recruitment processes were followed to ensure newly recruited staff were suitable to work for the service.

People's needs had been assessed and staff had access to information about how to support people in line with their needs and preferences. People were supported to access health care and referrals to relevant professionals were completed when people's needs changed.

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.

People and family members told us staff were kind, caring and respectful and treated people with compassion. One family member said, "They [staff] are kind, very caring and respectful. They are also very supportive and well trained."

The registered managers promoted a culture that was person-centred; feedback from people, family members and staff evidenced this. The service was described as 'organised' and 'well-managed'. One family member told us, "The company is well organised and the office is very responsive. All my concerns have been dealt with to my satisfaction and shortcomings addressed satisfactorily. I would recommend them."

Governance systems in place supported a culture of continuous learning and improvement to the care people received. Audits and checks were completed and any issues identified were addressed.

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 the service at the previous premises was good, published on 12 February 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

This service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

Good ●

NFC Health & Social Care Ltd

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 completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers in post.

Notice of inspection

We gave a short period of 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 28 July 2022 and ended on 4 August 2022. We visited the location's office on 28 July 2022.

What we did before the inspection

We reviewed information we had received about the service. 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 (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 spoke with two people and four family members to gather their views of the service provided. We spoke with three care staff, the nurse consultant and one registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed care records for five people and four people's medicine administration records. We looked at five staff files for recruitment and range of other records related to the overall management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems in place to respond to safeguarding concerns, accidents and incidents.
- Records showed that appropriate action had been taken following incidents; such as referrals to relevant health professionals or obtaining medical advice where needed.
- Staff had received safeguarding training and knew how to identify and respond to incidents of concern.
- Accidents, incidents and safeguarding concerns were reviewed by the registered managers to look for ways to prevent them happening in the future.

Assessing risk, safety monitoring and management; Using medicine safely

- Risks to people's health and well-being had been assessed and staff had access to information about how to safely manage people's identified risks.
- The service had recruited a nurse consultant to offer advice, guidance and training in relation to nursing care that was provided to some people using the service.
- Where people required support with their medicines, this was clearly recorded in their care plan with guidance on how to support people safely; this included information and guidance on how to safely administer 'as and when required' medicines.
- Medicines were managed safely by staff who had received training in medicine administration.

Staffing and recruitment

- Safe recruitment processes were in place. A range of pre-employment checks and assessments were completed to make sure new applicants were suitable to work for the service.
- There were enough staff to support people safely and ensure calls were completed at the agreed times.
- People and family members told us staff arrived on time and completed all the required tasks. Comments included; "They [staff] arrive on time and cater for all my needs" and "My father is very happy with the carers who arrive on time and help him to feel safe in their care."

Preventing and controlling infection

- Staff received training in infection prevention and control and were given regular updates and guidance; particularly in relation to COVID-19.
- Staff had access to PPE and people and family members told us staff wore PPE at each visit.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 assessed in line with best practice guidance and staff had access to information about to support people to achieve good outcomes.
- The service used information and assessments from social care professionals to help determine whether they could support people's needs. Where needed, the services' nurse consultant would offer guidance to support the assessment process.
- People's oral health needs were considered as part of the assessment process. Where relevant, care plans included information and guidance about how to support people's oral health needs.
- People told us staff met their needs well. Comments included; "I use a wheelchair and they [staff] really look after me. They always check my care plan and complete all the tasks" and "They [staff] meet all my care needs."

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and the needs of people they supported.
- Additional training was provided by the nurse consultant in areas such as catheter care and PEG feeding. The nurse consultant told us; "We write the training so that it tailors to each person's individual needs."
- People and family members felt staff were knowledgeable and experienced in their role.
- Staff received regular supervision meetings which enabled them to discuss any concerns or development needs with the registered managers.

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

- Where people needed support with their meals this was clearly recorded in their care plans and the list of tasks allocated to staff. Guidance was available to ensure staff provided the support.
- Risks associated with people's food and drink intake had been assessed and guidance in place for staff to follow; this included ensuring people's food and drink intake was recorded where needed.

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

- People were supported to access health care appointments where required.
- Staff contacted relevant health and social care professionals when people's needs changed or when concerns regarding their health and well-being had been identified.

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 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 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.

- The service was working within the principles of the MCA. Feedback from people and family members confirmed this. One family member said, "He [relative] is very stubborn and if he decides not to comply, they [staff] respect his decision."
- Records showed that consent was obtained from people before the service provided care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People were well treated by consistent staff who knew them well and how best to support them.
- People's care plans contained person-centred information; what and who was important to them, their life histories and personal interests. This meant staff could get to know people before supporting them.
- People and family members spoke positively about the staff and the way they treated people. Comments included; "My carers are lovely, very kind and respectful" and "They [staff] are very attentive and respectful, caring, kind and compassionate."
- People told us staff treated them with dignity and respected and maintained their privacy. One person told us; "They [staff] are very respectful and always observe my privacy. They make me feel at ease."

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

- People confirmed they had a care plan and they and their family members were involved in decisions about their care.
- Regular reviews were completed with people, and family members where relevant, to ensure care remained relevant and person-centred.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was person-centred and based on their needs and preferences.
- People and family members told us staff were very responsive to people's needs and always completed all the required tasks at each visit. Comments included; "They [staff] complete all tasks in the care plan and meet all his [relative's] needs" and "They [staff] are very always responsive to my care needs."
- People and family members confirmed they had a care plan in place which was regularly updated by staff when needed.
- Where requested, staff supported people to access the community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the assessment and care planning process. Where specific communication needs had been identified, guidance was in place to support effective communication.
- The registered managers were aware of the need to ensure that, where required, people had access to information in a way they would understand.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to complaints or quality concerns and ensure improvements were made to people's care and support.
- Records showed that concerns or complaints made were investigated and responded to appropriately. One family member told us, "The company has been very responsive to my issues and I consider them resolved."

End of life care and support

- The service was not supporting anyone with end-of-life care at the time of our inspection. However, people's preferences for end-of-life care were considered as part of the care planning process.
- The services' nurse consultant provided staff with advice and guidance regarding end-of-life care where

required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered managers promoted a person-centred culture. This was evidenced through the records we reviewed and the feedback we received from people, family members and staff.
- People and family members told us they were happy with the service provided and commented on how well-managed and organised it was. Comments included; "The company is very well organised. The management run a very tight ship. The office is very good and sort anything out really quickly" and "The company is well-organised and the office response is very good. I would recommend them."
- Staff told us they felt supported in their role and able to discuss any concerns they had with the registered managers. They described an open culture and felt listened to. One staff member said, "I can contact [registered managers] any time I need to. There is always someone to help even the office staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings were held with staff to provide them with updates about the service or changes to guidance and enable them to share their views. One staff member said, "I feel listened to. I can share my views and they [registered managers] actually listen."
- Regular quality surveys and reviews were completed with people and family members to gather their views of the service they received.
- The service worked in partnership with health and social care professionals to ensure people received the right care.

Continuous learning and improving care

- Systems were in place to support continuous learning and the improvement of the care people received.
- Various audits and checks were completed by the registered managers and action taken to address any issues found. Areas of improvement were cascaded to staff through regular meetings.
- The registered managers and nurse consultant completed regular observations of staff practice and competency assessments. This enabled them to address any learning or development needs and improve the care provided.

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 registered managers were aware of their responsibility to be honest with people when things went wrong.
- Notifiable events were reported to CQC where required by law.