

Faith Hope Love Care Limited

FHL Care

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

FHL Care is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. 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 provided personal care to four people in their own homes.

People's experience of using this service

Risks were identified and were assessed to ensure people received safe care. People told us they felt safe when receiving support from staff. Staff were aware of how to safeguard people from abuse. Systems were in place to ensure staff attended calls on time. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Medicines were being managed safely.

Staff had been trained to perform their roles effectively. People were supported to have maximum choice and control of their lives. 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 received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. Care plans had been reviewed regularly to ensure they were accurate. Communication plans were not in place. We made a recommendation in this area.

Systems were in place to manage complaints.

Quality assurance and monitoring systems were in place to identify shortfalls to ensure there was a culture of continuous improvement.

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

Rating at last inspection

This service was registered with us on 19 August 2021 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

FHL Care

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

The 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 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 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.

What we did before the inspection

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 also reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell

us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service.

We reviewed four staff files, which included pre-employment checks and three care plans which included people's support needs. We looked at other documents such as quality assurance and training records.

We also spoke to one person who used the service, one relative of a person that used the service and two staff members.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances such as their skin integrity, personal care and nutrition. The assessments included the nature of the risk and control measures to minimise the risk.
- Risk assessments had also been completed for people at risk of falls to ensure risk associated with people at risk of falls were minimised.

Using medicines safely

- Medicines were being managed safely.
 - Medicine Administration Chart (MAR) showed that medicines were being administered as prescribed.
 - Topical MAR records were in place for the application of creams to minimise the risk of skin complications.
- Staff had been trained on medicines and their competency had been assessed to ensure they were competent to manage medicines safely. Medicine support plans were in place, which included if people required support with medicines and the type of medicines they were on.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, health declaration, references and obtaining proof of staff identity and right to work in the UK.
- Systems were in place to minimise risks of late or missed calls. Rotas were sent in advance and the registered manager monitored staff time keeping to ensure staff were able to attend calls on time. Bank staff were available in the event of emergency cover. The service also supported staff to attend calls on time by offering a transport service. A relative told us, "They do turn up on time. There have been no missed visits. On the odd occasion, if they are late due to traffic beyond their control, they will let me know."

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "It's been very positive, these guys came along and just made a massive improvement to [person's] care. They really do care."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A staff member commented, "We have got plastic visors, face masks, gloves and uniform." A person told us, "They wear gloves, masks and what they are supposed to wear."

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.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had been trained on essential areas such as on first aid and moving and handling. Staff also received specialist training in learning disability, falls and skin integrity so they can support people effectively.
- Staff had also received a comprehensive induction, which involved coaching support by the registered manager or a senior carer and regular supervisions during their probationary period to ensure staff were competent to carry out the role. A staff member told us, "The training was helpful. There were few things I did know until did the training." A relative commented, "They [staff] absolutely are very well trained."
- Regular supervisions had been carried out for staff, which ensured staff were supported in their roles. Staff told us they felt supported. A staff member said, "[Registered manager] is very supportive, any problems she helps me."

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

- Systems were in place to assess people's needs and choices.
- Pre-assessments had been carried out to ensure the service was able to provide person-centred support to people. A relative told us, "Care plan is totally accurate. We sat at the beginning of the process on what we need and want."
- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People or their relatives were included as part of these reviews and decisions to ensure people received the care they wanted. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported to eat and drink and supported to maintain a balanced diet.
- Care plans included the level of support people required with meals or drinks and people were given choices with their meals.
- Assessments had been completed for risks associated with eating to ensure people were able to eat their meals safely.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- Staff had been trained on the MCA. MCA assessments had been completed to determine if people had capacity to make specific decisions.
- Staff told us that they always request people's consent before doing any tasks. A staff member commented, "We ask them first and let them decide on how they like to be supported." A relative told us, "They [staff] have a bit of routine now, they always ask for what [person] wants. They are very fond of [person]."

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; equality and diversity

- People were treated with kindness and respect. A relative commented, "[Staff] are very friendly, caring and they go above and beyond on what they do."
- People's religion had been recorded on their care plans. People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People were involved in decisions about their care. Care plans had been signed by people or their relatives to evidence that people were involved with the decisions made on their care.
- Dignity assessments had been completed to ensure people were involved in decisions and had choices in the care they received.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member told us, "We ask them first and let them decide on how they like to be supported." A relative commented, "They [staff] do involve us in decisions, they hold meeting with us. [Person] makes own decisions."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member commented, "A couple of clients have visitors so we make sure the room is clear. When we change pads, we have a towel to cover them in a private area with doors and windows shut." A person told us, "They respect privacy and dignity all the time."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or mobilising.

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

- People received personalised support, which was in accordance with their preferences and choices.
- Care plans were person-centred and included information on how to support people in a number of areas such as safety, health and wellbeing, mobility, and support needs. Care plans had a 'all about me' section that included people's background, so staff knew about the person they were supporting. A person told us, "I am happy with the support plan. My support has been great."
- Staff told us they found the care plans helpful. One staff told us, "Before we meet new clients [people], the [registered manager] gives us a briefing. Care plans are helpful and the information is accurate."

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.

- People's ability to communicate was not recorded in their communication care plan, to help ensure their communication needs were met. We fed this back to the registered manager who informed this would be added and staff were aware how to communicate with people. This was confirmed by people and relative we spoke to, who told us that staff communicated well with people. A person commented, "They communicate really well with me." A relative told us, "They have a very good relationship with [person] and communicate well."

We recommend the service follows best practice guidance on communication plans.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told by the registered manager that no complaints had been received since the service registered with the CQC.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.
- Records showed a number of compliments had been received about the service. Comments included, "FHL care are amazing. They have been looking after [person] for the past couple of months and I am nothing but impressed. They have been so helpful throughout the whole process and I can't thank them enough."

End of Life care and support

- At the time of inspection the service supported people with end of life care. A care plan was in place, which included the support people required. Staff had been trained on end of life and an end of life policy was in place.

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.

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

- Audits had been carried out on the running of the service to ensure people received personalised high-quality care. Audits had been carried out on medicines, infection control, dignity and daily logbooks. Spot checks had been carried out to ensure staff were competent on their roles and people were receiving safe care.
- Staff had the information they needed to provide safe and effective care. Care plans were being audited and we saw staff had access to person-centred care plans to facilitate them providing care to people the way they preferred.
- Staff were clear about their roles and told us they enjoyed working for the service and it was well-led. One staff member told us, "I love working for them, you get to look after and help people. [Registered manager] is a really good manager."
- Relatives were positive about the service. A relative told us, "[Registered manager] is excellent, very approachable, very adaptable. She cares about her clients." A person told us, "Service has been great so far."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.
- Quality monitoring systems were in place to attain feedback and improve the service. Surveys had been sent to people and their relative and the results were analysed, and action taken to help improve care delivery. The results of the service were positive. Comments included, 'Always on time', 'Very kind & helpful' and 'I am impressed, they never seem rushed.'

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 manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager and staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best possible health.