

Fanco Ltd

Fanco Ltd

Inspection report

218a Upper Brook Street
Manchester
Greater Manchester
M13 9LY

Tel: 01617911542
Website: www.avanthealth.co.uk/manchestersouth

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07 February 2019
08 February 2019
11 February 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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: Fanco Ltd (Avant Healthcare Services – Manchester South) is a domiciliary care agency. At the time of our inspection, the service was providing personal care to four people who were living in their own homes.

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

People's experience of using this service:

- This was a small service that employed two care staff. This meant staff and people using the service got to know one another, and there was good consistency.
- People and relatives told us staff were kind and caring in their approach. People told us staff communicated well with them and acted in an open and transparent way.
- People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences.
- People's calls were usually on time or staff called if they were going to be late. The provider monitored staff attendance at calls using electronic call monitoring.
- The service did not have a registered manager in post at the time of our inspection. The provider showed us evidence that they were in the process of recruiting a new manager.
- The directors of the company were running the service day to day, but we had some concerns in relation to their knowledge and experience to do this safely and effectively in the absence of a registered manager. They did not demonstrate a good understanding of some aspects of managing the service such as safeguarding procedures and medicines management.
- Medicines were not always managed in line with good practice guidance. For example, there were no protocols to tell staff when they should administer 'when required' medicines, and staff did not record what medicines were contained in the blister packs they administered. The provider took steps to improve their processes during the inspection.
- Staff assessed risks to people's health, safety and wellbeing and put plans in place to manage these risks. However, in one case, the provider had not taken reasonable steps to reduce risks. They took action to address this concern when we raised it with them.
- People told us they would feel confident to raise any complaints they might have. We saw complaints were identified, investigated and used to improve the service.
- There were processes in place to monitor the safety and quality of the service. However, these had not prevented, nor identified the shortfalls we found in relation to medicines management and risk assessment for example. We found this to be a breach of regulations.
- The service had moved to a new address and was operating from an office at the address: Unit 5, 1st Floor, 2 Universal Square, Devonshire Street North, Manchester, M12 6JH. The service had moved without the correct forms having been submitted. This meant the service was not meeting the conditions of its' registration. We asked the provider to complete the correct forms and will check that they do this to correctly register the service.

Rating at last inspection: This is the first time we have inspected and rated this service since we registered it

in July 2018.

Enforcement and actions: We identified a breach of one regulation in relation to good governance. Please refer to the end section of the full report to see what action we have told the provider to take.

Follow up:

- We will continue to monitor the service.
- We will check that the service registers a manager as is a condition of their registration. We will consider taking further action if this is not done.
- We will check that the service correctly applies to change the address from which their service is provided. We will consider taking further action if this is not done.
- We will follow-up breaches of the regulations at our next inspection. For services rated requires improvement, this is currently usually within a year of the date this inspection report is published.
- We will ask for an action plan detailing how the provider intends to make improvements to become compliant with the regulations.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 ●

Fanco 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector. An inspection manager accompanied the inspector on the first day of the inspection to undertake an annual observation of the inspector's practice.

Service and service type:

Fanco Ltd. (Avant Healthcare Services – Manchester South) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people with various needs, including older adults and people with a learning disability.

Not everyone using the service receives support with a 'regulated activity'. For this type of service, CQC only inspects the service being received by people provided with 'personal care', which includes with tasks relating to personal hygiene and eating. Where people receive this support, we also take into account any wider social care provided.

At the time of our inspection, the service was supporting four people who were in receipt of a regulated activity.

The service did not have a registered manager in post. A registered manager is legally responsible, along with the provider, for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This was because it is a small service and we needed to check someone would be available at the office to help us carry out the inspection.

Inspection site visit activity started on 07 February 2019 and ended on 11 February 2019. We visited the office location on 07 and 08 February 2019 to meet the provider and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we held about the service. This included:

- The report produced by CQC's registration inspector when we registered the service on 13 July 2018.
- Feedback about the service published on public review websites.
- On this occasion we had not requested a provider information return (PIR) prior to our inspection visit. A PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we:

- Visited and spoke with two people using the service at their home.
- Spoke with two relatives of people using the service.
- Spoke with four members of staff. This included the two company directors and a representative from the franchise this service was part of. We spoke with one member of care staff by phone shortly after the inspection.
- Reviewed records relating to the care people were receiving. This included, one person's medication administration records (MARs), three people's daily records of care, three people's care plans and risk assessments.
- Reviewed other records relating to the running of a domiciliary care agency including; two staff personnel records, records of training and supervision, policies and procedures and audit records.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have robust procedures in place to ensure safeguarding concerns would be escalated appropriately.
- Care staff told us they would report any safeguarding concerns to their line manager. The provider confirmed this was the process. However, when asked, the provider was unaware of the correct process for reporting safeguarding concerns to the local authority.
- The service had a general safeguarding policy that covered key areas such as how to identify abuse or neglect. However, there was documented policy or procedure to inform staff how to raise safeguarding alerts with the relevant local authority.
- The provider checked local safeguarding arrangements and produced a service specific safeguarding procedure during the inspection. The provider's nominated individual told us they would book onto safeguarding training provided by the local authority when next available.

Using medicines safely

- We found shortfalls in systems and processes to help ensure the safe management of medicines.
- The provider did not have a good understanding of potential risks associated with particular medicines. For example, it was important one person received their medicines in a timely way, which the provider was not aware of. However, we saw their risk assessment did reflect the importance of them receiving their medicines on time, and records and comments from their relatives confirmed they were administered in a timely way.
- There were shortfalls in record keeping. Staff recorded that they had administered people's blister packs of medicines. However, there was no record kept that would allow us or other professionals to check what the blister packs had contained. A new procedure was introduced during the inspection to ensure staff were able to maintain accurate records of the medicines they administered.
- Staff administered some people 'when required' (PRN) medicines. We saw staff often recorded the reasons they had administered these medicines in people's notes, which was good practice. However, there were no care plans or 'protocols' in place to inform staff when to administer these medicines, or what their intended effect was. This would increase the risk of people not being administered these medicines correctly, particularly if the size of the staff team increased.

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

- Staff assessed risks to people's health, safety and wellbeing. However, processes to manage risks appropriately were not always robust.
- Staff assessed relevant risks including those relating to medicines management, moving and handling, the

person's home environment and pressure ulcers. Care plans and risk assessments outlined measures to help reduce the likelihood of people being harmed.

- However, in one case we found the provider had not given adequate consideration to the recommendations of a professional carrying out an assessment of a person's needs. This meant staff were directed to carry out potentially unsafe practices in relation to moving and handling that could put both them and the person using the service at risk of harm. The provider instructed staff to stop this practice until further guidance was obtained from a relevant professional when we raised this concern with them.
- The provider had not notified the CQC of any serious injuries in the year they had been operating. They confirmed this was correct during the inspection, and we found no evidence of any serious injuries having occurred.
- Staff provided support to people whose behaviour could challenge the service. Staff had not received specific training in providing effective support to people whose behaviours could challenge, although they told us they felt confident and competent to provide such support. We received feedback from a social worker who told us staff provided effective and 'professional' support to a person with behaviours that challenged.
- The service had a system for recording and monitoring accidents and incidents. We saw staff had recorded the actions they had taken in response to any incidents, and to prevent the incident recurring.
- The provider showed us a copy of the accident form that staff would complete in the event of any injury, significant incidents or near misses. We saw this prompted staff to consider any 'lessons learned'.

Staffing and recruitment

- People and their families told us staff usually turned up for their calls on time, and completed all required tasks.
- The provider used electronic call monitoring software. This alerted them if staff had not attended a call within 30 minutes, and allowed them to monitor the timeliness of calls. The data we viewed showed that 3.4% of calls had been over 30 minutes late in the past 30 days.
- People told us staff let them know if they were running late. One person told us, "Last week they [care staff] were running late with the snow. I got a text and they apologise if they're going to be late."
- The provider told us there had been no missed calls since the service had started, and no-one we spoke with reported any missed calls.
- The service employed two care staff at the time of our visit. The provider's nominated individual provided some care calls in addition to managing the service day to day. The service was in the process of recruiting an additional member of care staff.
- There were procedures in place to help assure the provider that staff employed were of suitable character and had the required skills to undertake the role of a care worker.
- The provider obtained required information such as proof of identity, a full employment history and a disclosure and barring service (DBS) check prior to employing staff. The provider interviewed staff and asked for references from previous employers.
- In one case we saw the staff member had been employed before the provider had received written references. The nominated individual told us they had obtained verbal references, but there was no record of this. They told us they would ensure such records were kept in the future.

Preventing and controlling infection

- People we spoke with told us care staff had supplies of gloves and aprons that they used as required.
- We saw the provider considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
- The provider asked people using the service for their feedback in relation to staff practice relating to infection prevention and control.

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

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

- Staff had assessed people's holistic care needs. Care plans were produced that would provide staff with the information to meet these assessed needs.
- Care plans identified the expected outcomes and purpose of the planned care and support.
- Care plans recorded people's choices and preferences in relation to how they received their care. These were recorded in detailed routines for each call.
- The provider carried out regular reviews of people's service. They asked people or their representatives if they were happy with their service and whether any changes needed to be made to meet their needs and preferences.

Staff support: induction, training, skills and experience

- Staff received adequate training, support and induction to enable them to meet people's needs.
- The staff member we spoke with told us they felt they had received adequate training to meet the needs of the people they were supporting, and they told us, "Induction was very well informed. They gave us a lot of information, and I was introduced to everything. They said if I was not comfortable with anything, to let them know, which was really good."
- Representatives of people using the service felt staff were competent. One person we spoke with told us they had confidence in the former registered manager whom had trained the initial staff team. They told us they were concerned that standards may have dropped following their departure, but that this had not been their experience so far.
- Staff were supported to complete the care certificate as part of their induction. This included staff with previous experience in social care.
- The care certificate is a set of standards that all staff new to health and social care are expected to meet as part of their induction. It helps ensure they have the required skills, knowledge and behaviours to provide safe and effective care. It covers 15 standards, which includes duty of care, privacy and dignity, safeguarding and infection control.
- In addition, all staff completed a one day 'Avant Day' training course that covered various topics including specific health conditions, continence management and medicines. The provider assessed staff competence following the training courses, and as part of routine spot-checks and observations.
- As the service and staff team were relatively new, staff had not yet completed training in addition to their induction training/the care certificate. We saw staff had development plans in place that outlined learning needs and goals.
- The provider aimed to provide staff with four 'support sessions' per year. This included an appraisal, supervision, welfare check and spot-check. The staff member we spoke with told us they felt they received

sufficient support. Records of supervisions and spot-checks demonstrated the provider had considered staff competence, learning and support needs.

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 with appropriate legal authority.
- Staff had assessed people's mental capacity to consent to the care they were receiving. However, in some cases, it was not clear what decisions mental capacity assessments related to. It is important that capacity assessments are decision specific as some people may have the capacity to make some, but not all decisions.
- The provider told us one person lacked mental capacity, which was reflected in their capacity assessment. However, this contradicted a capacity assessment recently completed by another professional. The provider told us they would review people's capacity assessment and add additional detail.
- The provider frequently referred to taking instruction from people's families about the care they received. Whilst it was good practice to include and consult families on decisions about people's care, this was in some cases done without apparent consideration of the individual's ability to take decisions themselves, or who the decision maker would be in accordance with the MCA where that person lacked mental capacity.
- We recommend the provider reviews guidance and training in relation to the implementation of the MCA.

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

- People's care plans recorded their support requirements in relation to eating and drinking.
- Staff recorded people's preferences and dietary requirements in relation to food and drink.
- People's risk assessments considered whether there were any risks in relation to eating and drinking.

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

- People's healthcare needs were recorded in their care plans. Where staff had a role in meeting people's healthcare needs, we saw there were appropriate care plans in place.
- We saw evidence that staff communicated pro-actively with other professionals involved in people's care, such as social workers.
- We received feedback from one social care professional who told us the service had been 'very good' and 'professional' working with one person's the service supported.

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

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

- This was a small service with a small staff team. This meant people got to know the staff that provided their care and support well, and helped ensure consistency.
- We received positive feedback from people and their families about the kind and caring approach of staff. Comments included, "They're doing great... I'm very comfortable with the carers" and "The care staff are brilliant."
- One person showed us a card they had been given when a former member of care staff left. It was apparent from the card and our conversation with them that they had developed a positive and caring relationship.
- One relative talked about positive interactions they had observed between staff and their family member. They talked about the staff member demonstrating a respectful and considerate approach and giving their relative the time they needed.
- This family member also talked about the value of staff spending time to have a five to 10-minute conversation with their family member. Whilst not having concerns about the care provided by other staff, they told us not all staff were as positive in their approach.
- The provider told us they would ask people about any support needs relating to protected characteristics such as age, sex, disability or sexual orientation as part of their assessment process.
- The provider asked about, recorded and respected people's preferences in relation to the gender of the care staff that provided their support. At the time of our inspection the provider was not employing any male care staff. They told us no-one using the service had stated a preference for care from a male member of staff.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One person spoke about staff encouraging their family member to do things for themselves. Another person told us, "Carers help when I don't get things right."
- People's care plans outlined their abilities and aspects of their care they could undertake independently or with some help from staff. This would help encourage staff to support people in a way that enabled them.
- Paper based care records were kept securely in locked filing cabinets at the provider's office.

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

- There were regular reviews of people's service. The provider asked for the views of people using the service and those involved in their care.
- When possible, people were asked about who they wanted to be involved in supporting them to make decisions about their care.
- Relatives told us there was good communication with staff at the service.
- When asked if they were involved in decisions about their care, one person told us, "The carers help if I

don't get things right."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person-centred and in most cases written from the perspective of the person receiving the support.
- Care plans provided staff with information about how to provide people's care in a way that met their needs and preferences.
- Staff had asked people about their aims, and desired outcomes from the support they received, which were recorded in their care plans.
- Staff kept a record of people's social history, interests, likes and dislikes. These were considered when planning people's care.
- Staff we spoke with knew the people using the service well. The provider had considered staff understanding of people's care plans and support needs as part of their end of induction competency check.
- Staff supported one person to take part in activities. We saw they had identified what this person wanted to do with this time in a way that met their interests, preferences and needs.
- Staff had identified any communication support needs that people had. These were recorded in people's care plans, along with details about how staff should communicate effectively with them.

Improving care quality in response to complaints or concerns

- There were systems in place to identify, respond to and learn from complaints.
- Everyone we spoke with told us they would feel comfortable raising a complaint if they were unhappy with any aspect of their service.
- One person told us, "I'm very comfortable with the carers, I'd tell them if something was wrong." A relative we spoke with told us the provider had taken on board feedback they had provided in relation to their family member's care.
- Records showed the provider had identified and recorded complaints about the service. We looked at one complaint that had been concluded and saw it had been responded to promptly, and actions taken to address the concerns raised.
- The provider had a complaints policy. This set out how people could expect their complaint to be handled, and how to escalate their concerns if they were not satisfied with the outcome from the provider.

End of life care and support

- The service was not providing end of life care at the time of the inspection. The provider told us they would only provide end of life care if they had care staff with the appropriate training and experience to provide effective care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There had been no registered manager in post for approximately three months. The registered manager had left the service at the beginning of November 2018.
- The provider showed us evidence that they were in the process of recruiting a new manager, who they expected to be in post by April 2019. It is a condition of the service's registration with CQC that they have a registered manager.
- The service was wholly owned by Fanco Ltd, but operated as part of a franchise (Avant Healthcare Services) The directors of Fanco Ltd, one of whom was the provider's nominated individual, had been running the service day to day with support from the franchisor since the registered manager had left.
- The franchisor was present during our inspection and offered the provider significant support and coaching throughout our inspection. However, they told us this was the first time they had visited the service, and previous monitoring and support had been carried out remotely.
- There were instances during the inspection when the provider did not demonstrate the experience and knowledge required to run the service safely and effectively in the absence of a registered manager.
- For example, they did not demonstrate and understanding certain medicines were time critical and they were not aware of local authority safeguarding procedures. At one point in the inspection the provider talked about the support they provided to a person living with dementia that did not demonstrate good knowledge or insight into their condition. The provider had not always followed recommendations made by other professionals to keep people safe.
- Staff and the provider knew people using the service and their relatives well. Staff were motivated to provide good quality care to people.
- The provider acted in an open and honest way. One relative told us, "We do get honesty from [nominated individual] and care staff if there are any issues."
- The staff member we spoke with told us they thought the service was well-led. They told us the provider was approachable, and that they felt well supported. They told us, "I think they care about you as well as the people. They say to let you know if any issues, which I think shows you they really care."
- The provider had recently moved office locations and was operating from their new address. The provider believed they had changed the address for the service with CQC. However, the correct forms had not been sent to us. This meant the provider was not meeting the requirements of their conditions of registration. We will check that the correct applications are submitted and may take further action if required.

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

- The provider had some systems in place to help them monitor the quality and safety of the service. However, these systems were not always effective.
- People told us the provider communicated well with them and kept them informed about developments within the service.
- The provider used electronic call monitoring. We saw the manager could access a 'dashboard' that provided them with an overview in relation to the timeliness of calls and any issues in relation to staff logging into or out of calls. The system alerted the provider if any calls were over 30 minutes late to help reduce the likelihood of a missed call occurring.
- The provider held regular reviews of people's care where they sought their feedback about the quality of the service.
- As the service was small at the time of our visit, some of the audit systems were not fully operational. The provider's quality assurance policy outlined a range of potential audits that would be relevant if the service grew.
- The franchisor told us they carried out six monthly audits. There had been one audit by the franchisor since the service started operating. This was carried out remotely, and had not considered some of the aspects of service delivery where we identified issues, such as the safe management of medicines and risk assessments.

Effective systems were not operated to monitor, assess and improve the quality and safety of the service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was responsive to our feedback during the inspection and took actions to make improvements to the service. This included amending and updating their medicines policies and procedures, and producing a new local safeguarding procedure.

Working in partnership with others

- The provider worked in partnership with people's families and other people involved in their care such as social workers.
- Information was shared with other people involved in their care when appropriate.
- During the inspection we heard the nominated individual discussing people's care and enquiring about a person's planned appointment with a healthcare professional. This would help ensure the service had relevant information about that person's needs and would help them provide co-ordinated care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not operating effective systems to monitor and improve the safety and quality of the service.</p> <p>Regulation 17(1).</p>