

Friendly Homecare Limited

Friendly Homecare

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Friendly Homecare is a domiciliary care agency providing personal care and support to people living in their own homes. The service is registered to offer support to children, older and younger adults, adults with learning disabilities, and people with mental health needs.

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 the inspection, 12 people that included younger and older adults were receiving support with personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. However, in terms of consent to care, we have recommended the provider is consistent in following the principles of the Mental Capacity Act (2005). We also recommended the provider consider current guidance around recording end of life wishes.

Right Support: 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. Staff focused on people's strengths and promoted what they could do. People were supported by staff to pursue their interests as part of their care plan. Staff communicated well with people. Staff supported people with their medicines in a safe way.

Right Care: Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff protected and respected people's privacy and dignity. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture: The values of the organisation, management and staff helped people to feel included and empowered. People and those who were important to them were involved in planning their care. The managers evaluated and monitored the care and support people received to make sure improvements were made when needed. They involved people and other relevant people such as relatives, in care planning.

For more information, please read the detailed findings section of this report. If you are reading this as a

separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was good (published 7 December 2017).

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?

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 well-led.

Details are in our well-led findings below.

Good ●

Friendly Homecare

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

The inspection was conducted by 1 inspector. After the inspection, an Expert by Experience supported the inspection by making phone calls to people who used the service and their relatives to ask for their feedback. 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 houses and flats.

Registered Manager

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

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

Notice of inspection

We gave the service 48 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 reviewed information we had received about the service since the last inspection, including notifications

of significant events. We contacted the local authority to ask for feedback. 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 the registered manager. We reviewed a range of records. This included 4 people's care records and 2 staff records. A variety of records relating to the management of the service, including audits were also reviewed. As part of the inspection, we spoke with 4 people who used the service and 4 relatives. 6 care workers emailed us feedback of their experience 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.

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from abuse. This included safeguarding adult and whistleblowing procedures.
- People and their relatives said they felt the service was safe. One person told us, "The agency was recommended by a neighbour. I do feel safe and confident, and they are 100 percent honest."
- Staff completed training around safeguarding adults and were able to explain how they would respond to safeguarding concerns to help ensure people remained safe.
- The provider had systems in place for responding and reporting safeguarding concerns and the registered manager understood their responsibilities in relation to safeguarding. However, they had not had any safeguarding concerns since the last inspection.

Assessing risk, safety monitoring and management

- The provider had appropriately identified and assessed risks to people's health and safety.
- Risk assessments and risk mitigation plans covered a range of different risks including those associated with people's health conditions, moving, eating and drinking. They also included information for staff about the actions to be taken to minimise the chance of risks occurring.
- Risk assessments were regularly reviewed and updated whenever people's needs changed.
- Staff received relevant training and guidance about how to help prevent identified risks. All staff consistently said they would report concerns to the registered manager immediately.
- People's home environment was assessed to help make sure it was safe.

Staffing and recruitment

- The provider deployed enough staff to meet the needs of the people who used the service. This included the registered manager and operations manager were also available to cover shifts as required.
- There was a full staff team and a low staff turnover. This meant people received support from the same staff which provided consistency of care.
- People and relatives told us staff arrived on time and completed tasks as required. They were satisfied with the care and told us, "[Person] has the same 2 [staff]. [Person] does change [times], and that works very well. [The agency] are very flexible" and "[Named staff] is my regular carer and when [they] are away [another named staff member] takes over and she is fantastic also. I can't praise them enough. They have made a huge difference to my life."
- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of the inspection, no one using the service required staff to administer medicines.
- There were policies and procedures in place for the safe administration of medicines and staff were aware of these.
- Care plans recorded information about people's medicines needs, including listing the medicines with the dosage, frequency to be administered and any side effects for staff to be aware of.
- Training records confirmed that staff had received training on the management and administration of medicines to help ensure they had the necessary skills to safely administer medicines if people were assessed to require support in this area.

Preventing and controlling infection

- The provider had suitable systems to help prevent and control infection. These included policies and procedures for staff guidance.
- Staff completed infection prevention and control training. The registered manager monitored this through supervision and spot checks where they observed staff to make sure they followed procedures for use of personal protective equipment (PPE), hand washing and good infection prevention and control procedures.
- People and their relatives confirmed staff wore personal protective equipment (PPE) when providing them with personal care.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong, but there had not been any safeguarding alerts or complaints since the last inspection.
- There had been one incident that staff were not in attendance for. The provider recorded the information, the action taken and reviewed the care plan to help ensure that type of incident did not happen again.
- The registered manager told us they were moving from a paper to a digital system which meant they could better monitor the care provided and respond to any concerns raised.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 and found overall they were.

- Only people with the legal authority to do so, can consent to the care provided to people other than themselves. We found where people did not have the capacity to consent to their care, relatives without the legal authority to do so, had signed to give their consent to the care provided. Records indicated relevant people had been involved in the decision making process, but this had not been formally recorded as a best interest decision.
- The provider took action to address this. Immediately after the inspection, they again consulted with people's families and representatives to help make decisions in their best interests, formally record them and provided us with evidence of this.

We recommend the provider consistently apply the principles of the Mental Capacity Act 2005.

- People's capacity to make decisions had been appropriately assessed and recorded in their care records.
- People who had the capacity to consent to their care, did so appropriately.
- Staff received training about the principles of the MCA.

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

- People's care needs and choices were assessed before they started using the service to help ensure these could be met. People and relatives were involved in the assessments to help people make informed choices about their care. One relative confirmed, "I think [the provider] did [ask about preferences] at the first meeting we had. They took a lot of notes and we have had a review. I went and we talked about ongoing

needs. The review was probably 2-3 months ago, but I feel I can approach them at any time" and a person using the service told us, "They did send [the care plan] to me when it first started. The care plan was sent, and I did look at it. It was a relief to see how professional they were."

- Assessments formed the basis of people's care plans. People's assessed needs included medical information, dietary requirements, personal care requirements and interests.
- Care plans were reviewed and updated when there was a change in need.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and appraised. People and relatives thought staff had the necessary skills to meet their needs. One relative for a person who received support on an as needed basis told us, "[The registered manager] always orientates with the [care worker] and makes sure [the care worker's] information is up to date. He's exceptional at doing that." A person using the service said, "They are very competent indeed."
- Staff were supported to provide effective care through an induction, training and supervision. Records indicated staff had supervision every 3 months and spot checks while they were supporting people in their homes, to help ensure they followed best practice.
- Staff received training and support relevant to people's needs. Staff new to care, completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to have enough to eat and drink. People who used the service told us, "Sometimes they will do some cooking, and I tell them what I want", "[Staff] asks me what I would like and I have a pick of things in the freezer for the evening meal" and "Yes, they give me whatever I ask for."
- Records indicated the provider completed a needs assessment and a care plan in relation to people's dietary needs. Where required, the provider kept records of people's weight.

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

- People received support to maintain good health. People supported by the provider were mostly able to independently access health and social care services or their families did this.
- The provider worked in partnership with people, family members and other health care professionals as required. For example, supporting people to attend appointments. One person said, "If I have to go to a medical appointment, they come with me. No problems. They are extremely flexible." A relative told us, "The hospital arranged for medication visits. [The registered manager] works with what needs to be done outside those visits and we are reliant on him to keep tabs on the medication."
- People's healthcare needs were recorded and met. Where staff noticed concerns, this was raised appropriately with families. Staff were vigilant during visits and reported any concerns they had about people's health conditions.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People and their relatives told us the provider ensured people were well treated and supported. They told us staff were respectful and kind. Comments included, "I have [a care worker] and she is kindness itself", "They are absolutely fantastic. I really couldn't ask for anything better. Kindness, understanding, very, very respectful. They do everything to the best of their ability and my requirements. Nothing is too much to them. Very nice people. I have a good repartee with them" and "They are very respectful and talk to [person] as a normal person with a competent mind, and sometimes [person] can respond."
- People's religious and cultural needs were recorded and respected by visiting staff. Comments from relatives included, "Obviously [staff] has got to know us over the years. They are aware of [religious celebrations] and fasting. And occasionally [staff] have brought [person] a [religious celebration] card, stuff like that" and "There's a bible and a hymn book next to [person] all the time, and some of the staff have actually read the bible with [person]. They are a very nice group of people."
- Staff said they enjoyed caring for people and told us, "We have to be kind and caring and help however we can. We will help them [to] feel good and make some jokes so they are happy."
- The provider had policies and procedures around equality and diversity and staff completed training in this area to help ensure people were treated respectfully and without discrimination.

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

- People confirmed they were consulted and involved in decisions about their care. Where appropriate, relatives confirmed they were also involved. Comments included, "I have a copy [of the care plan]. They keep me informed on every aspect of what's happening. They review it regularly, actually" and "[The registered manager] has come around and updated [the care plan]. I have been very involved in making sure they understand everything. There was a review a few months ago."
- People's preferences and wishes were recorded and staff offered choices during each visit. For example, one relative said, "I think they do a lot of 'would you like me to?'" A staff member told us, "You have to treat the person as an individual. Learn about them and treat them in a way that you would like to be treated yourself. Show kindness and understanding."
- People and their relatives had regular contact with the registered manager to help ensure they were receiving the care they needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. One person told us, "Yes, [staff] are always very respectful, always very good when they wash me."

- Care plans recorded guidance for staff about how people wanted to receive their care and support. For example, they were given the choice of a male or female staff member.
- Care plans encouraged support to be delivered in a way that promoted independence. They included details of how much support people needed and how independent people were. One staff member said, "I always talk to them and let them do what they can do for themselves. Also, I show them that we care and respect them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Care plans did not include people's end of life wishes.

We recommend the provider consider current guidance around recording end of life wishes and take action to update their practice accordingly.

- The registered manager told us no one using the service was receiving end of life care and support at the time of our inspection. However, they said they would take action to record end of life wishes and if someone was receiving end of life care, they would liaise with health care professionals and family members to provide people with appropriate care and support as required.

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

- People received personalised care which met their needs and reflected their preferences. People using the service and their relatives confirmed this. A staff member told us, "I know all the people I support very well because I am regular with them. I get to know them very well and what they like."
- Care plans were developed from the pre-admission assessment in a person centred manner and provided a good level of detail about people's daily support needs.
- Records included a 'This is me' document, which provided detailed social, family and background history and provided context for the person's day to day life.
- Care plans were regularly reviewed and updated.

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.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid. The registered manager confirmed they also supported people to attend appointments for the use of hearing aids.
- At the time of the inspection, all people using the service communicated in English. However, where possible people were matched with staff who spoke their first language.
- The registered manager told us that should different written languages or formats be required they could

accommodate this.

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

- Most people using the service could go out independently or lived with their families which helped to reduce social isolation. They also had consistent staff which helped the staff to understand about the people they were caring for and helped them to build relationships.
- The provider supported people to access the community when this was part of their planned care. One relative confirmed staff supported a person to access social activities such as swimming, going to the high street shopping, the coffee bar or for a walk around the park.
- Care plans included information about people's social history, culture, religion and interests which helped the staff to understand about the people they were caring for.

Improving care quality in response to complaints or concerns

- There were systems for investigating and responding to complaints and concerns. People using the service, their relatives and staff knew about these. Comments included, "I would get in touch with the people who run it. Not yet [complained]", "I have absolutely not [made a complaint] but [my relative] knows how to [make a complaint]" and "No, [I have not made a complaint] but if it got to that stage, I would look into how to do that and go back to the paperwork that's been sent to me. I haven't had any reason to go back to the paperwork."
- The provider had not had any complaints since the last inspection.
- The registered manager told us in line with their complaints policy, they would investigate any complaint as soon as they received it and respond within 28 days.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- There was an open culture within the service, where people, their relatives and staff felt comfortable approaching the registered manager. A relative said, "I have [the registered manager's] contact number and he will get back to me straightaway and if he can't [the operations manager] will. [The registered manager] and [the operations manager] are happy for me to contact them directly."
- The registered manager told us they maintained an open culture and often met with people and their relatives. One person confirmed, "[The registered manager] came to see me this morning. He often pops in to see me, and see how I am."
- People using the service and their relatives told us they were happy with the agency and with the support they received. Comments included, "I am quite happy with the service [person] receives. I can't think of any [improvements], nothing comes to mind" and "There's not many businesses out there that are as well run."
- Staff told us they felt supported by the registered manager. They said, "Yes, the manager is supportive. I work with him closely at a service user's home twice a week, and we always talk about service user's welfare. If there is any issue we try and solve it together" and "I can see that the managers and staff are very caring with the clients. I can trust them with my friends and family."
- The registered manager and operations manager maintained a good level of communication with people, their relatives and staff which benefited people who used the service.

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 understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. They told us it was important to be truthful when things went wrong, not be afraid to apologise and try to amend what has gone wrong.

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

- The registered manager and staff understood their roles and responsibilities. The provider had policies and training to support staff in understanding their roles.
- The registered manager worked closely with staff in the day to day running of the service. This included providing direct care, which helped to ensure staff had the required support to deliver a good quality of care and that there was ongoing monitoring to inform future practice.
- The provider had appropriate auditing systems in place and regular spot checks of the care workers were

undertaken to help ensure people received the support they needed.

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

- The provider promoted an open and inclusive culture which sought the views of people, their relatives and staff. People and relatives confirmed the registered manager was engaged with them. Comments included, "They are very good at communication. [The registered manager] sends me emails a lot and updates me of things at the house. Any concerns he emails me. I can email back and decide what to do. No issues at all with the agency" and "I talk to [person] at one o'clock and then I go [to work]. To be able to talk to [the registered manager] at 8pm is just so valuable. They will do whatever it takes to keep in touch."
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.
- Regular staff meetings discussed a range of areas and provided staff with opportunity to discuss any concerns and share good practice. Staff told us, "Team meetings are helpful because you can share ideas" and "The meetings are every few months, but all the time we are talking with the manager. It's good to meet other staff [at the meetings]."

Continuous learning and improving care

- The provider had effective systems for monitoring and improving the quality of the service.
- Checks and audits included feedback from people and checks on staff performance through supervision and spot checks. They also had systems for logging and learning from incidents and accidents and complaints.
- The provider had a business continuity plan that provided guidance for a number of events that could impact on the continuity of care.

Working in partnership with others

- The registered manager told us that most people using their service lived with relatives, and it was mainly them who provided support with other professionals.
- We found where required the provider liaised with other relevant agencies to help ensure people's needs were met. For example, supporting people to attend health and social care appointments.