

Fame 24hour care Limited

Fame 24hour Care Limited

Inspection report

160 Hadleigh Road
Ipswich
Suffolk
IP2 0HH

Date of inspection visit:
08 July 2022
05 August 2022
19 August 2022

Date of publication:
15 September 2022

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Fame 24 Hour Care Limited is a domiciliary care service providing care and support to people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection there were 19 people who used the service of which 14 people received personal care.

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 provides must have regard to it.

At the time of the inspection, Fame 24 Hour Care Limited provided support with social inclusion for some people with a learning disability and /or autistic people, but did not provide them with personal care. However, we assessed the care provision under right support, right care, right culture, as it registered as a specialist service for this population group.

The provider was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. We signposted the provider to relevant information.

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

We have made a recommendation the provider fully assesses the care and support provision at Fame 24 Hour Care Limited to embed the principles of right support, right care, right culture.

Right Support: : Model of Care and setting that maximises people's choice, control and independence did not always support people to have maximum choice and control of their lives. There was mixed feedback when it came to social inclusion arrangements. Staff turnover affected consistency and changes to agreed support arrangements were not always communicated in a timely manner which impacted on people's daily routines.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: : Care was person-centred and promoted people's dignity, privacy and human rights.

Right Culture: Improvements were needed to ensure the ethos, values, attitudes and behaviours of management and staff ensured people using services lead confident, inclusive and empowered lives.

Systems to monitor the quality and safety of the service were not wholly effective. The provider had not identified the inconsistencies we found during the inspection. Improvements were needed to the overall governance and oversight arrangements of Fame 24 Hour Care Limited. We have made a recommendation in this area.

Systems and processes to safeguard people from the risk of abuse were not robust. Not all safeguarding concerns had been escalated properly to CQC. Whilst action to protect people had been taken and risk mitigated the provider was not fully aware of their regulatory responsibilities regarding notifications.

There was mixed feedback regarding communication from the service and with raising a concern.

A high turnover of staff had impacted at times on the continuity of care. People shared that they did not always receive their care and support visits at the times they expected and from staff they knew. Where changes occurred, these were not always communicated in a timely manner.

The majority of feedback from people and their relatives about their experience with Fame 24 Hour Care Limited was positive and they were satisfied with their care arrangements and would recommend the service. Where personal care was provided people said this met their needs, they were treated with respect, consent was sought and they were complimentary about the approach of staff.

Risks to people had been assessed and were managed safely. People's care records were re-assessed regularly and guided staff on how to assist people safely and encourage their independence. Staff confirmed the care records they had access to were accurate. However, some people and relatives said the versions they could access were out of date.

People were supported by a staff team who were safely recruited. Staff received an induction and ongoing training, felt supported and valued in their role by the management team.

People received their medication as prescribed and staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

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

Rating at last inspection

The service was registered with us on 8 January 2021 and this is the first inspection.

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 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fame 24hour Care Limited

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 carried out by an inspector.

Service and service type

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

This service is required to have a registered manager. The service had a manager registered with the Care Quality Commission. They were also the provider. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or management would be in the office to support the inspection.

Inspection activity started on 8 July 2022 when we visited the office. Telephone calls were made offsite to people who used the service, relatives and staff. We had a face to face meeting via Teams with management on 5 August 2022 and ended on 8 August 2022 when we gave inspection feedback.

What we did before the inspection

We reviewed our systems and information we held about 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 took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with three people who used the service and two relatives about their experience of Fame 24 Hour Care Limited. We spoke with the provider, a care coordinator and four staff. We received electronic feedback from seven members of staff, four relatives, one person who used the service and three professionals involved with the service.

We reviewed a range of records which included care plans, risk assessments, medication records for four people and three staff records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

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 Requires Improvement. This meant 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 was not fully aware of their regulatory responsibilities regarding notifications to CQC. Although action to protect people, mitigate the risk had been taken and the local authority made aware, we found two safeguarding concerns had not been escalated properly to CQC. The provider submitted the relevant notifications to CQC during this inspection.
- Staff had received safeguarding training and understood their responsibilities to report any concerns internally to the management, but not all were confident in the processes for escalating concerns to relevant stakeholders externally.
- People told us they felt safe and at ease when they received their care. One person said about the staff, "I am in safe hands with my carers."

Staffing and recruitment

- People who received help with personal care tasks had continuity of care. One person said, "Usually on time, same carers, never missed a visit." Another person shared, "The carers come on time; rarely late, do everything they should and are reliable." A relative shared "[Family member] has to have two carers that come to help with [moving and handling]. They wait for each other to arrive before they start."
- However, there was mixed feedback from people and relatives where support with accessing the community and social inclusion was provided. Improvements were needed to manage people's expectations in this area and also with communication from the service. One person told us, "I had been informed staff could drive me but have now learnt they can't. There does not seem to be consistent information on this."
- Relatives described instances where changes made by the service had caused disruption to their family member's routines. A relative said, "Management stated that a shortage of staff was the cause of a time change but at the same time they are apparently taking on new clients which makes little sense. It is important to understand that issues such as routine changes and loss of social support cause [family member] significant distress and anxiety which Fame 24 Hour Care is supposed to alleviate." Another relative told us, "[Family member] needs stability and routine. We told Fame 24 Hour this at the start. The times and carers were agreed in advance. When changes especially last minute happen, it has a negative impact. It completely unsettles [Family member] and they get anxious."
- Despite an ongoing recruitment drive, retention of staff was challenging for the provider. Staff turnover was high and this impacted on people's experience of continuity of care and with building trust and rapport with staff. One person commented, "You get used to carers and they learn how you like things done then they disappear and you have to start all over again."
- Staff confirmed they had breaks and sufficient travel time to get to people. One member of staff said,

"There have been some issues with the coordination of some calls and of last minute changes not being communicated well. People understandably get cross and frustrated; it is not the carers fault."

- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

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

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- There was not a robust system in place for the provider to evidence how they learned lessons when things go wrong and to reduce the risk of reoccurrence. Although a system was in place for accidents and incidents to be recorded, the follow up analysis needed further development to support effective oversight and governance.

Using medicines safely

- Where people were supported with their medicines this was done safely. One person told us, "I have my medication with a glass of water that they [staff] get me."
- Appropriate policies, procedures, and training was in place to support the safe administration of people's prescribed medicine; where that support was required.
- Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE). One person said the staff, "Always wear their masks, gloves and aprons."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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

- People and relatives told us staff were competent, knowledgeable and familiar with using specialist moving and handling equipment which gave them reassurance. One relative said, "I feel they [staff] know what they are doing and are well trained." Another relative commented, "Carers have no problems with using the hoist. I hear them explaining to [family member] what they are doing before they do it. I think they are skilled and capable."
- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member shared, "The training and induction cover what you need to know to safely care and support people."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care made available. A member of staff commented, "I feel supported in my role. I have had supervisions, spot checks, team meetings training including refresher and updates. It works well."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs.
- People were supported to access health care appointments and timely referrals for advice were made when needed.

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

- The majority of people's care and support needs were assessed, planned and completed in line with recognised best practice and current legislation. However, we have signposted the provider to information regarding right support, right care, right culture.

We recommend the provider fully assesses the care and support provision at Fame 24 Hour Care Limited to embed the principles of right support, right care, right culture.

- Care records seen were regularly reviewed and updated as people's needs changed and reflected that people were involved in their ongoing planning and development.

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 on 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 management team understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person shared, "The carers know my routine. They always ask my permission and don't take anything for granted."
- People's care records documented to confirm staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

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

- People we spoke with told us their needs were met and they were treated well by the care staff. One person said, "My carers are polite and helpful." Another person shared, "The carers are kind to me, do everything I ask of them; all-round nice people." A third person commented, "I love my carers, they are all really good. Very kind, caring and respectful."
- People's relatives and their representatives were complimentary about the care provided. One relative said, "The carers are attentive and diligent. They check [family member] is happy with what they are doing. They make sure [family member] is comfortable and communicate well with them." One person's representative commented, "They listen to what we tell them in regard to feedback and try to remedy any problems as soon as possible."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person told us, "The carers are very nice, they take their time with me, very patient. They all know to speak slowly and clearly so I can understand. It is hard with the [PPE] masks they have to wear but we get there." A relative said, "We are happy with the staff, they do as [family member] asks and that's all you can ask for."
- Staff had received training in equality and diversity and were aware of treating people fairly and with respect.

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

- People shared examples of where they were able to make their own decisions and their views were acted on by staff and recorded in their care records. One person said, "The carers are very good and do everything I ask." Another person shared, "My care plan has just been reviewed. Sometimes [the office] phone up and ask how I am if everything is still going ok?"
- Relatives and representatives acting on behalf of people where appropriate to do so confirmed they had been involved in care arrangements. A relative told us, "The carers are meeting [family member's] needs; doing all what was agreed at the start and at a recent review." One person's representative commented, "In the past we have had problems with care agencies but I would say that Fame 24 are probably, in my experience, one of the better care companies. They do involve me in any major decisions made for [name of person's] care package and we have quite a bit of contact with them."

Respecting and promoting people's privacy, dignity and independence

- People told us the care staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said during personal care the staff, "Are discreet. They shut the curtains and doors so no one can see me." A relative shared, "The carers are mindful

of going at [family member's] pace and not rushing them. They are respectful and encourage them to try and do things, be independent."

- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support and how staff could best encourage this.
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence, dignity and privacy was promoted and respected.

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 requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Feedback from people and relatives regarding the complaints process and voicing concerns was mixed. Everyone knew who to speak with if they had any issues. One person said, "Never had a need to make a complaint, if something isn't right then I ring the office and it gets sorted." However, this was not everyone's experience and not everyone felt comfortable to speak up. One person said, "Management can be defensive if you try to raise things. I felt like I was in the wrong, it put me off so I don't bother anymore. It is very hard to get a response they [office staff] don't respond. Communication is not good." A relative shared, "There is a lack of communication. You can wait ages for a reply. It is so frustrating and causes such distress."
- A complaints policy and procedure were in place. One was in progress at the time of the inspection. Records showed where formal complaints had been received, they had been responded to in a timely manner. The provider was developing their systems to evidence how concerns and formal complaints were used to improve the service, ensure lessons learnt and prevent reoccurrence. At the time of the inspection this was a work in progress and we were unable to fully assess its effectiveness.

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

- People and their relatives told us the care provided met their assessed needs. However, call times were not always consistent or as preferred, with some people not aware who would be visiting them due to last minute changes and this not being communicated.
- Most people said that staff carried out the tasks required of them before leaving but one person told us they were not confident that call times took place at suitable times. For example, too late in the evening or after a relative had already supported them.
- Although the provider had an explanation about the time discrepancies and where changes had been made their systems were not robust to fully evidence this and they had not initially identified the two missed visits we had found.
- Improvements were needed to ensure people's care records were consistently person-centred and used language that valued and enabled people. Daily records seen were task led focused and did not always reflect people's mood, wellbeing and their individual preferences and wishes.
- We discussed with the provider areas where the care records could be further developed to be more person centred and to show how people and their representatives, where appropriate were equal partners in the planning and delivery of their care arrangements.
- Care records seen were regularly reviewed and amended as people's needs changed. Staff told us they were accurate and up to date. However, we were advised by some people and their relatives that not all versions kept in people's homes or that they could access electronically were accurate, despite them advising the office staff of this.

- One person said, "There seem to have been multiple copies of my care plan around which contain wrong information which I requested be changed many months ago. I thought this had been resolved until I had a review recently."

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.

- The provider was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods. For example, one person's care plan reflected staff needed to speak slowly and clearly when communicating due to the person's impairment and to allow time for the person to respond.
- The provider told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- Governance systems did not provide effective oversight of the service and its performance. Whilst audits and checks were carried out, accidents and incidents and complaints were recorded, there were inconsistencies in the analysis and follow up to identify lessons learnt, duty of candour and prevent reoccurrence.
- There was a reliance on templates that reiterated generic processes which caused confusion on their function and purpose. Whilst actions were taken to mitigate risk this was a missed opportunity for the provider to develop the service and consistently ensure a safe quality service.

We recommend the provider review their governance and quality assurance processes to ensure they are robust.

- We identified two incidents that should have been reported to the Care Quality Commission (CQC) as statutory notifications. These are incidents related to the running of regulated services that providers are legally obliged to tell CQC about. We discussed these with the provider, and they ensured they were submitted straight away.
- The provider did not have due regard to 'right support, right care right culture', despite being registered as a specialist service for people with a learning disability and autistic people. We have signposted them to the guidance and advised they review their service provision to ensure people's expectations and needs are met and the service is not overstretched.
- Staff told us that they were aware of their role and said the care plans effectively supported them to deliver the care and support required. They understood when they had to escalate issues. For example, when people's needs changed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were inconsistencies in the service that did not promote an open, inclusive and empowering culture. We received mixed feedback about raising issues, continuity of care and with communication; especially regarding changes to care and support calls. Comments included "Sometimes it alright and other

times it not. We've never had surveys and we don't get calls to ask how things are going." and "The office don't call me to let me know someone will be late. It would be nice if they could, so I know what's going on." And, "They are not always quick to reply but they do reply eventually to emails sent."

- Planned assessments were carried out by the service prior to accepting the care package. Ongoing reviews included people and where appropriate their relatives to identify how they wanted their care delivered and to tailor it to meet their needs.
- Staff had their competencies and practices assessed to ensure they were working to the standards expected. They were complimentary about the management team who they said were approachable and supportive.
- Staff and the management team worked closely with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing. Feedback from the local authority commissioning teams cited positive working arrangements with the service.
- Following the inspection the provider advised us to say they had started working on a service improvement plan aimed at developing and improving the service taking into account the inconsistencies we had found.