

FCNA Homecare Ltd

FCNA Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

FCNA Homecare is a domiciliary care agency providing personal care to 2 people. The service provided support to older and younger adults. At the time of our inspection there were 16 people using the service in total.

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.

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

People and relatives felt care was provided safely. However, people's risk assessments required development to ensure staff were provided with detailed guidance on how to manage risks associated with the provision of people's care. Recruitment checks had not always been carried out; at the time of inspection the registered manager had begun to address this however, people's references had not been obtained and recruitment records were not always present in staffs files. The administration of people's medication was carried out safely; however, we identified in some instances people's medication records had not been completed correctly. The registered manager provided evidence staff had completed refresher training relating to the management and administration of people's medicines. We have made a recommendation the provider reviews people's risk assessments.

Staff's training and induction programme had been reviewed by the registered manager however, there were gaps in staffs training. People's dietary needs and preferences were recorded in their care plans; however, where some people required a 'soft' diet the consistencies of their food and fluids had not been recorded. The registered manager was following this up at this time of inspection and had requested a referral with the appropriate professionals. Initial assessments carried out for people required further development to capture people's needs in detail. The provider used an electronic care planning system which required additional detail in some cases to provide staff who did not know people well with clear guidance on how they wished to be supported. We have made a recommendation the provider ensures communication with external professionals is documented.

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 did not always support this practice.

Relatives praised staff for the care provided to people and stated people were supported by staff who understand their needs well. Staff feedback demonstrated they knew how to support people while protecting their dignity and privacy and promoting their independence. Staff understood how to provide person centred care.

Some relatives raised concerns regarding the timings of calls, stating calls were often late. Relatives reported this didn't impact areas of care such as the administration of medicines; they stated they felt better consistency in the times could be achieved with better organisation from the management team. Relative feedback around the response to complaints was mixed; for example, one relative told us they felt the registered manager was responsive to concerns raised, while another relative told us the opposite. People's communication needs were not always clearly recorded in their care plans. We have made recommendations the provider reviews complaints management and their oversight of care planning.

The providers governance systems required significant development. We were unable to evidence any provider oversight of the registered managers operational management of the service. This meant any gaps in auditing, oversight and governance at registered manager level had not been identified or supported by the provider. We found the providers electronic care planning system produced compliance percentages; in several areas compliance was low. We discussed this with the provider who shared an audit template they intended to complete to improve oversight of the service. By the end of our inspection there was no evidence to show this had been completed and additional governance systems at provider level were needed to identify, assess and improve areas of the service. We have made a recommendation the provider reviews their governance systems to ensure the registered manager solely focuses on the management of the service.

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

Rating at last inspection and update

The last rating for this service was good (published 9 October 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service. Additionally, the inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of the full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 well-led.

Details are in our well-led findings below.

Inadequate ●

FCNA 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 carried out by one inspector.

Service and service type

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

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 April and ended on 17 May 2023. We visited the location's office on 26 April 2023.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 23 March 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We were unable to speak with people during this inspection due to the limited number of people receiving a regulated activity from the provider. However, we spoke to relatives to understand their experiences of care provided. We spoke with 5 staff including support staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including people's care plans, risk assessments and records relating to the provision of care. We looked at staff files in detail and reviewed additional recruitment checks, training records, supervisions and appraisals. We looked at records relating to the management of the service including audits and policies and procedures. We also used technology such as video calls to enable us to engage further with the provider and electronic file sharing to enable us to receive and review additional documentation securely.



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. At this inspection the rating has changed to 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.

Staffing and recruitment

- There were significant gaps in the provider's recruitment systems and processes.
- The registered manager had been in post approximately 6 months at the start of our inspection. On starting in the role, they had identified there were significant gaps in staff recruitment records, including an absence of references, up to date DBS checks, an absence of ID checks and inconsistent recruitment records. They stated they had focussed on ensuring DBS checks were renewed and completed and we found this issue had been addressed.
- 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.
- Gaps in recruitment checks, records and references had not been addressed. The provider had not completed recruitment risk assessments to ensure staffs suitability to work with vulnerable adults. We felt issues relating to gaps in recruitment were related to the absence of a robust recruitment system and we found no evidence people had come to any harm.

The provider had failed to implement safe recruitment systems. This meant they had failed to assess, monitor and mitigate risks in the carrying out of their regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People had risk assessments in place relating to the provision of their care. However, in some cases further detail was needed to identify specific risks and provide staff with guidance on how to mitigate them.
- We found no evidence people had been impacted by the lack of detail in some people's risk assessments. Relatives told us staff knew how to support people in line with their needs. One relative said, "[Staff] know what they're doing, they do everything they're supposed to for [person]."

We recommend the provider reviews people's risk assessments and ensures risks relating to the provision of people's care are clearly identified.

Using medicines safely

- The provider had systems in place for the management of medication and generally these were utilised well. However, in some areas, such as when people required their medicines covertly, appropriate guidance, assessment and authorisation wasn't present in people's records.
- We found there were occasions when covert administration of people's medicines had been agreed with

people's general practitioner (GP). However, there were no records or plans evidencing approval from the GP; additionally, guidance and direction on how to administer the medicines had not been recorded.

- People's medication records were generally completed well and any gaps or inconsistencies we identified were isolated incidents. We discussed this with the registered manager and provider, who evidenced refresher training had taken place. Staff competency checks had been completed.
- People received their medicines as prescribed and people's care plans listed their current medication. We found no evidence which indicated people had not received their medicines as prescribed.
- Any gaps and inconsistencies in relation to the administration and management of people's medicines were related to the governance of the service. Please refer to the well-led section of this report.

Systems and processes to safeguard people from the risk of abuse

- We were unable to speak with people during this inspection; however, relatives reported care was provided safely by staff who understood how to meet people's needs effectively.
- Staff had a good understanding of safeguarding and understood who to raise any safeguarding concerns with. One staff said, "I'd go to the manager or the senior on call."
- Staff had received training in safeguarding and the provider shared a revised schedule with us following a query about training in general, which showed staff would complete safeguarding training annually.

Preventing and controlling infection

- We were assured the provider was supporting people to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- We found no evidence the provider was carrying out analyses of accidents or incidents to identify areas for improvement.
- The registered manager's oversight systems for accidents and incidents had been built into the electronic recording system. However, information was not always reviewed and used to inform improvements. We felt this issue was related to the overall governance of the service. Please refer to the well-led section of this report.



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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff feedback on how they were supported in their role by the registered manager and provider was mixed. Training records evidenced gaps in staff training and the provider had not carried out any review or oversight of staff development.
- Staff compliance with the provider's training schedule was inconsistent and we found gaps in aspects of training, including falls management and dementia. Additionally, we found staff had completed multiple courses in one day, indicating training was not being utilised effectively by the provider. We discussed this with the provider and the registered manager, who shared a new annual training schedule before the end of our inspection.
- Staff feedback relating to training did not always reconcile with the provider's training records. For example, one staff told us, "We've not had moving and handling training here, like how to use the hoist, slide sheets. It's more like watching on the job; that's something I think we should all do." The provider's training records indicated this staff member had completed moving and handling training.
- Some staff reported they were not supported effectively by the registered manager to carry out their roles. One staff said, "There is room for improvement in the registered manager. I've heard them speaking loudly to staff on a number of occasions; [registered manager] doesn't always act professionally". However, other staff stated they felt since the registered manager had come into the role, they had developed the service. They said, "I like them. Things could be handled a bit better sometimes, but there's been a lot of change which has been good for the service."
- Staff reported they felt the provider's absence impacted the organisation of operations and the service, which subsequently affected their day to day roles.

The provider had failed to ensure staff received appropriate support, training, professional development and appraisal. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access healthcare services by the registered manager and staff team.
- We found the registered manager was proactive in seeking support from external professional, such as GP's and Speech and Language Therapists, when people's support needs changed. However, information relating to communication with external professionals was not always recorded in people's care records.
- People's dietary needs and preferences were recorded in their care plans; however, where some people

required a 'soft' diet the consistencies of their food and fluids had not been recorded. The registered manager was following this up at this time of inspection and had made a referral to the appropriate professionals.

We recommend the provider ensures all communication and assessments from external professionals are recorded in people's care plans.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider did not always evidence when people's capacity had been assessed in line with the MCA.
- The provider had failed when people had been identified as needing their medication to be administered covertly to evidence an MCA and best interest process.
- People were identified to either lack or have capacity and this was recorded within care plans. People's capacity had not been assessed in a decision or time specific way. However, feedback from people and staff evidenced people were supported in a way which considered decision and time specific capacity. We felt this was a care planning issue and related to the overall governance of the service.

Staff working with other agencies to provide consistent, effective, timely care

- People did not always receive their care at times which had been agreed with the provider. Additionally, people were not always supported for the agreed duration of time and at times people who were assessed as needing 2 staff were supported by 1 staff.
- Relatives reported care was not always provided at times agreed with the provider, or in accordance with their care plans. One relative said, "(The provider) is not very good at the times. When we first sat down, we agreed times and they don't seem to stick to that. They say you've got to give it half an hour, but sometimes it's longer than that."
- People's call monitoring logs and daily records evidenced calls were not carried out at the scheduled times agreed in people's care plans. We found multiple occasions where people were supported with care later than planned times.
- We found no evidence people had come to any harm due to this and felt this was related to the overall governance of the service. Please refer to the well-led section of this report.

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

- People's needs were assessed in line with their protected characteristics such as age, disability and

religion. People's support and health needs were assessed prior to the provider taking on packages of care.

- The registered manager assessed people's needs, along with current staffing levels, to determine whether the provider could realistically provide care to someone effectively. They explained they would not accept new referrals from local commissioners unless appropriate staffing levels were in place to meet people's needs.

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

- Staff had a good understanding of how to support people in a person-centred way.
- Staff understood how people's care may need to change in line with varying cultural or religious needs. We discussed this with the nominated individual who also demonstrated a good understanding of how people's support may need to be adjusted. They said, "This is part of a checklist I've sent to [registered manager]. We have a diverse range of people in the local area and we want to make sure we recruit people who have an understanding of how to support people from all walks of life."

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

- People were supported by staff who understood how to promote their choices and involve them in the care they received.
- Staff told us how they considered people's choices while providing care. One member of staff said, "I love my job; it's so important to go in and make a difference to people and put a smile on their face. To respect them and help them live in line with choices is so important. Some people don't have families and you might be the only person they see all day, that's why it's important to treat them like you would your own family."
- Relatives felt the quality of care staff was dependent on the consistency of staff. Relatives stated they were happy with the level of care people received when the provider was able to consistently provide people with care from familiar staff. One relative said, "[Staff] are lovely they seem to really care about [person]."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was promoted and respected by staff who had a good understanding of how to promote people's independence.
- Staff told us how they considered people's experience of care while providing support and stated they treated people how they would like to be treated.
- Staff understood the importance of promoting people's independence and ensuring their privacy and dignity was protected. One staff said, "If I was giving someone (personal care) I'd make sure the curtains and doors were closed. I'd talk through what I was doing with the person, and I'd make sure I thought about their dignity throughout."

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. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- The quality of people's care plans was inconsistent. In some areas we found person-centred information which gave staff good guidance on how people wished to be supported. However, in other areas of care plans, person-centred and detailed information was lacking.
- Where there were areas of care plans which lacked detail and person-centred information, guidance for staff was limited to task based information. People's preferences on how they wished to be supported were not always evident.
- Information relating to individuals' needs were sometimes missing from people's care plans. For example, in one person's care plan it identified they needed specific support with their oral hygiene. However, there was no additional information to provide staff with guidance on the specific support the individual needed.

We recommend the provider reviews people's care plans to ensure consistency across all areas.

Improving care quality in response to complaints or concerns

- Feedback in relation to how the provider responded to complaints was mixed. We were not able to corroborate feedback by reviewing responses to complaints as evidence was limited.
- One relative told us they had made several complaints to the registered manager in relation to late calls. They stated no improvements had been made. They said, "Sometimes I do think concerns are listened to and sometimes I don't. It depends what it's about. Sometimes it'll be just like, I'll look into it. Other times [registered manager] promises things but nothing happens."
- Another relative stated the registered manager focussed on people's experience of care. They said, "[Registered manager] seems ok. I've only met them 2 or 3 times. [Registered manager] seems to care about the people they look after."

We recommend the provider ensures responses to complaints are consistent and records are completed to evidence any complaints made.

Meeting people's communication needs

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

- People's communication needs were not always clearly identified in their care plans. However, we found no evidence people were not being supported in a way which promoted good communication.
- Staff feedback evidenced they focussed on communication while providing support and care. One staff said, "It's really important to speak to people, we aren't there just to do a list of jobs for someone, we're there because we might be the only person someone sees all day. It's important to talk to people while you're giving care as well, otherwise it might be quite scary for someone."

End of life care and support

- There were no people receiving end of life care at the time of inspection.
- At the time of our inspection there was no evidence staff had completed end of life care training.

Therefore, we could not be sure the provider was equipped to provide end of life care should it be needed, and they would need to source additional training prior to offering end of life care to anyone.

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. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There were significant gaps in the provider's quality assurance systems, audits and oversight of the operational management of the service.
- There was limited evidence to demonstrate any provider involvement in the service. We found no evidence of provider oversight or auditing. This meant gaps in the day-to-day governance and auditing systems within the service had not been identified by the provider.
- The registered manager told us they were repeatedly working above their contracted hours and delivering care instead of having time to focus on the governance of the service. The registered manager acknowledged there were multiple areas of the service which required improvement. However, they highlighted they had not always been able to focus on these areas.
- We discussed the absence of provider oversight with the nominated individual, who acknowledged this had been lacking. They said, "I don't think I've been completing and recording audits as I should have been, but I've worked with a partner provider who has given me some examples of audits to look at."
- The provider's electronic care planning and recording system generated compliance percentages across all areas. However, we found multiple examples of compliance falling below 50% and this had not been identified or addressed due to the lack of robust auditing.

The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager demonstrated a commitment to improve the service. They were able to evidence in care records the number of hours they had been required to carry out tasks which were not focussed on the management of the service.

We recommend the provider ensures robust governance systems are in place to support the registered manager in focussing on the day to day management of the service.

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

- The provider had not developed a culture which encouraged feedback from people, relatives or staff. This

meant feedback could not be used to drive improvement in the service.

- Staff told us they felt the provider was not accessible and they did not feel comfortable or confident in raising concerns they had in relation to the governance and overall management of the service.
- We reviewed evidence which identified the registered manager had sent surveys out to people and relatives. However, there was no evidence the provider had analysed information about people's experiences of care to identify areas for improvement.

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

- Relatives told us they were informed when accidents and incidents occurred.
- The registered manager demonstrated a good understanding of their responsibilities in relation to duty of candour. They said, "I'm really keen on partnership working. I always want to keep our families and partners involved and I want to keep developing that."

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 had failed to implement safe recruitment systems. This meant they had failed to assess, monitor and mitigate risks in the carrying out of their regulated activity. This was a breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff received appropriate support, training, professional development and appraisal. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>