

# NFC Health & Social Care Limited

## 11 Crosfield Road

### Inspection report

11 Crosfield Road  
Prescot  
L35 5AS

Tel: 07988379728

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19 December 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

NFC Health and Social Care, 11 Crosfield Road is a service that provides Treatment of Disease, Disorder or Injury (TDDI) along with personal care.

They currently provide and manage their service from 90 Lugsmore Lane, St Helens, Merseyside, WA10 3DL but this location is not yet registered with the CQC. This is the location that we visited for the purpose of our inspection. The registered provider moved premises prior to this inspection and they have notified CQC of the move taking place.

Not everyone who used the service received the service of Treatment of Disease, Disorder or Injury (TDDI). CQC only inspects where people receive TDDI and personal care. This is help with tasks related to personal hygiene and eating. At the time of this inspection 30 people were using the service. Not all people were in receipt of TDDI but were in receipt of personal care.

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

We have made a recommendation about the assessment of risk to people. Although risks to people had been identified, risk assessments did not always contain all of the information considered to mitigate risk when meeting people's needs

We have made a recommendation about the current system in place for reviewing the quality and safety of the service. Although checks were taking place, the systems in use had not always identified where further information was required or in need of review in people's care planning documents.

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 support this practice.

Positive comments were made by people about the service and staff who delivered their care and support. They told us that staff were caring and respected their privacy and dignity.

People felt safe using the service and were protected from abuse and the risk of abuse. Procedures were in place for the safe management of medicines. Safe recruitment practices were followed. Infection control procedures were in place to minimise the risk of the spread of infection.

People's needs and choices were assessed prior to receiving support from the service. People received care and support from experienced staff who received training and supported for their role. People were supported to have a nutritious and balanced diet when required as part of their care plan.

People were supported by staff who knew them well and were aware of who to speak to if they were not happy about the service they had received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 14/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe section below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective section below.

### Is the service caring?

Good ●

The service was safe.

Details are in our safe section below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive section below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led section below.

# 11 Crosfield Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

The service provides treatment of disease, disorder and injury which includes personal care to people living in their own homes.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people available to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since its initial registration. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people and one relative of a person who used the service. We spoke with eight

members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and records relating to the overall management 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were in place to minimise those risks. However, risk assessments did not always contain all of the information considered to mitigate risk when meeting people's needs. We discussed this with the registered managers who told us they would review all current risk assessments in place.

We recommend that the service consider current guidance on assessing risk and take action to update their practice accordingly.

- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- A system was in place to record and monitor falls experienced by people. This was reviewed by the registered managers and falls prevention support was requested when needed.
- Assessments relating to TDDI were carried out by a senior member of the management team who was a qualified nurse.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Safeguarding procedures were in place and available to all staff.
- Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe using the service. Their comments included "Feel safe, I'm streetwise, I wouldn't take no nonsense from anyone" and "Feel safe with staff." Another person told us that they felt safe with staff when they were supporting them in the shower, and that was very important to them.

### Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were employed to safely meet people's needs. One person commented "They [registered managers] know how to recruit good staff."
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- People told us that staff arrived for their visit when planned. Their comments included "Always on time", "Good with timings", "Turn up on time, not sat waiting", and "Most of the time they are on time." People told us that they were informed if staff were running late for their visit.

### Using medicines safely

- Procedures were in place and available to staff for the safe management of medicines.

- Staff responsible for managing people's medicines had completed training in this area and followed safe procedures.
- People received support with their medicines when needed.

#### Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had access to procedures that promoted the prevention of infection.
- Personal Protective Equipment (PPE) was available to staff.
- People told us that staff always clean and tidy during their visits.

#### Learning lessons when things go wrong

- A system was in place to record and monitor accidents and incidents that occurred.
- Lessons were learnt and improvements made following incidents that has occurred within the service.



# 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.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met by the service. One person told us that the registered manager "Did a thorough assessment of my needs. Most thorough one I've had." Another person told us that their social worker had attended with the registered manager to assess and plan their visits.
- Regular reviews of people's care and support took place to ensure that the service was aware of any changes to their needs.

Staff support: induction, training, skills and experience

- Staff had the right knowledge and experience to meet people's needs. One person told us "Carers seem very well trained."
- Training records showed training undertaken by staff following their transfer to the service from another company. The registered managers explained that they were reviewing all of the training available to staff.
- Bespoke training was sourced to ensure that staff could deliver safe care and support for people's individual needs.
- Staff received regular support and guidance from their manager. Where specific clinical support was needed, this was given by a senior manager who was a qualified nurse.

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

- People were supported by staff to maintain a healthy balance diet when required as part of their care plan. One person told us "I choose what I want to eat" and the staff make it for them.
- Advice from healthcare professionals in relation to eating, drinks and specific health conditions were planned for and 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of this inspection none of the people receiving a service had any authorisations or judgements in place to deprive them of their liberty.

- Policies and procedures were in place to offer guidance and information to staff in relation to the Mental Capacity Act.

# 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 told us positive things about using the service. Their comments included, "They [Staff] are good", "Quite pleased with the service", "Lovely girls" and, "They are kind." A family member told us "I think they're brilliant, very caring, they do a bang-on job."
- People told us that they felt well supported by the staff team. One person told us they had been unwell during their morning call and staff had returned later in the day to see if they were ok. They told us staff "Really genuinely care about people, they look after me but also the staff. They check on staff to see if they're home."
- Staff knew people well and it was evident from discussions with people that positive relationships had been formed. Comments from people included, "I get on well with them" and "Carers treat you like people and not numbers."

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

- People and their family members were encouraged to share their views about the care provided. For example, one person told us that they were fully involved in the planning of their care plan with staff. They told us "Very flexible with times and visits when needed." Another person told us "They do listen to me."
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respect. Their comments included "Very respectful" and, "They are doing everything right."
- People told us that staff maintained their privacy during visits. For example, one person told us that when they had visitors staff offer to move out of the way to give them some privacy.
- People told us that staff maintained their privacy and dignity when delivering personal care. One person told us "[Staff] cover me with a towel when getting up, once showered they cover me again."
- People's personal records maintained at the office were stored in locked cabinets. Electronic records were password protected to ensure the security of the information.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's identified needs had been planned for and were recorded in their care plans. People who used the service and staff had access to this information.
- Not all care planning documents contained up to date, detailed information. The registered managers took immediate action to review the information available in people's care plans.
- Records were maintained of the care and support offered and delivered to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory needs were recorded in their care plans.
- The provider had access to facilities to provide written documentation in different formats to meet people's needs and wishes.

Improving care quality in response to complaints or concerns

- People and their family members knew who to speak to if they were unhappy about the service they received. Their comments included "If something happens I'd talk something out", "I know who to contact if I need to", "I have been told to ring up if I have a concern" and, "No complaints." One person told us that they had previously raised a concern about their call time and that it was dealt with quickly.
- A system was in place to record and monitor any complaints received about the service.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place for monitoring the quality and safety of the service. However, the systems in use had not always identified where further information was required or in need of review in people's care planning documents. The registered managers took immediate action and carried out a review of the documents.

We recommend the provider considers current guidance in relation to monitoring the quality and safety of the service and take action to update their practice accordingly.

- People spoke positively about the registered managers. Their comments included "Very approachable" and "They ring you up to see if all is well."
- Policies and procedures to promote safe, effective care for people were available to staff. Each month a policy was sent to staff to read to raise awareness in that particular subject.
- The registered managers were regularly available at the service to offer support to the staff team.
- Managers and staff had a clear understanding of their role and responsibilities and regulatory requirements. Necessary information was sent to CQC when this was required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood their responsibilities in responding to people under the duty of candour following incidents and when things had gone wrong.

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

- Arrangements were in place to engage and involve people using the service and their family members. People told us the registered managers kept in contact with them.
- Staff followed advice and worked in partnership with others such as health care professionals to ensure the best possible outcomes for people.

Continuous learning and improving care; Working in partnership with others

- Staff received regular support and training for their role to ensure their practice was up to date and safe.

- The provider sought information and guidance from other agencies to continue to develop the service.
- The service had joined a local training initiative accessing training with other care providers in the area.
- People were supported outside of their homes whilst working in partnership with other services. For example, staff supported one person with support during a hospital stay.