

# Helen Crickmore

## FCNA Homecare

### Inspection report

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Date of inspection visit: 13 August 2015  
Date of publication: 15/10/2015

#### 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 

#### Overall summary

We carried out this announced inspection on 13 August 2015. The last inspection took place on the 21 August 2013 and was meeting all the outcomes inspected.

This is a small domiciliary service and at the time of our inspection there were two people using the service. The service operates from a private dwelling in a residential area of Bolton.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We spoke with one relative and two friends of people who were receiving support from the agency. They told us that people were well looked after and that the staff were very reliable. We did not speak with staff as we have spoken with them at our last inspections and the staff have remained the same.

# Summary of findings

We saw the agency had appropriate policies and procedures in place and these were accessible to staff if required.

We looked at the care records for both people who used the service. The records included personal information about the care and support needed. We saw the care records had been reviewed and updated.

People were supported by staff who treated them with dignity and respect. We saw evidence that staff training was up to date and refresher courses had been attended by staff as required.

Staff were encouraged to raise any incidents or concerns and report any changes they may have identified to the care and support needs of people.

The agency had a complaints procedure. The agency had received no complaints; however the registered manager confirmed they would respond in a timely manner if they any complaints or concerns were raised.

Staff were supported by the registered manager through informal staff meetings and staff supervisions and appraisals.

Systems were to in place to monitor and review the quality of the service.

# Summary of findings

## 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.

Systems were in place to promote people's safety and reduce the risks of abuse.

Robust recruitment procedures were in place.

Procedures were in place to help ensure people took their medication safely.

Good



### Is the service effective?

The service was effective.

People were supported by staff that undertook a wide range of training.

Staff received supervision and support from the registered manager.

The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

People were supported by staff who were kind and compassionate.

Relatives and friends were kept informed about people health and well-being.

People were supported and encouraged to make their own choices and decisions.

Good



### Is the service responsive?

The service was responsive.

Staff responded to people's individual needs and preferences.

Feedback was sought in informal ways from people who used the service and their relatives and friends.

Systems were in place to deal with and respond to complaints.

Good



### Is the service well-led?

The service was well-led.

Staff were supported by the registered manager through informal staff meetings and staff supervisions and appraisals.

Audits and checks were carried out where appropriate. These would be further developed if and when the number of people using the service increased.

Good



# FCNA Homecare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the registered manager was available to assist with our inspection.

The inspection was carried out by an Adult Social Care Inspector from the Care Quality Commission (CQC).

The agency provides care and support and companionship for adults to help enable them to remain living in their own home.

Prior to our inspection we looked at the information we held about the agency including previous inspection reports and any notifications we had received.

We did not speak with the people who were receiving care and support as this was not appropriate but we did contact family and friends and spent time with the registered manager.

We looked at records held by the agency including two care records, two staff files, the training matrix and a range of policies and procedures.

# Is the service safe?

## Our findings

We did not speak with people who used the service as this would have been inappropriate. However we spoke with a relative and friends who were involved with people's care and support. A relative told us, "We are very satisfied with the care and support provided by staff. They [the staff] are reliable and if there were any concerns the registered manager contacts me immediately". The relative told us that the same staff visited their relative which they thought was important to offer consistency.

One person was supported throughout the night by staff from the agency. Their friend told us that the staff were professional, polite, caring and reliable. They went on to say that if for any reason the staff were running late they would let them know but this had hardly ever happened.

We were told the agency was flexible with staff times and visits and these could be altered if required.

The provider had safeguarding policies and procedures in place and staff were trained about the different types of abuse and how to recognise signs of abuse. There had been no safeguarding referrals reported.

We saw that any accidents or incidents were documented and actions taken to prevent any reoccurrence where possible.

We looked at two staff files and saw that robust recruitment procedures were in place. Information included an application form, references and further proof of identity for example a copy of the applicant's passport or driving licence. A check from the Disclosure and Barring Service (DBS) was also in the files. A DBS check helps a service to ensure people's suitability to work with vulnerable people. New staff commencing work with the agency completed induction training prior to providing support and care to people in their own homes.

We asked the registered manager about administration of medicines for people in their own homes. We were told that staff were not currently administering medicines to people but staff did check and prompt that medicines had been taken in a timely manner. The training matrix showed us that staff had completed training in the safe administration of medicines should the need occur in the future to administer to people using the service. One person spoken with confirmed their relative received their medication in a blister pack and staff did check to see if this had been taken. The family told us they would be informed if there was a problem with medication.

We looked at two care plans for people who used the service. The information included risk assessments for falls, the environment and emergency fire plans. A daily report sheet was completed following each visit. There was evidence that showed the registered manager regularly reviewed the care plans.

# Is the service effective?

## Our findings

People received care and support from experienced staff that knew people well. Relatives and friends spoken with were complimentary about the staff and the registered manager. Comments included, “The staff are very good and reliable” and “The manager is approachable” and “The staff very kind and patient”.

We looked at the staff training records and saw that staff completed a range of training. Staff had completed training in first aid, food hygiene, health and safety, moving and handling, infection control and safeguarding of vulnerable adults. Other short courses included managing aggression, dementia awareness, diabetes and medication.

We looked at two staff files and saw evidence of an induction programme. The files also contained training certificates of completed courses. We saw that staff received supervision meetings with the registered manager. These are meetings where staff could discuss any concerns or issues they have and any further development and training they may wish to undertake.

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA set out the legal framework and guidance around how to ascertain people’s capacity to

make particular decisions at certain times. There is also direction on how to assist someone in the decision making process. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restricts their freedom. Deprivation of Liberty Safeguards were not applicable at the time of our inspection, however the registered manager had a good understanding of MCA and DoLS and decisions around people’s ‘best interests’. We were told by family and friends the agency were supporting people who had capacity (fluctuating at times) to make decisions and choices about their lifestyle.

We looked at the care records for two people. The registered manager had completed an assessment of people’s care needs to ensure that staff could meet the individuals’ and the families’ needs. We saw the support required for people using the service was minimal. Relatives and friends were actively involved in the care and support for their relatives. The care records contained clear information to inform staff about the care and support people required. We saw that risk assessments, including environmental risk assessments were in place. Daily monitoring records were in place and were completed after each visit. This informed other staff and relatives of the care and support provided and people’s general well-being.

# Is the service caring?

## Our findings

We spoke with a relative and two friends of people who used the service. One person told us, “I am very pleased with the service; the staff are very kind and caring”. We were told that the staff were not required to assist with any personal care but for one person but they did prompt with making sure this person had showered and had taken their medication as required. The relative told us the staff visited their relative a couple of days a week and did some housework and spent some time having a chat with the person who used the service.

The relative told us that if the staff had any concerns the registered manager contacted them immediately. They told us, “Communication with the agency is very good”.

A friend of a person who used the service told us, “The girls are kind and patient, very helpful and very reliable. People are spoken to in a kind and respectful manner”.

The registered manager told us the turnover of staff was very low and people who used the service were supported by a stable staff team. This helped to build good relationships with both the people who used the service and with their family and friends.

The registered manager was in regular contact with family and friends to discuss and review the care package provided and to make any changes if required.

The agency had a service user guide. The guide contained information for people who used the service and their relatives about the services the agency provided.

# Is the service responsive?

## Our findings

We looked at the care records held at the office, these had been written with input from the people who used the service and by their relatives where appropriate. The care records reflected people's choices and preferences, likes and dislikes and risk assessments.

The registered manager regularly checked and reviewed the care records and we saw any changes to the arranged plan of care had been documented to reflect this.

Other information in the care plan included a section for consent to any care, support and medication where needed.

We asked the registered manager what arrangements were in place to make sure any information or concerns/

complaints about the service or the quality of care would be addressed. We were shown the complaints procedure, which is available in the service user guide. The agency had a policy in dealing with and responding to complaints or concerns within a given timescale. There had been no complaints made to the agency.

We asked the registered manager about aids and adaptations required for people who used the service. We were told at the time of our inspection people who used the service were independently mobile. There was no moving and handling equipment required. Any adaptations were not provided by the agency. These would be arranged by family and friends and external agencies as required. If necessary staff would undertake appropriate training to ensure the safe use of equipment.



# Is the service well-led?

## Our findings

The agency had a registered manager in post who was based at the provider's address in a separate office in the main part of the house. The office was locked at the end of the day to ensure that information was securely stored.

The agency had a service user guide. This is an information guide to inform people who used the service, family and friends what services the agency provided.

We asked in the event of an emergency when the office was closed who staff would contact. The registered manager told us either they or the provider covered out of hours calls.

We found staff were supported by range of various policies and procedure guidance to maintain records as required and for staff to refer to if needed.

We saw the care records and risk assessments were appropriately maintained, checked and reviewed to ensure

information was current. If any medication were to be administered audit checks would be in place to ensure that people received their medicines in a safe and timely manner.

The registered manager worked alongside staff and was able to meet with people who used the service, their relatives and friends on a regular basis. Relatives and friends spoken with told us the registered manager was very approachable kind and caring.

Staff meetings were informal due to the size of the agency, however staff did call at the office and the registered manager saw them most days.

The staff files we looked showed that staff were supported with staff supervisions and appraisals.

We asked the registered manager about statutory notifications. These are incidents, accidents and events affecting people who use the service and staff which the CQC must be notified of. The registered manager was aware of their responsibility of dealing with notifications. There had been no incidents that had required a statutory notification being sent to CQC.