

HCRG Care Services Ltd

Frome Road

Inspection report

Frome Road
Radstock
Avon
BA3 3LL

Tel: 01225395377

Date of inspection visit:
03 July 2023

Date of publication:
02 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Frome Road is a supported living and shared lives service providing personal care to 18 people at the time of the inspection.

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

Right Support: People's equality characteristics were respected. There were sufficient numbers of staff to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People received person-centred care and support. When required, staff worked with healthcare professionals to achieve good outcomes for people. We received positive feedback from professionals we spoke with.

Right Culture: Staff spoke positively about the people they supported and the leadership of the service. There was a strong team identity in both functions of the service (the supported living and shared lives support). The registered manager confirmed there were gaps in audits and some documentation, they were working to improve this at the time of our inspection.

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 6 July 2018)

Why we inspected

We inspected this service because of the age of the rating.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Frome Road on our website at www.cqc.org.uk.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Frome 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 Health and Social Care Act 2008.

Inspection team

The inspection team was made up of 1 inspector, 1 assistant inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service also provides a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We 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.

During the inspection

We reviewed various documents in relation to the running of the service, including medicines records and recruitment files. We spoke with 11 staff including the registered manager, manager and care staff. We spoke with 3 people and 7 relatives. After our site visit, we continued to clarify information with the registered manager and received feedback from 3 professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- Staff spoke confidently about how they would identify potential abuse and what they would do if abuse was suspected. Comments from staff included, "Yes we've had safeguarding training, first of all I would report it to my manager" and, "I've had safeguarding training every year, it was part of induction. [If I suspected abuse] I would speak to my manager or a senior who's on duty. If it's very serious I would phone 999."
- The registered manager retained oversight of safeguarding in the service. This meant they could identify any themes and trends and work with the local authority safeguarding team when needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place with guidance for staff about how to keep people safe. Risk assessments we reviewed included those in relation to moving and handling and how to manage hot water during the provision of personal care. Comments from people included, "I'm safe and happy, I do gardening" and, "Everyone is kind."
- Guidance in relation to people's health needs were incorporated into their care plans, for example where staff needed to support people with epilepsy and modified food diets.
- People supported by the shared lives function of the service were involved with regular reviews at 6 – 8 weekly intervals. When shortfalls were identified or people's needs had changed, assessments were updated and action plans implemented.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff spoke confidently about how they implemented the principles of the MCA in their roles. Comments from staff included, "It's an act put in place to always assume someone has capacity until proven they

haven't" and, "[The MCA] allows an individual as many human rights as possible, whilst protecting them at the same time."

Staffing and recruitment

- People were allocated staff based on their assessed needs, for example if they required 1 or 2 staff to support them at a time.
- The registered manager told us they had struggled to recruit new staff. The provider used a core team of bank staff when shifts needed to be covered. This helped to ensure continuity of care. The registered manager said, "We have a well-established team, so we know our service users really well."
- Recruitment checks were in place to help prevent unsuitable staff gaining employment.
- People spoke positively about staff. Comments from people included, "I am happy with [staff name]" and, "I'm safe with staff."

Using medicines safely

- Guidance was available for staff to help them administer people's medicines safely. One professional said, "[We are] co-ordinating on transport, medication, appointments, person-centred care, behaviour support, epilepsy support and any other wellbeing concerns."
- Medicines Administration Records (MARs) we reviewed showed people received their medicines as directed.
- The provider promoted medicines learning through reflection and supervision, for example if something went wrong the provider supported staff to look at why and how they could prevent a recurrence.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- When things went wrong, staff meetings were held to support staff reflection and promote learning.
- Information was documented to show what actions had been implemented to prevent a recurrence of unwanted accidents or incidents.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Both functions, the supported living and shared lives support, had clear staffing structures and staff told us they felt well-supported as members of a team. One staff member said, "The managers are great, really supportive and helpful, all the staff are lovely and the people we support are as well. I'm really lucky."
- In the shared lives function of the service, co-ordinators retained oversight of care packages and reported to the manager with any concerns in relation to care quality or safety. This allowed the manager to develop an action-plan to drive improvement.
- The registered manager told us recent challenges in relation to recruitment had meant resources were focused on the delivery of care, which had negatively impacted the consistency and quality of documentation. At the time of our inspection, the registered manager was working to improve the quality and frequency of checks, audits and documentation in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care plans we reviewed provided person-centred guidance for professionals. For example, people had 'hospital passports' detailing required information and information the person wished others to know, such as their preferences and choices for day-to-day living.
- Staff knew people well and spoke about the service, and people, positively. Comments from staff included, "I love my job, I love the people I support and I love my colleagues."
- Relatives told us care was person-centred. Comments from relatives included, "Absolutely flexible and respond very well to any requests" and, "The biggest problem is epilepsy because of seizures, and [their] carer knows how to deal with it."
- Staff were supported to attend regular staff meetings where people's needs and relevant topics were reviewed. Records we reviewed showed staff discussed medicines management, infection prevention and control and people's health needs.

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 manager was aware of their responsibility to act openly, honestly and apologise if things went wrong.

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

characteristics

- The provider had not sent any surveys or questionnaires out to people or stakeholders recently. However, the registered manager told us they planned to send surveys out in the months after our inspection.
- The shared lives function of the service completed in-person quality checks with people and their relatives twice yearly.
- The manager of the shared lives function spoke passionately about how the service had supported a person through gender-reassignment. For example, supporting the person to research surgery options and supported them through consultations.
- The registered manager and manager operated an open-door policy so people and stakeholders could speak with them about any concerns and feedback they had.

Continuous learning and improving care

- The registered manager and manager had oversight of accidents and incidents. This information was reviewed to understand if anything could be done differently to prevent a recurrence.

Working in partnership with others

- Records we reviewed showed staff worked in partnership with others, including the epilepsy nurse and learning disability nurse.
- We received positive feedback from professionals who worked with the service. One professional said, "It is often a good measure to ask, would I be happy if myself or my family members were being supported by the service? My answer is, without hesitation, that I would be confident that I/my family members would receive excellent, person-centred care."