

Fusco Browne Healthcare Ltd

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Inspection report

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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

Fusco Browne Healthcare Limited is a domiciliary care service located in Sheffield. It provides personal care to people living in [their own houses and flats. Not all people using the service were receiving a regulated activity. 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. At the time of the inspection, there were approximately 160 people using the service.

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

People who used the service said they felt safe. Staff were recruited safely and there were enough staff to provide people's care. People confirmed personal protective equipment (PPE) was always worn by staff when delivering their care. Medicines were managed safely.

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. Staff told us enough training was available to support them in their roles, with ongoing supervision also provided.

We received positive feedback from people who used the service and relatives about the care provided. There were systems in place for people who used the service and staff to provide feedback about their care through audits, surveys and meetings. Staff spoken with during the inspection told us they felt the service was well-led and enjoyed their roles.

Rating at last inspection

The last rating for this service was good (published July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

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.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Fusco Browne Healthcare Limited

Detailed findings

Background to this 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 and 2 Experts 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because we needed to be sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 29 November 2022 and ended on 20 December 2022.

What we did before the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and questionnaires to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 all this information to plan our inspection.

During the inspection

We spoke with 20 relatives and 12 people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, who was also 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. This included 5 care plans and associated medication records. We looked at 8 staff recruitment files, staff training records and records associated with the provider's quality monitoring systems.

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; Learning lessons when things go wrong

- People told us they felt safe as a result of the care they received. One person said, "I've been with them for a few months now. There are no major problems. I feel safe. The carers are well skilled." Another person said, "Yes, 100%. They talk to me and tell me what is going on. They are there for me if I need them." A relative told us, "Absolutely. I have observed them coming in and looking after (person). (Person) is very comfortable with the staff."
- Safeguarding and whistleblowing policy and procedures were in place and the training matrix showed staff received training.
- Staff displayed a good understanding about safeguarding and how to recognise potential concerns. One member of staff said, "Safeguarding is any type of abuse to the person and can be physical, emotional, or financial. Whistleblowing is reporting any bad practices or habits to responsible authorities to protect people." Another member of staff added, "Safeguarding is making sure people were care for are kept safe, healthy and away from any form of abuse or neglect. I understand that I have to be vigilant and observant to note any signs of abuse."
- Accidents and incidents were monitored closely, with details provided about any lessons learnt to prevent future re-occurrence.

Staffing and recruitment

- There were enough staff employed to care for people safely. People who used the service and relatives said there were enough staff to deliver their care. One relative said, "I think there is enough staff and the carers are very good. [Person] gets four calls a day and the main carers are the same. Mum and dad know them well." A person using the service added, "Yes, plenty. I have them twice a day and they are very good. They treat me very well."
- Each member of staff had their own rota in place and the feedback we received was that these were well managed. One member of staff said, "Yes we have an adequate staff compliment to cover all calls at any given time." Another member of staff told us, "Yes there are enough staff at the moment."
- Staff were recruited safely, with all the necessary checks carried out. Staff confirmed they were asked to complete these checks when they first began working for the service. A member of staff told us, "I applied via email from company website and all documents were requested and I sent them through together with my updated DBS. An interview was arranged, and I was shortlisted."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had a range of risk assessments in place regarding their care. These included moving and handling, mobility, skin and people's living environment. Where any risks were identified, control measures were in place about how to keep people safe.

- Staff said they had enough personal protective equipment (PPE) available and people confirmed it was always worn when delivering care. One person said, "The carers wear masks, overalls and put gloves on." A relative said, "Yes they do wear the full kit. They clean the commode and wear gloves. The put used things in the bin outside."

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 as needed and saw staff had received training.

Using medicines safely

- Medicines were managed and both relatives and people who used the service and relatives said medication was administered safely. One person said, "Yes, I do it safely, no issues. They are good at it. They order my medication and collect it, very efficient." A relative said, "Staff give medication and there is a MAR sheet. New staff will call me to check what (person) gets. (Person) is cared for well."

- Medication administration records (MAR) were signed when medicines were given, and we saw these were completed accurately by staff.

- Competency assessments were completed to ensure staff had the correct skills to administer medication correctly.

- Staff said they received medication training which enabled them to give medicines safely and there was an appropriate policy and procedure in place. One member of staff said, "Yes, I started with online training and had a face to face medication training before we started work. We very often we get spot checks on medication by our managers to check if we are handling medication correctly."

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.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to monitor the quality of service provided to ensure appropriate oversight of the service was maintained, including audits. Spot checks were carried out so the registered manager could observe staff delivering care and make any necessary improvements.
- Systems were in place to involve people, relatives and staff in how the service was run, including the use of satisfaction surveys to obtain feedback.
- Team meetings were held, and surveys sent to staff to obtain their views. Action plans were created to allow improvements to be made.

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

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "It is a great pleasure and the best experience working for Fusco Browne. I truly enjoy my role in the company." Another member of staff said, "Fusco Browne is a professional and stable healthcare organisation with a respectable mission, objectives and vision to offer the best person centred care to its service users. I enjoy working with the Fusco Browne team because they are very supportive of both team and individual efforts. I don't regret accepting the job."
- Staff told us they felt the service was well-led. One member of staff said, "There is very good management. The management team is very efficient, easily accessible, and helpful. We have managers that manage designated areas and just below managers we have team leaders who are also very helpful leaders that assist managers in carrying out managerial tasks. We have very sharp leadership." Another member of staff said, "Yes, they have strong organisation and communication skills. They also have an open-door policy if you need to seek any guidance."
- Both people who used the service and relatives told us they were happy with the quality of care provided which enabled them to achieve good outcomes. One person said, "I'm happy with the care. They seem to know what they are doing, and they let me do things for myself." A relative added, "I'm very happy with the care and the staff are very responsive. I can message the carers with problems, and they will sort it out. They are very good. This is the best company we have had. They [managers] got help for treating a leg ulcer, for [person]."

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Working in partnership with others;

- The registered provider was also the nominated individual. They understood their role and responsibility to submit statutory notifications and ensure regulatory requirements were upheld
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw the ratings from the last inspection were displayed as required.
- The service worked in partnership with a number of different organisations. This included different health care professionals and colleagues from the local authority who carried out quality monitoring visits to monitor performance.