

Mr William Andrew Peall

Frantec

Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Frantec is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 20 November 2018 there were 47 people who used the service. People received a live-in service where care workers stayed with people for a period of time. We gave the service 24 hours' notice of our inspection to make sure that someone was available.

At our last inspection of 29 February 2016, the service was rated good overall. The evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service was introducing new systems into the service to improve people's experiences. Some of these were still in the development stage and we could not assess the impact they would have on people. We found that people were provided with an exceptionally caring service. People had positive relationships with their care workers. The care and support provided to people demonstrated to them that they mattered and were cared for. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued and the systems in place demonstrated that people's views and experiences were valued.

The service continued to provide people with a safe service. Risks to people continued to be managed, including risks from abuse and in their daily lives. There were enough care workers to cover people's planned care visits. Recruitment of care workers was done safely. Where people required support with their medicines, this was done safely. The risks of cross infection were minimised.

The service continued to provide people with an effective service. People were supported by care workers who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to support people with their dietary needs, if required. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

The service continued to provide people with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place.

People continued to receive a service which was well-led. The governance systems assisted the management team to assess and monitor the service provided to people. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to improve.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Without exception, people told us they were treated with respect by their care workers and other staff in the service. The service demonstrated that people's views and experiences mattered and these were used to improve the service.

People's privacy and independence were respected. A range of systems were in place to respect people's diverse needs and to support people to communicate their views effectively.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Frantec

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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

This announced comprehensive inspection was carried out by one inspector on 20 November 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available. The inspection activity started on 20 November 2018 and ended 22 November 2018. On the first day we visited the office location to see the manager who also owns the service. We spoke with the manager, the service manager and the business development manager. We reviewed seven people's care records, records relating to the management of the service, training records, and the recruitment records of three new care workers. On 21 November 2018 we spoke with three people who used the service, three relatives and three care workers on the telephone. We also received e-mail feedback from one person. On 22 November 2018 we spoke with two people who used the service, three relatives and one care worker on the telephone.

Prior to our inspection in March 2018 we sent questionnaires to people to ask their views about the service. We received completed questionnaires from five people who used the service, 26 care workers and five community professionals.

Is the service safe?

Our findings

At our last inspection of 29 February 2016, the key question Safe was rated good. At this inspection of 20 November 2018, we found people continued to receive a safe service.

People told us that they felt safe with their care workers. One person said, "I feel safe, absolutely, they are very good." Another person commented, "I am definitely safe." One person's relative said, "I think [family member] is safe, we don't have to worry." One community professional in their questionnaire stated, "They have not been afraid to challenge funders for increased support hours with evidence of why it is needed to keep people safe."

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. All of the questionnaires received from care workers said that they knew what actions to take if they suspected people were being abused or at risk of harm. Care workers and staff we spoke with understood their roles and responsibilities relating to safeguarding. The service had systems in place to learn from when things went wrong and reduce the risks of them happening in the future. This included updating care records, further training and disciplinary action where required.

Risks to people's safety continued to be managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own homes.

The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "They do it safely yes where appropriate." Another person commented, "I've got a [monitored dosage system] box they give them me out of that, what is in the box and written down." One person's relative commented, "There are a lot of changes because [family member] is end of life, the carers sort it out and they do a new medication sheet, always get it sorted know it is safe." The care worker for this person told us that they maintained contact with the GP surgery to ensure changes were accurately recorded and received.

Records included the support that people required with their medicines and that they were given to people when needed. Care workers had received training in medicines administration and their competency was assessed by the management team. There were checks and audits undertaken on medicines administration and management. This supported the service to address any issues quickly.

Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment

(PPE), such as disposable gloves and aprons. All of the questionnaires from people said that their care workers used gloves and aprons provided.

Is the service effective?

Our findings

At our last inspection of 29 February 2016, the key question Effective was rated good. At this inspection of 20 November 2018, we found people continued to receive an effective service.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. The manager and other staff worked with other professionals, such as health professionals and occupational therapists, involved in people's care to ensure that their needs were met in a consistent and effective way.

All of the questionnaires from people said that their care workers had the skills and knowledge to meet their needs. The service continued to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care. One care worker in their questionnaire said, "I feel very confident working for this agency. All training and supervision provided makes me a professional, reliable and responsible carer. I have also been offered an additional training for my further career path." Another commented, "Frantec managers ensure that their staff receive excellent initial training with plenty of options for personal development during the course of their work for the company." All of the questionnaires from care workers said that they got the training they needed to meet people's needs, choices and preferences.

Records showed that training provided included safeguarding, moving and handling, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported. This included, equality, diversity and human rights, epilepsy, challenging behaviour and substance misuse, and communication. The manager had sourced new systems for training to further improve the training provided. New care workers were provided with an induction which provided them with the training they needed to meet people's needs. Care workers were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to.

Records showed that care workers continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs. All of the questionnaires from care workers said that they received regular supervision and appraisal which enhanced their skills and learning.

People continued to be supported to maintain good health and had access to health professionals where required. People's records and discussions with the management team, identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. People's records included guidance for care workers on how to support people to maintain good health, this included mouth care. Hospital passports were in place which gave hospital staff information about the person should they need to be admitted. This supported a smooth transition to another service and to ensure that the other professionals in the hospital setting were aware of how people's needs were met and how they communicated.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated

that people were provided with the support they needed in this area. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals. One person's care worker and relative told us how they had met with a member of the speech and language team who had prescribed thickener for fluids to reduce the risks of choking and how this was used.

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 told us that the care workers asked for their consent before providing any care. One person's relative said, "[Member of the management team] put us in touch with the financial people who look after [family member's] money, I didn't even know they existed." Another person's relative said, "They have a good way of dealing with [family member] never say you have got to have this or that, they say would you like?" Care workers had been trained in the MCA. All of the questionnaires from care workers said that they had training in and understood their responsibilities under the MCA.

People's care records included assessments of their capacity, how care workers could assess if they had fluctuating capacity and how to gain people's consent when they did not use verbal communication, such as using communication aids. Discussions with the members of the management team demonstrated a clear understanding of the MCA and how this was applied. One community professional in their questionnaire stated, "They have an expert in MCA and person centred planning as a lead manager for those we support."

Is the service caring?

Our findings

At our last inspection of 29 February 2016 the key question Caring was rated good. At this inspection of 20 November 2018, we found people continued to receive an exceptionally caring service. This was because the management team led by example and were passionate about providing a caring and compassionate service. The management team told us that care workers were advised about the 'mum test', if they treated the people they cared for and supported in the way they would expect a loved one to care for them. They were continuously looking at ways of improving the service for people to show them that they mattered. Without exception people told us that they felt that the service they received, the care workers and management team were caring and respectful.

One person said, "I am very pleased with Frantec. They are very caring and helpful...I feel my needs are being met and I'm treated with respect." Another person said they were, "Absolutely," treated with respect by their care workers. They added, "Could not ask for a nicer bunch and the office staff." All of the questionnaires from people said that their care workers treated them with respect and dignity.

One person's relative said, "They have learnt from [family member] about what [family member] wants and routines. [Family member] has improved, it is incredible we did not think [they] would improve that much not expected. The live in care has made so much difference to [family member], they are definitely respectful, the two carers have made such a positive change." Another person's relative commented about their family member's care worker, "[They are] very good with [family member] and knows [family member] well." We saw letters and cards sent to the service which complimented them on the care and compassion showed to people.

The manager, members of the management team and care workers continued to speak about people in a compassionate manner. They clearly knew the people who used the service well. The management team told us that they provided people with a regular team of care workers, where possible. This showed that the people using the service were provided with a consistent service. One person said, "The carers are great I have the same ones coming to stay, I feel settled with them." One person's relative commented, "We are over the moon, had difficulties in the past, but they have found us a nice little team who are right for my [family member]. They have really improved." The service had developed one page profiles of care workers which assisted them in matching people with carer workers, for example if they had similar interests to build a rapport between them. People's care records also included information about their likes and dislikes and areas of interest that care workers may be able to speak with them about.

There were also systems in place to support people to make choices about their care workers and to remind them who was visiting them. This included photographs of care workers on a calendar and books of photographs of care workers to assist people to identify if they preferred certain care workers or if they did not want someone to visit them again, for example if there was a personality clash. A member of the management team told us that if issues arose during the live in visits, they would change care workers as soon as possible.

The service had developed the use of technology and this was ongoing after piloting this with some people. This included having tablet computers in people's homes to assist with video daily records which reflected the actual support people had received. This also acted as a person centred social story. We saw two people's videos which showed them undertaking tasks in their home such as making their bed and housework. They also did activities including singing. We could see and hear how their care workers interacted with them in a very caring manner.

Members of the management team told us how they responded to people's specific conditions and routines. This included if people were distressed by not having their personal belongings where they wanted them. As a result, care workers were advised to not move items and photographs were taken of cupboard contents to ensure that they were left exactly as they were. Care workers were advised that the place of their work was people's homes not care homes and their homes should be respected as such.

One care worker's personnel file included a compliment from a family member of a person who used the service. They expressed their gratitude for the support the care worker had provided in supporting their family member in hosting an afternoon tea to enable the person to see their friends as they were reluctant to go out in the community. We received examples from people of how they had been supported which demonstrated care and compassion. One person told us how the manager visited them when they needed assistance. "Helped me out a lot, I needed some help and he came over and stayed about eight hours until it was all sorted, saw it through very good." Another person commented, "When I was in hospital they [care workers] came every day and stayed with me all day."

Care workers continued to be provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. One person when asked if their privacy was respected said, "Definitely, they always close the door and curtains."

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person said, "They encourage me to do what I can." All of the questionnaires from people said that they were supported to be as independent as they could be. One care worker said in their questionnaire, "Frantec's main focus is on supporting their clients in a person centred way so that they are encouraged to live as independently as possible by qualified staff with good level of knowledge and understanding of care industry." One community professional in their questionnaire said, "They have shown great commitment to those they support in getting the support package right to enable people to live as independent lives as possible and in a way they would choose."

People told us that the care workers continued to listen to them and act on what they said and they were consulted relating to their care provision. One person said, "I am consulted on all aspects." Another person commented, "I'm staying in today it is a bit cold, I can choose what I want to do." One person's relative commented, "I am involved in [family member's] care and they listen to [family member] and I." All of the questionnaires from people said that they were involved in decision making about their care and support needs. One community professional in their questionnaire stated, "The care managers work hard to involve people in the delivery of their care and provide accessible information to do so. They work closely with family carers and others involved in the person's life to fully involve them in decision making as well as other relevant health professionals. They are always available to contact and respond promptly to any issues."

People's care records identified that they had been involved in their care planning. This included their likes and dislikes and their choices about how they wanted to be cared for and supported. One person's care records included information about how they liked to keep a memory box, the records guided the care worker to keep items like tickets for their memory box. Another person's records included information about

what they needed to take out with them when they went out in the community to reduce their anxiety, this was called their 'going out bag.'

We saw records which showed that communication aids were used to assist people to make important decisions in their lives, this included picture format to aid their understanding. We also saw records to show where advocates had been used to support people with their decisions. A member of the management team told us about a person who used objects of reference to support their communication about what they wanted to do. One person's relative told us how their family member's communication preferences were respected when making contact with them.

Where people wanted to, they could participate in the service's expert by experience programme where they spoke with care workers during their induction about what it felt like for them receiving live in care. The service was looking at expanding this system to have experts by experience involved in training for care workers. For this their expenses would be paid. People were asked by letter to express their interest in this. We saw a letter which had been sent to people using the service to invite them to volunteer to take part in the Frantec steering group to discuss what was working well and areas for improvement. The date for the first planned meeting was in December 2018 and the plan was to hold these four times a year. This demonstrated to people that their experiences and views mattered.

Is the service responsive?

Our findings

At our last inspection of 29 February 2016, the key question Responsive was rated good. At this inspection of 20 November 2018, we found people continued to receive a responsive service.

People said that they were happy with the care and support provided. One person said, "They are fantastic. I am very happy." Another person commented, "I am happy, I am very lucky to have them, nothing bad to speak about thank you." One person's relative said, "They are absolutely superb, they have made an amazing difference to [family member's] quality of life, their attention to detail is good." All of the questionnaires from people said that they were happy with the care and support they received.

One community professional stated in their questionnaire, "We have frequent contact with Frantec concerning the two persons whom we are in contact with... We also have regular contact with those person's family members with whom we discuss the support. The support from Frantec, observed by all of us, is outstanding." Another stated, "Frantec work hard to deliver highly personalised support to those with a variety of needs."

The service continued to ensure that people's care was personalised. Care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. Where people showed signs of anxiety and distress their care records guided care workers on potential triggers for these and how to support them to reduce their distress. Reviews of the care provided was regularly undertaken to ensure people received care that reflected their current needs. Where changes to people's needs and preferences arose, reviews were also undertaken. All of the questionnaires from care workers said that they were told about the needs, choices and preferences of the people they cared for. People's daily records included information about the care and support provided to people each day and their wellbeing.

A member of the management team told us how they supported people with their housing, benefits and health requirements. This was confirmed in records and discussions with a relative. The relative said, "[Named member of the management team] has been an absolute rock got them into their new home and [family member] to have the operation, [member of the manager team] has worked tirelessly for [family member]." One community professional in their questionnaire stated, "They have campaigned for better housing for people to reflect their ongoing and changing housing needs."

People told us they knew how to make a complaint and felt that they were addressed to their satisfaction. One person said, "If I have a problem they sort it out simple as that." All of the questionnaires received from people said that they knew how to make a complaint and that any complaints or concerns were responded to well. There was a complaints procedure in place, each person was provided a copy with their care plan documents. A concern had been received from the local authority, the registered manager had taken this seriously and was cooperating with the local authority.

Where people were at the end of their life the service provided the care and support that they wanted. Care

workers were provided with end of life training. Members of the management team told us how they worked with other professionals involved in people's care, when they were nearing the end of their life. We were told by members of the management team and reviewed records which showed that the service had acted on people's end of life wishes. This included the care provided at the end of their life and their decisions relating to resuscitation. One person's relative told us, "We are happy with the team they have put together they have worked hard, I am happy with this team especially for the last days. They are very polite."

Is the service well-led?

Our findings

At our last inspection of 29 February 2016, the key question Well-led was rated good. At this inspection of 20 November 2018, we found people continued to receive a well-led service.

There was no registered manager in post, this was because the service was owned by an individual who undertook day to day management of the service. There was no requirement for this type of service to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

The manager was supported by the members of the management and senior team and staff based in the office. There was a clear management structure in place and all understood their own and colleague's responsibilities in providing a good quality service. The service's provider information return (PIR) told us that two senior managers were undertaking a leadership and management qualification relevant to their role to update their knowledge and provide resilience within the management team.

The management team continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Records showed that actions were taken when shortfalls had been identified from the auditing process. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. The spot checks also included checks on people's wellbeing and discussions about if they were happy with the service.

There continued to be an open culture where people were asked for their views of the service provided. People completed satisfaction questionnaires to express their views of the service. Where comments from people were received the service addressed them. Recent improvements had been made with the development of feedback provided to people from the results of the surveys called 'you said we did.' As a result of people's comments changeovers of care workers had been improved, this included bookings made more in advance. A member of the management team told us that the surveys had recently been improved to provide clearer questions for people, this was shown to us and was awaiting sign off by the manager. All of the questionnaires from people said that the service's staff asked what they thought about the service provided. They also said that they knew who to contact within the service if they needed to.

People were kept updated with changes in the service, this included sending out to people the new Service User Guide to assist them to understand the structure of the management and senior team. The consistency of the teams supported people to receive a care review at least annually. In addition, correspondence sent to people included a form to complete if there had been any recent changes in their needs which would trigger a further review of the care plan.

Care workers told us that they felt supported by the service's management team. They said that the service

was well-led, there was a positive culture and the team worked well together. One care worker said in their questionnaire, "I am happy to work with Frantec because the managers and staff in the office visit me or phone me from time to time at my work place to support me and to help me with any concerns that may arise." Another said, "The management has always been helpful. If I mentioned any concern they sorted out very quickly. They have always listened to me and, so did I to them." All of the questionnaires from care workers said that their managers were accessible and approachable and dealt effectively with any concerns they raised. All of the questionnaires stated that they felt confident about reporting any concerns or poor practice to their manager, this is also known as whistleblowing.

The service had a system in place to recognise good working practiced by care workers. This included promotion within the service and the development of the enhanced personal support worker for which they were required to do further training and qualifications and receive an increment in salary. This had been trialled and was aimed at improving standards and offering career progression.

The service had a continuity plan in place which assisted them to ensure that they managed the issues that arose from the winter weather. Where there were adverse weather conditions welfare checks were carried out on people. We received a compliment from a person's relative when there had been bad weather earlier in 2018. They stated, "Obviously, due to the weather it has been an extremely difficult week but they really have done all that was possible to keep things running and providing a couple of the best carers for my [family member], despite any expense to the company. Fortunately, although a few staff have been able to get into the office, they have a telephone system which diverts calls and somebody is there 24/7 in an emergency."

The manager and management team continued to work with other organisations to ensure people received a consistent service. This included those who commissioned the service and other professionals involved in people's care. Members of the management team attended local authority forums which enabled them to keep up to date with good practice and discuss issues arising. The service's management team had kept up to date with changes in the care industry, including changes in the law about how they managed records.

The service was introducing new electronic systems in the service. This demonstrated that they continued to improve.