

Friends Care Agency Limited

# Friends Care Agency Limited

## 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Friends Care Limited is a domiciliary care service. It provides care and support to people living in their own homes. At the time of the inspection, 23 people were being supported with a regulated activity of personal care.

Not everyone who used the service received personal care. 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.'

People's experience of using this service:

People were positive about the care they received and about the staff who cared for them. People told us they felt safe receiving support and felt the staff had the right skills and abilities to provide effective support.

People were safe because potential risks to their health and wellbeing were assessed and measures put in place to mitigate risks. There were enough staff to support people safely. People were supported to take their medicines. People were protected from harm by staff who were confident in recognising and reporting concerns. Staff followed effective hygiene processes to prevent the spread of infections.

People were involved in the development and review of their care and had signed a written consent confirming this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and encourage independence. The policies and systems in the service supported this practice.

Staff felt they were well supported by the registered manager and demonstrated they had a good knowledge about various topics relevant to their day to day work. Staff attended team meetings and had individual supervision with their line managers.

People knew how to make a complaint or raise a concern if they needed to. Positive feedback was also documented. The service was flexible and responsive to people's changing needs.

There were a range of quality monitoring processes and audits in place to ensure quality checks were carried out in a timely way and were effective in driving improvements. People were asked for feedback and information from surveys used effectively to improve the service. There was evidence of effective engagement with people, staff and other professionals involved in people's care.

Staff had the right skills and knowledge to meet people's needs effectively. People had been supported to have enough to eat and drink. People had access to a range of healthcare professionals and services when required. This helped people to maintain their health and well-being.

Staff supported people in a way that respected and promoted their privacy and dignity.

People were happy with how staff supported them and the overall management of the service. They told us that staff were kind and caring.

The service encouraged community events to reduce the risk of isolation. Complaints were managed effectively, and any learning was shared to help reduce the risk of recurrence. The service was not supporting anyone with end of life support at the time of the inspection but could do so if required.

Rating at last inspection:

The last rating for this service was Good (published 12 October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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.

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

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led.	<b>Good</b> ●

# Friends Care Agency Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had a manager 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 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.

Inspection activity started on 19 June 2019, when we visited the service's office to review records, policies and procedures, and to speak with the registered manager and the office team. We contacted people who used the service, relatives and staff on the 20 and 21 June to get feedback about the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications

sent to us informing us about important events that happened. We also received the Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included care and support plans for three people. We also looked at three staff files to check the provider's staff recruitment process, induction, training and staff support arrangements. We looked at quality monitoring and other records relating to the overall management of the service.

During the visit to the office, we spoke with the two directors one of whom is the registered manager, the care coordinator and care services manager. We spoke with three care staff by telephone, three people who used the service and one relative. We received feedback from a professional who has experience 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by staff from Friends Care Limited. One person told us, "I have no concerns at all about safety, they are all very good the staff." Another person told us, "Staff provide reassurance especially when I am getting ready for the day."
- Staff knew how to keep people safe and were able to demonstrate they knew how and when to report any concerns to the registered manager. They were confident any concerns would be acted on immediately. This ensured timely action could be taken to safeguard people from potential harm.

Assessing risk, safety monitoring and management

- People had individual risks assessed. Where risks had been identified, they were regularly reviewed for changes and steps put in place to reduce the risks. This helped to give staff guidance on how to keep people safe.
- Risks assessed included areas such as the environment and people's mobility. Staff completed health and safety training and reported any potential risks or hazards to their manager to ensure they were addressed quickly.

Staffing and recruitment

- Robust pre-employment checks were completed which included a disclosure and barring check (DBS) taking up references from a previous employer and identity checks. This helped to ensure they were suitable to work in this type of service.
- There were enough staff to support people safely and at the times they preferred. The care coordinator planned rotas to help maintain consistency from a small team of care staff. People told us the staff mostly arrived at the planned time and stayed for the duration of the visit.
- The care services manager told us the rotas were planned to include travel time and staff confirmed they had enough time to travel between visits. One person told us "Occasionally staff may get held up for one reason or another, but they try to let you know and any delays were minimal."

Using medicines safely

- People were supported to take their medicines safely and regularly by trained staff. However, some people were able to manage their own medicines and just required prompting or were supported by family members. Staff completed medicine administration records (MAR). These were audited regularly to help identify any potential errors or omissions to enable timely interventions.

Preventing and controlling infection

- Staff had been trained in infection control and knew how to reduce the risk and spread of infections. Staff

told us they were provided with personal protective equipment (PPE), such as disposable gloves and aprons. Where required, they used these when supporting people with personal care.

#### Learning lessons when things go wrong

- Staff confirmed that they would report any incidents to their line manager to help ensure peoples safety was maintained. Although no accidents or incidents had been reported, the registered manager told us that if there were any reported, they would be recorded and reviewed to establish if there was any learning from them.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; Adapting service, design, decoration to meet people's needs

- People's care was planned to ensure it met their needs effectively. People told us staff supported them the way they preferred. One person told us, "I think staff are wonderful. They help with everything I need. I could not ask for more."
- People's care plans detailed their assessed needs, choices and preferences to enable staff to support them in the way that suited them and their lifestyles. Care plans were reviewed annually or when there was a change for example if a person went into hospital a review would be completed to ensure the service was still able to meet the persons needs effectively and safely.

Staff support: induction, training, skills and experience

- People told us they felt the care staff had the right skills and experience to support them effectively. One person told us, "Yes, I am confident staff know what they are doing. I have never had any concerns about their ability at all."
- Staff told us they had received training relevant to their roles. One staff member told us, "I have done a lot of training most of it was e-learning." (Online training). They told us they felt the moving and handling training practical element should be face to face to enable care staff to practise using equipment such as hoists or sliding sheets. The registered manager told us they had recently qualified to deliver training and would be doing the practical training in future.
- Staff were well supported through regular team meetings and individual supervision which had recently been introduced. Staff told us they were always able to approach a manager for advice and support even outside usual office hours.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people had been assessed as requiring support with eating and drinking, staff supported them to have a varied and nutritious diet to remain healthy.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they did not routinely support people to make and attend appointments but would do if people required support to do this, or in an emergency. Staff worked closely with other agencies to make sure people received effective care. For example they liaised with hospital staff when people were being discharged home from hospital to make sure they had everything they needed such as equipment and or medicines.

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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. We found that MCA assessments were in the process of being completed at the time of our inspection.

- People were asked to consent to their care and support and had been involved in developing their care plan which had been signed to confirm they consented to the care being provided.
- Staff told us that most people were able to make day to day decisions about their care and support. However, they told us that they spoke with family members, professionals or peoples GP to establish how best to support the person. This helped ensure the care and support provided by staff was in people's best interest.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 they were supported by staff who were kind and caring. One person's relative told us, "My [Name of relative] carer is excellent, they are spot on. I could not ask for better". Another person told us "I look forward to staff coming we always have a chat. They are all lovely and make sure I am settled for the day before they leave."
- People told us that their care and support was individual and personalised to meet a range of needs. Staff told us they valued people's diversity and treated people as equals. In particular considering any specific requirements. Support was provided in a way that was appropriate for each person. One relative told us, "Staff have got to know [my family member] so well and I am so reassured they are being well looked after."

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

- People told us staff supported them to make day to day decisions and choices about their care. They said they chose how they wanted to be supported, and their individual routines and preferences were respected.
- People told us that the carers always asked them what they wanted them to do, even if they were the regular staff and had care plans to follow. People told us they had a consistent team of staff members who had a good knowledge of all their support needs. One person told us, "I have a regular carer most days and then some different people at the weekend. I like it because it means I get to see someone different and we have a chat and catch up. It suits me."

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were respectful when supporting them and maintained their privacy and dignity. For example, one person told us "The staff keep me covered with a towel and give me time to use the bathroom in private. They don't hover but get on with making my breakfast." Another person told us, "I feel totally comfortable with the carers they are very respectful and never cross the line. They are professional always."
- People told us they felt staff supported them to retain as much independence as possible by encouraging them to do what they could for themselves and giving them time to do things at their own pace. One person told us, "I can do a lot for myself but lack the confidence, just knowing the carer is there if I falter provides me with the reassurance I need."
- Staff confirmed they tried to support people to retain everyday living skills rather than supporting them in a way which takes away their independence.
- People told us that the staff were respectful of them as individuals and they supported them in a way that achieved good outcomes for them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us staff supported people in a way that met their individual needs. People told us the service operated a flexible approach enabling people to make changes to suit their needs and wishes. For example, if people needed their support visit to be earlier or later or for a different duration this could usually be accommodated.
- Staff told us that they supported people to get equipment they needed in their homes to support them safely for example a hoist or walking aid, which ensured their care was individually tailored to them and their independence was maintained as far as possible.
- People's care plans reflected their care needs and preferences. This enabled staff to know people's needs well. This was helpful when identifying possible concerns where perhaps professional intervention was required in the case of a person's condition deteriorating. This was quickly picked up by regular care staff and reported to the office. Supporting timely intervention through referral to healthcare professionals.
- People and relatives confirmed they were involved in reviewing the care plans to ensure they continued to meet their needs and remained current. One person told us, "The manager came to visit us before the care started. We discussed everything, so we knew exactly what was expected and how they would help."

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 who used the service were able to communicate effectively with staff. They were also able to read and understand information given to them by the service, including their care plans, out of hours contact details and other information provided by the service.
- The registered manager told us they would provide information in other formats if this was required to support people to understand it. For example, by providing care plans in different languages if this was required or involve translation services to communicate with people if English was not their first language.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. The service did not receive many complaints and those they had received were properly investigated and resolved to the complainant's satisfaction. The registered manager told us they addressed any niggles before they became 'complaints'.
- The registered manager told us they reflected on feedback and shared with staff so that any learning could be used to improve the service.

#### End of life care and support

- The service was not providing any end of life care at the time of our inspection. The care manager told us people often declined having these conversations and they respected their wishes. However, the care services manager told us that if this was required they could provide this level and type of support through a small team of staff.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The management team were open and transparent during the inspection and demonstrated they were committed to provide good quality person centred care by engaging with everyone who used the service and working in partnership with other professionals and organisations.
- Staff told us they well supported and listened to and that they could approach the registered manager or a member of the management team at any time. Staff understood the providers values and commitment to provide good quality person-centred care.

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 service was well-run, and the registered manager was aware of when they needed to tell us about events that happened at the service, such as accidents or incidents or medicines' errors. Learning was shared to help prevent similar repetitions.

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

- All staff had a good understanding of their roles and responsibilities. Staff felt valued and motivated and were happy to be working at the service.
- Audits were completed on various aspects of the service to check the quality of the service and make improvements when required.

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

- The provider and registered manager operated an inclusive service. People were involved in social events for example an afternoon tea had been arranged and people and their relatives were kept informed of developments through regular communication.
- The registered manager and the staff team liaised well with health professionals, for example the hospital discharge team to help provide a holistic service to people and achieve the best possible outcomes.

Continuous learning and improving care

- The registered manager had developed an ongoing action plan to address areas identified as requiring improvement. For example, by introducing more regular supervision for staff to ensure meaningful

discussions about their role.

#### Working in partnership with others

- The service had developed good working relationships with a range of professionals and agencies involved in people's care.
- We saw good examples of how the care manager liaised with the hospital social work team to ensure a person's care package was properly structured to meet the persons increased needs when they returned home. This helped ensure that the person was not readmitted to hospital because they had the right support in place.