

Fylde Community Care Limited

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Inspection report

72 Woodlands Road
Lytham St Annes
Lancashire
FY8 4BX

Tel: 01253738911

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection visit at Fylde Community Care was undertaken on 04 October 2016 and was announced. We gave 48 hours' notice of the inspection to ensure people who accessed the service, staff and visitors were available to talk with us.

Fylde Community Care provides personal care assistance for people who live in their own homes. The service supports older people and those who may live with dementia, mental health conditions, physical disability and sensory impairment. The office is based in St Annes' town centre. At the time of our inspection, Fylde Community Care was working with 47 people.

A registered manager was in place. 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.

At the last inspection on 06 February 2014, we found the provider was meeting the requirements of the regulations.

During this inspection, people and their representatives told us they felt safe whilst being supported in their own home. However, the provider had failed to follow required, safe recruitment procedures to ensure staff were suitable to work with vulnerable people. Necessary checks of employees' background and employment history were not always in place. This is a breach of Regulation 19 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

You can see what action we told the provider to take at the back of the full version of the report.

Although a number of audits were undertaken to maintain people's safety and wellbeing, these were limited and not always completed. For example, staff file audits we looked at did not always contain required recruitment documents.

We have made a recommendation about the provider seeking guidance related to auditing systems.

People who used Fylde Community Care said it was well organised and they felt able to contact them if they had any problems. One person said, "The managers are very obliging. If I need to change things around it's never a problem." We found the registered manager sent people questionnaires to gain their feedback and sought ideas from staff related to service improvement.

People said there were sufficient numbers and consistency of staff to meet their requirements. One person said, "I like chatting with them and having the same staff helps with that." The registered manager provided a variety of training to underpin staff skills and knowledge. This included safeguarding vulnerable people.

We discussed with staff how they protected individuals from potential abuse. They demonstrated a good understanding of relevant principles.

Individuals who used the service told us they received their tablets on time and when required. Staff undertook related training and completed records accurately. The management team additionally risk assessed people's medication to ensure this was managed safely.

Staff received training about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. A person who used the service told us, "If I don't want to get up, they don't force me and offer an alternative, such as a bed bath." People told us staff were respectful and supported them to make their day-to-day decisions.

We found staff and people who used the service worked together in the planning, review and provision of their care. Individuals who used Fylde Community Care said they were supported to comment about their experiences. Care planning was aimed at helping people to maintain their independence. They told us staff worked with them in a personalised way.

We observed staff approached people's care in ways that maintained their dignity and self-determination. One person said, "I am confident and reassured by a good service." The management team respected people's culture and diversity. They told us staff respected them as individuals. Where people were supported with their meals, the management team had recorded this in their care plan to guide staff.

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 not always safe.

The management had not always followed required, safe recruitment procedures in the employment of suitable staff.

People we spoke with said they felt safe when supported in their own home. Staff had safeguarding training in relation to abuse and poor practice. People stated they found staffing numbers and consistency of staff were sufficient to meet their needs.

The registered manager had suitable arrangements to ensure people had their medicines as prescribed and on time.

Requires Improvement ●

Is the service effective?

The service was effective.

The management team provided training and supervision. They additionally carried out competency testing to check staff utilised their learning in care practice.

The staff and management team had a good awareness of the MCA. We found people or their representatives had signed consent to their care.

Staff had a good understanding of effective nutritional support and received associated training to strengthen their skills.

Good ●

Is the service caring?

The service was caring.

People who used the service said staff were caring and supported them with a friendly approach. During our inspection, we found staff understood their preferred routines and preferences.

Staff actively worked with those who used the service to meet their requirements. They had a good awareness of important principles in maintaining people's dignity and privacy.

Good ●

Is the service responsive?

The service was responsive.

The management team discussed care and preferred support methods with people. Those who used the service told us staff supported them with a personalised approach.

We found care planning was based around helping people to keep their independence. Staff had a good understanding of their social needs and assisted them with this during care visits.

The registered manager provided people with information about complaints processes.

Good 

Is the service well-led?

The service was not always well-led.

The management team did not always assess quality assurance to protect people and maintain their safety and welfare. The provider did not have a robust auditing system.

People and their representatives told us the service was organised and well led. Staff said the management team was supportive and approachable.

We found the provider sought staff, people and relatives' comments about the service.

Requires Improvement 

Fylde Community Care Limited

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 was planned to check 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.

The inspection team consisted of one adult social care inspector.

Prior to our unannounced inspection on 04 October 2016, we reviewed the information we held about Fylde Community Care. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes.

We spoke with a range of people about this service. They included five people who used Fylde Community Care, one relative, two members of the management team and five staff members. We did this to gain an overview of what people experienced whilst using the service.

We also spent time looking at records. We checked documents in relation to four people who had received support from Fylde Community Care and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

People said when they used Fylde Community Care they felt safe. One person told us they had been to a variety of services and was afraid to use another organisation, but they added, "I am so happy I got this agency. I feel completely safe after years of poor care." Another individual stated, "They are always on time and I get staff who know me, which gives me confidence." A relative said, "I know the carers now and can trust them on their own to care for my [relative]. That's a huge thing for me."

The management team had not always followed their recruitment policy and related statements in their service user guide. The provider could not confirm suitable staff were safely recruited through required checks and processes. We looked at four staff files and found concerns in three of them. An objective in the service user guide stated, 'Enhanced criminal disclosures are carried out on all carers,' as well as references. However, the provider had no record of two employees' necessary references and criminal record checks obtained from the Disclosure and Barring Service (DBS). This meant the provider had no evidence they had assessed their full employment histories to maintain people's safety and welfare.

Additionally, application forms we looked at had no supporting evidence. Consequently, the provider had no assurance applicants were appropriate and had experience to work with people who used the service. Furthermore, there were no interview records to confirm staff were suitable to recruit and the provider had checked employment gaps. Only one file had an audit checklist, which was not fully completed, to corroborate recruitment requirements were contained in staff files. The registered manager did not have a robust system to protect people from the safe employment of appropriate staff.

This is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to follow required, safe recruitment procedures to ensure staff were suitable to work with vulnerable people.

The registered manager told us they planned rotas with 18 staff, which meant they had additional cover for leave or absence. They added, "It works well and ensures we have continuity of care." Out of hours emergency contact details were available to individuals who lived in their own homes if they had any concerns. People said they found staffing numbers and consistency of staff who delivered their care were in place. One person told us, "I know who's coming, which helps me feel safe. I get the same carers, unless they're off and I've never had a missed visit." The registered manager had a live log on and off system to monitor people's care package delivery. This meant they were instantly aware of visit times and timeframes being met as agreed. The registered manager said, "It's a great way to check our service users get their full packages on time."

Staff told us they felt there were sufficient staffing levels to meet everyone's care requirements. They said they could contact the office throughout the time care packages were delivered when another staff member did not turn up. A member of the management team would then attend to assist them where two staff were required to support individuals. One staff member stated, "I've never had an instance when we've been short staffed. The managers are good with that."

Staff told us they received safeguarding training and felt confident about managing incidents of poor care or abuse. One staff member said, "I would inform the office and social services. It's about making sure that person is fully protected." Records we reviewed confirmed staff received relevant training. The associated policy was current and information was available to staff about the organisations to which they were required to report concerns.

The registered manager had systems to manage accidents and incidents. They told us there had been no such events in the last 12 months. Documentation utilised for this purpose included space to outline the accident, as well as any actions taken. This was a good system to reduce the likelihood of incidents occurring or reoccurring.

Care files we reviewed contained risk assessments to guide staff to protect people from unsafe support in their own homes. These related to potential risks of harm or injury, such as medication, personal care, movement and handling, falls, health and environmental safety. The management team recorded the level of risk and actions to manage it to minimise its potential occurrence. People had signed their risk assessments as part of their consent and to demonstrate they understood the purpose of these procedures.

We observed medicines were stored securely in the person's own home. We found each medicine was documented on a separate sheet and we saw a staff member checked stocks before and after administration. One person said, "It means if I'm beginning to run low they'll let me know so I can order a repeat." This also assisted the management team to monitor individuals who used the service received their medicines as prescribed. The registered manager told us, "We work very closely with the local pharmacies. They're very good at supplying new and ongoing medication."

We sampled records associated with medication and found they were documented correctly. For example, there were no gaps or missed signatures. Care files we looked at held medication risk assessments intended to guide staff to manage any associated risks. The registered manager provided training for staff to underpin their skills and knowledge. People said they received their medicines when they required them. One relative added, "The staff have never been late. That's the most important thing to me because my [relative] has strong tablets at night that she has to have at a certain time."

Is the service effective?

Our findings

People who used the service and their relatives told us they felt staff were skilled and knowledgeable. One person said, "Staff are well trained and know what they are doing." Another person added, "They come up with the goods."

We reviewed training the registered manager had in place and noted they provided a variety of sessions. These included equality and diversity, end of life care, food hygiene, fire safety, environmental safety, challenging behaviour, first aid and dementia awareness. The registered manager also obtained staff training on a when required basis, such as where people's health changed or new equipment was introduced. For example, we saw evidence where nurses from the local hospital trained staff on the use of nutritional equipment. The registered manager told us the nurses attended the service again when the person's needs changed. They added, "It gives our staff confidence to deal with it." The management team also reviewed staff learning through regular competency testing. A staff member told us, "I'm very happy with the company. We get good training." Another staff member confirmed, "I've done all the training."

Records we looked at contained evidence that staff received supervision and appraisal to support them in their roles. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. The sessions were a two-way process to explore personal and professional development, as well as any training needs. A staff member said the management team and staff worked well as a team. They felt they could gain advice and guidance at any time. This showed the provider protected people from untrained, inexperienced staff.

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. The staff and management team demonstrated a good awareness of the MCA. One staff member said, "They all have choice, I respect that because it's their right." The registered manager explained they worked with one person who had full capacity, but was not being compliant with their medical health needs. They said, "That is absolutely her choice. Who am I to tell her? We can only support and advise."

We found people had signed their consent to care, including their overall and decision-specific agreement to their support. For example, care plans and risk assessments were signed and dated by the individual or their representative. When we discussed consent with staff, we noted they had a good understanding. People told us staff were respectful and supported them to make their day-to-day decisions. One person confirmed, "I signed all my records." Another individual said, "The staff ask me what I want to eat, how I want a shower and anything else. They are careful at allowing me to make my decisions."

Where staff supported people with their meals as part of their care packages, the management team had recorded this in their care plans. They also documented the person's food likes and dislikes to guide staff. A person who used the service told us, "They asked me what I want to eat and I've always had good food." We

saw staff completed food and fluid charts to monitor people's intake and ensure this was adequate. Staff had a good awareness of effective nutritional support and food safety, along with associated training to strengthen their skills. One staff member said, "The other day one service user asked if I didn't mind cooking him a steak. I was happy to do this and got a ten out of ten, which I felt good about."

Staff described good practice in supporting people to access other services as part of their ongoing care. We saw they contacted healthcare professionals when required or immediately if emergencies arose. One staff member said, "I ask the client how they are to make sure there are no changes in their health." The management team documented healthcare services involved, such as the GP and social worker. They checked their contact details to ensure these were up-to-date. A member of the management team provided an example of where they worked with other healthcare services to assist people with their nutrition. They added, "Where we support people at risk with their nutrition we work with dieticians at [the local hospital]. They are a great help."

Is the service caring?

Our findings

People who used the service said staff were caring and supported them with a friendly approach. One person told us, "The staff are so wonderful and caring." Another individual stated, "Everything they've done is more than fantastic." Another person added, "The staff are caring and always willing to do anything." A relative said, "Yes, they're a very good company."

We found staff were friendly and kind and observed they had developed caring relationships with people and their relatives. For example, they used eye contact and people were relaxed and comfortable when they engaged with staff. One person who used Fylde Community Care said, "They check if I need anything and go above and beyond. Nothing is too much trouble for them." We saw staff followed people's care planning, worked in ways that improved their independence and understood the principles of good care. A staff member told us, "I'm in this job to give something back to older people who have sacrificed so much for us to be here."

Staff had a good understanding of the individual's preferred routines and preferences. They asked people when they wanted their lunch and if there was anything further they required. We observed caring bonds in place between staff and the individual who used Fylde Community Care. One staff member said, "I connect to the service user and can't help getting attached. Everything I do is for them to have a happy life."

We found the provider had a dignity in care charter and their service user guide stated, 'Our clients' welfare and dignity are our first priority.' Staff demonstrated a good appreciation of important principles in maintaining people's dignity and privacy. For example, staff knocked on doors and asked their permission for us to talk with them. People told us they felt staff were caring in their approach. One person said, "They treat me with respect and always make sure my privacy and dignity are maintained."

The management team respected people's culture and diversity. For example, their service user guide included such statements as, 'We will provide care that is non-discriminatory' and, 'We seek to uphold each individual's human rights.' This included reference to the protected characteristics, as stated under the Equality Act 2010. Furthermore, the registered manager provided staff with equality and diversity training to enhance their awareness. People and their relatives told us staff respected them as individuals and supported them with a person-centred approach.

Care records we looked at held information to evidence people or their representatives were fully involved in their care planning. For example, they had signed their risk assessments and care plans. One person who used the service told us, "[A member of the management team] took her time and asked me what I needed and we agreed a way forward." Additionally, on initial assessment a member of the management team discussed care with people in the comfort of their own homes. They also met on an annually to review their support formally or on a when required basis if their requirements changed. The management team had recorded each person's preferences and wishes in how they wanted to be supported. This showed the service actively worked with those who used Fylde Community Care to meet their requirements.

Is the service responsive?

Our findings

We were told by people and their representatives Fylde Community Care was responsive to them. One person said, "I have been with them for many years, so I know they're a good service. I get everything I need." A relative stated, "My [relative] is the best she's been in a very long time, which is a consequence of their care."

A member of the management team completed an initial assessment of people's requirements when they were referred to the service. This included a review of medical health, nutrition, movement and handling, medication and any other needs. The management team discussed care with the person, as well as how they wished to be supported. They then used all this information to form care planning and to guide staff to meet people's agreed care packages.

We found staff and the management team were person-centred in their approach to people's care. Care planning was personalised and records included people's preferences and backgrounds. This covered, for example, what they wished to be called, meals, drinks and where they wished to sit after staff supported them. One person said, "I can have female carers, which is so important to me. Unlike other agencies, I always get female carers."

We saw care planning was regularly reviewed with the person who used the service. Working with this collaborative approach helped to guide staff to be responsive to people's ongoing needs. One staff member told us, "I always read the care plan to keep myself up-to-date with any changes." Additionally, we were told when staff noted any health changes in people they contacted the office. The senior staff member then visited the person in their own home to discuss this with them and their relatives. Consequently, care planning and risk assessment records held at the individual's home and the office were synchronised. We discussed this with people who accessed the service and their relatives. They said their care planning and support they received from staff helped them to keep their independence. One person stated, "The senior comes out regularly to discuss how things are going and if I'm getting my needs met."

Staff had a good understanding of people's social needs and supported them with this during care visits. For example, we observed they took their time and talked with individuals throughout. They engaged in meaningful conversations, such as current affairs, and demonstrated friendly interest in what the person had to say. One staff member said, "I do my best to make a difference to the clients' lives. I like that I've given them company and when I leave they feel they matter." The registered manager recognised the importance of general discussions as part of reducing people's isolation. We saw each care plan area included the reminder 'have a chat' whilst completing tasks. People told us staff consistently engaged with them in meaningful ways. One person stated, "They chat all the time with me whilst they're working. They sit down and check how I am. It's good company for me."

Service user guides available in people's own homes covered details about how people could make a complaint if they chose to. This included information about the various steps they should take and timescales by which the management team would address concerns. The registered manager said they had

not received any complaints over the past year. One person told us, "I have my service user guide, which tells me all about if I need to make a complaint. Not that I need to because it's a wonderful agency."

Is the service well-led?

Our findings

People and their representatives told us the service was well led and they had their needs met. When we discussed the leadership with those who accessed the service, they said Fylde Community Care was well organised. One person told us, "[A member of the management team] Is very kind and respectful. I felt immediately reassured." Another person said, "I can honestly say there is nothing they could do better." A relative added, "We ring when we've had very minor, little niggles and they sort them out quickly."

The registered manager had arrangements to assess quality assurance and service oversight. These covered health and safety, staff files and monitoring the delivery of care packages. However, we found these were limited and not always completed. For example, the recruitment audit failed to ensure required documents were in place. Additionally, there were no other audits to assess service quality, such as medication and infection control. There was no evidence the registered manager always acted upon identified issues. This showed the management team did not always have strong systems to check people's safety and wellbeing.

We recommend the provider seeks guidance from a suitable source in relation to robust auditing that maintains people's ongoing quality of care, safety and welfare.

The management team said staff were encouraged to come in to the office to have a hot drink and their lunch. They said this developed an open working relationship between them and staff. One member of the management team stated, "We've got great staff." Staff confirmed they felt the management team was supportive and approachable. One staff member said, "I get on well with the managers and I definitely feel supported by them." Another staff member added, "The managers are very approachable. I can contact them when I need to."

The management team sent out satisfaction surveys to check people's experiences of care when they used Fylde Community Care. One person told us, "I was given a questionnaire a short while ago. I was pleased they asked me for my opinion and felt able to say it as it is – fantastic." Questionnaires asked people to comment on, for example, whether the service was meeting their needs and how staff presented themselves. They also reviewed if care packages were delivered as agreed and how complaints were managed. We reviewed a sample of responses and noted people were positive about the service. Comments seen included, 'I must stress that this company is in my estimation 100% in all aspects' and, 'Brilliant, could not do without my carers.' Other statements were, 'We feel happy with FCC (Fylde Community Care) and, up to now, all that they offer' and, 'Nice crowd and we have a laugh and enjoy the company.'

The registered manager had a log on and off system to monitor and check care visits took place on time and to the agreed timeframe. This was live and gave the management team full awareness of where staff were to confirm people's care package delivery. In addition, the member of the management team on call during out of hours' periods had access to this at home. This enabled them to continue to monitor people were getting their care as agreed. The system identified where potential issues were for the registered manager to address. They told us, "If we have a pattern then we sit down and discuss this with the individual staff member."

The management team worked closely together with staff on a regular basis. Staff confirmed the managers frequently provided people's care packages, which gave them an understanding of staff roles and people's needs. Additionally, team meetings were held to provide staff with an opportunity to discuss any concerns or suggestions about service improvement. We saw the minutes from the last team meeting, which included a review people's care, allocation procedures and team working. One staff member said, "I love this company. [The management team] are great. They really support us well and listen to us." Another staff member added, "[The management team] are open to ideas and suggestions."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective recruitment procedures were not in place to ensure the person was suitable for their role.