

Fonjock's Social Work Practice Limited

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Inspection report

Orchard House
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Bury St Edmunds
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IP33 3PQ

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25 February 2016
07 March 2016

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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

This inspection took place on the 25 February and 7 March 2016 and was announced.

This domiciliary care service currently supports two people.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 safety of people who used the service was of the utmost concern of the owner of the service, registered manager and staff. Prior to providing support an in-depth assessment was completed to determine the service could meet the persons needs. The staff were aware of their responsibility to protect people's health and wellbeing. There were processes in place to ensure people's safety, including risk assessments with guidance for staff with actions to take to safeguard people from the risk of harm. These identified how the risks to people's safety were minimised and ensured people's human rights to choice and freedom were safeguarded. All staff had received safeguarding training.

Staff had completed training in order that they could prompt and administer medicines. Staff supported people in the community as well as in their own homes. In order to pursue their interests in the community. Staff ensured that people had their medicines with them so they could take them at the prescribed times and also medicines they took which were to be used in an emergency. There were policies and procedures in place of which staff were confident to use to support the person, should the need arise.

There were sufficient numbers of staff employed to provide care and support according to people's assessed needs. There was a robust recruitment process and staff were given supervision to develop their skills. The staff had received training as part of the induction and were further updated with refresher training so they were able to understand and meet people's individual needs. There was a consistent team of staff working with each individual.

People and or their representatives, were involved in planning and making decisions about the support. The care plans were person-centred and contained information about how the staff were to support people to achieve agreed goals. The service was flexible and responded positively to people's requests about their care, how it should be provided and could be changed at short-notice to reflect people's choices on a particular day.

The service was committed to providing personalised care and ensured that people who used the service were consulted about how they lived their everyday lives. There was a complaints policy and procedure in place.

The owner of the service supported by the manager had begun to develop this new organisation in line with the statement of purpose to support and enabled people to live as full a life as possible according to their choices, wishes and preferences. The management team provided effective leadership to the service and enabled people and their representatives to express their views through regular planned care reviews.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were provided with safeguard training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report concerns appropriately.

People were protected from harm because risks to people's health, welfare and safety had been assessed and risk assessments were in place.

Recruitment procedures showed that the service operated a safe and effective recruitment system.

Is the service effective?

Good ●

The service was effective.

Staff knew the people they supported well and had received appropriate training, and supervision.

Staff had been trained to understand their roles and responsibilities regarding the Mental Capacity Act 2005.

The service worked with other professionals to support people to work towards achieving their assessed needs.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, compassion and their rights to respect their privacy and dignity promoted.

The views of people and their relatives and were consulted on about their care and welfare.

Is the service responsive?

Good ●

The service was responsive.

An assessment was carried prior to a service being offered to determine the support needs required, and if the service could meet those needs

People were supported to live life to the full, to follow their interests and access the community.

There was a complaints policy in place and a procedure for recording compliments.

Is the service well-led?

The service was well led.

The provider carried out any formal quality and safety management monitoring of the service on a regular basis.

People and staff were encouraged to express their views about the development of the service.

Staff understood their roles and responsibilities and were supported by the management team who operated an on-call system.

Good ●

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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.'

This inspection took place on the 25 February and 7 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, so that the provider was given time to make arrangements for us to meet people using the service and gain their consent to meet us.

This inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, this included the provider information return and review of statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with one person who used the service and who was able to talk with us about how they were feeling at the time. We also spoke with a relative, a healthcare professional supporting people who used the service, the owner, registered manager and two members of staff.

We looked at records in relation to the two people using the service.

We visited as part of our inspection the provider's head office to review two staff recruitment files; training information and supervision records. We looked at records relating to the management of medicines and systems for monitoring the quality and safety of the service.

Is the service safe?

Our findings

A member of staff told us, "I did the safeguarding training here at head office, we have a training room and we were able to ask questions as part of the training."

We saw from the training records that all staff working in the service had been provided with training in safeguarding people from avoidable harm and potential abuse as part of their induction. We also noted that the service had planned ahead for updates in safeguarding training and the policy and procedure for safeguarding had been regularly reviewed. The training covered examples of the different types of abuse which could occur, and what action should be taken to ensure people's safety by staff reporting their concerns to their manager. Staff were aware that they could report information directly to the local authority safeguarding team if they felt this was appropriate. Staff had also received training and had opportunities to discuss things such as working alone with people in the community.

Within the care plans, attention and thought had been given to people's safety and wellbeing. Appropriate information from relatives had been recorded and advice sought from other health and social care professionals to support people's wellbeing, and protect them from the risk of harm. We saw that there was an individual risk assessment in place to support the person pursue their interest in swimming and another with regard to bicycle riding.

The provider had procedures in place to guide staff in the event of emergencies. There was also a process for recording any accidents or events so that this could be reflected upon and lessons learnt from any such events.

Prior to providing care and support members of staff were introduced to the person by an experienced and known member of staff to them. Staff and relatives told us that the staffing levels were sufficient to meet people's needs. The provider told us that they worked together with the people using the service and their relatives to determine what was required to support them and at what hours during the day, staff were required. This helped to support people having personalised packages and enabled best practise whilst encouraging a continuum of individual development. Staff told us that the established staff team provided additional cover when required to cover for staff absences. This meant that care for people was consistent. One person told us, the names of the staff that supported them.

As part of our inspection we visited the provider's head office to review staff recruitment files. The owner told us about the recruitment system and processes that had been put into place. The provider's recruitment procedures included completion of an application form, a formal interview, previous employer references obtained, identification and criminal records checks from the disclosure and barring service to determine if the person was suitable to work with people that used the service. We saw that the staff had a contract and job description which clearly stated their roles and responsibilities.

Staff had been trained to administer medicines. The staff we spoke to were knowledgeable about why the medicines had been prescribed, possible side-effects and were allergies. We saw that records were

maintained which described medicines prescribed and the medical conditions these were prescribed for. Medication administration charts (MAR) were in place for recording medicines when administered. There were clear arrangements in place for the use of as and when required medicines (PRN). We saw that the staff kept medicines securely when in the community in order that they were available when required.

Is the service effective?

Our findings

Staff had received the training necessary to support people and which was relevant to their roles and responsibilities. This meant that staff were able to understand the needs of people and they had developed skills from the training which enabled them to support people. A member of staff told us, "The training was very good and I am able to understand that I may need to think carefully about how I communicate and say things more than once, and use different words to explain things." We saw that people's communication needs had been assessed and guidance provided for staff in care plans describing how best to support people. Staff used a range of methods to communicate with individuals and ascertain their views. For example, with the use of pictorial prompts with regard to their food likes and dislikes and in planning weekly menus and any choice of leisure activities. We saw a member of staff discussing the contents of a book with a person which they valued, and from the staff member knowing their interest in the book was good, they had supported the person to increase their awareness of different colours.

We saw that the manager had arranged with the provider, training in epilepsy awareness so that staff were able to support people with that diagnosis.

People received their care from staff who had been appropriately supported. A member of staff told us, they had been provided with a programme of induction including formal training and opportunities to shadow other staff. Shadowing is when the person is not part of the staffing establishment and hence they have the time to observe and talk with the care staff to appreciate the role before doing the role themselves. This meant the staff member was supported to become familiar with people's care and support needs before they worked alone. Staff also received support through one to one supervision meetings and staff meetings. Supervision was planned and additional supervision was also available as required. A member of staff told us, "We are encouraged to ring to make an appointment or just drop into the office to see the manager or provider to discuss anything that we need to."

The provider, manager and staff we spoke with understood the importance of gaining consent from people before delivering their care or treatment. Staff had received training and support to enable them to meet the needs of the individuals they supported. The service staff had a good understanding of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated their understanding of people's needs and the importance of protecting people's human rights and obtaining their consent with regard to the care and support provided. We saw that discussions with the people who used the service, family members and care staff had taken place and the service staff were aware of best interest meetings and sought the advice of other professionals appropriately.

Written records and staff handovers meant there were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. We saw that the handover explained why in some circumstances the original planned care had not taken place that day and how alternatives had been put into place.

The service staff worked with people to support them to maintain good health and have access to

healthcare services. The staff worked with other professionals and we saw in the care plans that information had been recorded accurately so that there was no confusion regarding what each healthcare professional was doing and how they could complement each other to support the people to achieve their desired outcomes.

Care plans had been produced for each person which described their health care needs and how best to support them. Should the person require hospital admission, a health passport document had been produced, to accompany the person that included important information which was required to support them.

A member of staff told us what they would do, if they were concerned about a person in their care and they had attended professionals meetings to support the person and help with the planning of future care. The records showed that where concerns had been identified, the relevant health professionals had been contacted. This included access to GP's, psychologists and nursing staff. When treatment or feedback had been given this had been recorded in the person's care record.

Is the service caring?

Our findings

We observed that people were confident in the presence of staff and knew them well. While we talked with a person who used the service they regularly engaged with the member of staff present. They were at ease with each other and spoke about the support that was provided to them. We noted that staff were not rushed in their interactions with people and took time to explain information to them. They also gained their consent as to what they would do later that day from a range of choices provided. The person liked to spend time outside which they were supported with whenever possible, while other arrangements were in place during times of bad weather.

When we talked with members of staff they were able to tell us about the person's care plan and specifically how they liked to be supported and their experiences in life which were important to them.

People's wishes and choices were supported and respected and people were encouraged to be as independent as possible with how they spent their time and lived their daily lives. We saw the care plans had been written in a person-centred style. The manager told us how they had worked with people and their families to accurately record the care provided.

We asked the manager how the service would provide personal support rather than it being task orientated. They explained the key worker approach used by the service. This where a lead member in the team is identified as being responsible for keyworker sessions with an identified person using the service. This required developing a structured plan and quality service in partnership with the individual, their family and relevant professionals on how to best meet their needs. They further explained that this was achieved from the experience the person had within the service and putting their needs as the focus point of the care.

People's personal histories and life stories were carefully documented within their care plans. We saw that the person, family and staff had worked to involve the person in the activities of the local community. This meant that links were strengthened with services, and any activities the person enjoyed and new opportunities had been identified with the person, and with their consent embarked upon and enjoyed.

Each person had a copy of their own care plan and could write in the plan as they wished and also were encouraged to sign their attended reviews and comment upon the actions agreed.

We observed staff treating people with dignity. We saw staff members offer people drinks and check which drink they wished to have rather than provide a drink without asking the person about their choice.

Is the service responsive?

Our findings

The provider told us that when assessing if the service could meet someone's needs, they also sought to discover the views of the person in order that these could be recorded with regard to how they liked and wished their care to be provided. We saw that in the care plan a detailed assessment had been recorded. A professional told us that the service had worked closely with them to fully appreciate the person's needs and to ensure that the service could meet the person's needs.

We saw from the assessment that a care plan had been devised and the person had been fully engaged with during the process. From our conversations with the staff, we found that they had a good insight into people's wishes, preferences and needs. The manager was also knowledgeable and spent time with people on a regular basis, which gave them insight and up to date knowledge of people's care and support needs.

A member of staff told us, "A good care plan should paint a picture of how the person wants to be supported." They went on to explain rather than a pencil sketch there's were in colour." The care plans were detailed and informative. They provided staff with the guidance they needed, setting out people's choices and preferences. Staff had been provided with guidance as to each person's likes, dislikes and what action to take. We also noted in a plan guidance had been provided regarding what to do if the person became distressed.

The service had a process in place to review the care plans, plus reviews could be arranged quickly in the light of any sudden changes. We saw that after reviews the plans had been updated to reflect people's current care and support needs. They also told us that people's needs were regularly discussed and any updates communicated at daily handover meetings. The service staff had supported people in multi-professional meetings and information had been carefully documented regarding what the service was going to do in the future to support the person.

There was a policy and procedure in place for the recording of compliments and complaints. Thus far no complaints had been recorded. Relatives told us they knew how to make a complaint. When we asked the provider why there had been no complaints recorded they assured us that none had been received. They also told us that the staff were encouraged to resolve any issues identified at the time with the people using the service and their families. We saw in the care plans that significant progress had been made regarding the goals that people wished to achieve. As a result of this progress from the individuals and working closely with the service, family members had been able to increase their time at work, while the service supported their relatives. A professional told us. "I have no complaints about the service and would bring to their attention if I did." They further told us how they were working with people who used the service and the services staff as one big multi-disciplinary team and this was working well from the commitment and skill of the staff.

Is the service well-led?

Our findings

The service had a statement of purpose. The aim of which is to provide staff whom are experienced, well supported and offer expertise in meeting the needs of people. The company ethos of 'Every Intervention Matters' was the central foundation of all their work. The provider explained to us that careful consideration of carrying out an assessment to ensure the service staff could meet the persons needs was essential to fulfil the ethos of the company.

The manager was registered with the Care Quality Commission (CQC) to manage the service. Staff told us the manager was supportive and spread their time with them and to support them and this was also the case of the provider.

The staff morale was positive. A member of staff told us that they felt included and enjoyed working as part of a team. This was because the culture of the service was centred around helping people to meet their personalised needs. Staff told us that the management were open to ideas and listened to their views.

A relative informed us that they felt confident to talk with the staff at anytime. During our inspection the observations of how staff interacted with each other and the management of the service showed us that there was a supportive and enabling culture. Members of staff were clear about their roles and responsibilities, as well as the organisational structure and who they would go to for support if needed.

The management of the service sought the views of all people involved with the service, relatives, staff and other professionals to learn what they liked about the service and any suggested improvements. We saw how the provider planned improvements with the manager and the procedure for sharing information throughout the organisation.

There were clear communication systems in place such as handover meetings and communication books for passing messages from one shift to another. The provider had systems in place to support staff and monitor performance such as, supervision and staff meetings.

The service records were well organised and updated appropriately and the staff were able to easily access information when this was requested. Risk assessments were in place and regular health and safety audits were carried out and were designed to keep people and staff safe.