

FCNA Homecare Ltd

FCNA Homecare

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:

FCNA Homecare is a 24-hour service, seven days a week, including night sittings. The agency operates from a private dwelling in the Bromley Cross area of Bolton. At the time of the inspection there were 18 people receiving care and support.

People's experience of using this service:

The service was good in placing people at the heart of the service values. It had a strong a local community-based ethos. The provider who is also the registered manager was committed to providing good quality, person-centred care to people when they needed it. People who used the service and their relatives were complimentary about the care, kindness and reliability of the staff.

People's needs, preferences and wish were met by a dedicated staff team who knew the people they cared for well. This was done through initial meetings and regular reviews.

Staff were safely recruited, well trained in both essential and specialist training as required. Staff had undertaken safeguarding training and were aware of how to report any concerns of abuse and were confident these would be dealt with. Staff felt supported by the registered manager.

People were safely supported, and risk assessments about their care and support was assessed, met and reviewed. Some people were supported with their medication. Audits and checks were in place to show that medicines had been administered safely and as prescribed.

People confirmed that staff treated them with respect for their dignity and privacy. The open, inclusive and supportive nature of the service meant that promoting equality and diversity and respecting people's human rights was embedded throughout the service.

People's care and support plans were detailed and were followed in practice.

The registered manager was dedicated to providing support and care to a high standard.

Rating at last inspection:

FCNA Homecare is an established company, the registered manager had worked with the service under the previous provider. This was the first inspection since the new registration and move to new premises. The service was registered in July 2018.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor information we receive about the service until we return as part of our

inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

FCNA Homecare

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 service was inspected by one adult social care inspector.

Service and service type:

FNCA Homecare is a small domiciliary agency the provides care to people in their own homes.

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. The registered manager was also the provider.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

What we did:

We reviewed the information we had received about the service. We sought feedback from the local authority quality monitoring team, the Clinical Commissioning Group (CCG) and the local authority safeguarding team and Healthwatch Bolton. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent to us in the provider information return (PIR). This is information providers are required to send us key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our

inspection.

During the inspection we spoke with three people who used the service and three relatives, the registered manager and the care coordinator.

We reviewed a range of records. This included three care files, three staff files in relation to recruitment and supervision records. We looked at policies and procedures, the staff induction and staff training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

This was the first inspection of this service.

At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had procedures in place to ensure that people who used the service and staff were safe. These included company and local authority procedures and policies in place relating to safeguarding vulnerable adults.
- All staff had received safeguarding training on commencing work at the service. Refresher training was completed as required. The registered manager was aware of their responsibilities in reporting any concerns or incidents of abuse.
- People told us they felt safe being supported by the service. One person told, "I am safe with the girls that come to help."

Assessing risk, safety monitoring and management

- Support was delivered in way that supported people's safety and welfare. Risk assessments were in place and reviewed monthly by senior carers and at least yearly by the registered manager. Risks assessments included information on mobility, fire and property, equipment, medication, mental capacity, skin integrity and challenging behaviour.
- The service offered a range of services to meet people's needs. These included personal care and support, support with daily living tasks and night sitting for people who were poorly or nearing the end of their life to allow relatives a period of respite.
- Everyone we spoke with were complimentary about the staff and the service they received. Comments included: "Absolutely outstanding" and "The girls are all very good."

Staffing and recruitment

- Safe recruitment practices were followed. This included a range of pre-employment checks, for example completion of an application form, references and other forms of identification and an enhanced check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.
- The service maintained contact with staff to ensure their safety. Systems were in place for staff to log in and out of people's home at allocated times.

Using medicines safely

- Where people received medicines and part of their care support this was done safely. Staff had received training in medicines administration and had their competency assessed. Where people were supported to do this independently, risk assessments were in place to ensure this remained safe.

- Medication Administration Record sheets (MARs) were completed by staff for each administration. These were audit by the registered manager on a regular basis.

Preventing and controlling infection

- All staff had completed training for the prevention and control of infection.
- Staff had access to disposable gloves and aprons when caring out personal care tasks.

Learning lessons when things go wrong

- Where accidents and incidents had occurred, these were monitored to check for trends and patterns to help prevent reoccurrences.
- Lessons learned, and outcomes were discussed at staff meetings to promote staff learning.
- People told us they could contact the service office or the on-call person at any time. One person told us, "There is always someone at the end of the phone should you need 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

This was the first inspection of this service. At this inspection this key question was rated good. 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

- People's care and support needs were assessed, and care plan drawn up before people received a service. The care plan included, background information including medical history and ongoing conditions, personal care and how they people wished to be supported.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and understood how to support them.
- Staff completed a comprehensive induction on commencing work at the service. Staff had completed essential training relevant to their role and specialist training when needed. Staff completed refresher training as required.

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

- When supporting people with meals and fluids as part of their care package, people received the support they needed. Any concerns regarding weight loss or excessive weight gain would be monitored and discussed with the family or other healthcare professionals. For example, the Speech and Language Therapy team (SALT) the community nurses and GPs. Food and fluid balance charts would completed where concerns were highlighted.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with other agencies. For example, the continuing healthcare team. One healthcare professional told us, "Over the past several years I have case managed some very complex and at times very demanding clients in their own homes. Some of my clients due to the level of complexity of their needs have required night sits and I have commissioned FCNA Homecare to undertake these night sits. I have always found them to be very caring and very professional in their dealings with my clients and the feedback I have personally received from clients and their relatives have always stated the same."

Adapting service, design, decoration to meet people's needs

- At the initial assessment the registered manager completed an equipment and environmental risk assessment. These included what equipment was used in the home and the date it was last checked to ensure the safety of people and staff using the equipment. Environmental risk assessments include adequate lighting, stairs and handrails and pets.

Supporting people to live healthier lives, access healthcare services and support

- People had access to ongoing healthcare support as needed. For example, GPs and community nurses.

The registered manager would liaise with the people/family to ensure that any advice from the professionals was followed by staff.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 interest and legally authorised under the MCA. Where people may need to be deprived of their liberty to receive care and treatment in their own homes 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. The registered manager and staff demonstrated a clear understanding of the MCA.

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

This was the first inspection of this service. At this inspection this key question was rated good. 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; equality and diversity

- The service respected people's diversity. People's beliefs and faith were included in the support plan. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.

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

- There was evidence in the care records to demonstrate that people and their relatives were involved in the care planning and reviews.
- The registered manager completed reviews and regularly met with people who used the service. People spoken with were complimentary about the registered manager and felt they were fully involved with decision making.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us that staff treated them with respect and ensured their privacy was maintained. One person spoken with told us that when staff were assisting their relative with personal care this was done either in the bathroom or bedroom with the door closed.
- All staff had completed training in dignity, respect and person centred care.
- We saw that confidentiality was respected by staff. Records in the office were securely stored and staff had received training and support around confidentiality.

Is the service responsive?

Our findings

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

This was the first inspection of this service. At this inspection this key question was rated good. 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 who used the service had an individualised plan of care, drawn up with them and based on an assessment of their need, wishes and preferences.
- People spoken with confirmed they had a copy of the care plan and that staff referred to the plan and completed tasks as required. A daily report sheet was completed following each visit. This meant that at the next visit staff were fully aware of what had occurred at the last visit.

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 are given information in a way they can understand. This standard all people with a disability, impairment or sensory loss and in some circumstances their carers. The registered manager confirmed at the initial assessment communication needs would be addressed and action taken as required. For example, for people who struggle with speech due to a medical condition, the staff had access to flash cards to assist. We were told for one person this helped to reduce their frustration and made meeting their needs easier.

Improving care quality in response to complaints or concerns

- People told us they were happy with the service they receive. One person told us, "If I had any complaints I would speak with the manager."
- Systems were in place to address any concerns raised and actions taken following any complaints were recorded.
- A number of compliment cards had been sent to the service thanking staff for the care provided. One said, "Thank you for all your care. I am at ease knowing [name] is safe."

End of life care and support

- The service provided care and support to people nearing the end of their life. This included night sitting with people throughout the night to allow relatives to catch up on their sleep.
- We were told the service worked closely with people's GP and the community nursing team and the local hospice to ensure people received appropriate care and support when approaching the end of their life.
- Staff had completed training in Death, Dying and Bereavement to offer care, empathy and support when required.

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

This was the first inspection of this service. At this inspection this key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a clear, positive and open culture that was shared with staff. People spoken with said they would be happy to recommend the service to relatives and friends.
- The registered manager had implemented policies, procedures and culture ensuring high standards were maintained.
- The registered manager was clear about the role of the Duty of Candour in improving the sharing of information and development of a high quality service.

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

- The service had a registered manager. The registered manager understood their duty to report any issues affecting the service. For example, safeguarding's concerns or serious incidents to the Care Quality Commission (CQC).
- The registered manager and staff had clearly defined roles and responsibilities. Systems were in place ensure to the smooth, effective running of the service.
- Staff were kept informed with information about people's changing needs through daily communication with the registered manager and through team meetings.

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

- People were enabled to take control of how they wished their care and support to be provided.
- Quality audits and assessments of risk were detailed and reflected through people's views and experiences of the service. Information was gathered through regular reviews, home visits and questionnaires.

Continuous learning and improving care; working in partnership with others.

- The service worked closely with other healthcare professionals so that people's assessed needs were appropriately met and their health and well-being maintained. For example, the falls team, dementia services and the Speech and Language Therapy team (SALT).
- A healthcare professional told us, "We have a very good relationship with FCNA Homecare work well them to keep people healthy, safe and maintain their nutrition and hydration. There were no issues with missed visits and recording on the communication sheets were clear and accurate."

- The registered manager regularly attended multi-disciplinary meetings to ensure information is shared between professionals appropriately and in people's best interests.