

Bedfordshire Supported Housing Limited

Francis House Home Care

Inspection report

231 Bedford Road
Kempston
Bedford
MK42 8DA

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16 November 2021

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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

Francis House Home Care is a domiciliary care agency providing personal care to people in their own home.

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.

There were 101 people being supported at the time of the inspection, 19 of whom were in receipt of the regulated activity of personal care.

People's experience of using this service and what we found

Relatives told us communication with the office was not always good. However, the provider was taking action to address this through a management restructure which was in progress at the time of the inspection.

Relatives said their family members were supported safely and treated with kindness and respect. They were happy with their family member's care when it was provided by their regular staff who were friendly, professional and well trained. They were less confident when care was provided by new or unfamiliar staff. However, the provider had a comprehensive induction process for new staff and tried, where possible, to ensure people received care from a consistent group of staff. People's medicine was administered safely.

People's needs and preferences were assessed before care was provided and they were supported by staff who understood the importance of promoting choice and personalised care. Staff supported people to remain as independent as possible.

Where staff supported people with eating and drinking, this was done well. Staff worked with health professionals and followed guidance to meet people's needs effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 29 September 2020 and this is the first inspection.

This service previously formed part of another service run by this provider and was registered at a different premises. The last rating for the service at the previous premises was good, published on 24 April 2018.

Why we inspected

This was a planned inspection based on the date of registration.

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.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details can be found in our well-led findings below.

Good 

Francis House Home Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 October 2021 and ended on 17 November 2021. We visited the office location on 01 November 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine relatives of people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, team manager, one member of the office team, and six care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Some relatives told us that staff lateness meant their family members had not always had their medicines on time. The registered manager was aware of this and was monitoring and taking steps to ensure that time critical medicines were administered on time.
- Staff had been trained in medicines administration and checks on their understanding and practice had been carried out by the senior team. Staff understood what to do in the event of an error.
- Records were clear and risks for medicine administration had been assessed. When errors in medicines administration took place, these were identified and appropriate action was taken.

Staffing and recruitment

- The COVID -19 pandemic had an impact on the service in relation to staffing, which had sometimes meant people received support from unfamiliar staff or that care calls ran late because staff were covering additional calls. Staff who usually provided social care calls were occasionally used to cover urgent personal care needs to other people. During the pandemic the service sometimes used external agency staff to ensure people received the personal care they needed.
- The registered manager was taking steps to address issues identified by people and relatives in relation to staffing. This included ensuring staff had enough time to travel between care calls to reduce lateness, and to ensure that people received support from a consistent group of staff who were familiar with their needs, as far as possible.
- The registered manager told us they were continuously recruiting to ensure there were enough staff to meet people's needs safely. This continued to be challenging and the registered manager was using creative ways to attract people to work for the service, such as social media, leaflet drops and refer a friend incentive schemes.
- Relatives told us that staff always stayed for the correct amount of time and never made people feel rushed or uncared for. One relative said, "The [staff] never rush [family member]. Sometimes [family member] can't stand very well and all the jobs take longer, but they never rush and they do everything [family member] needs before they go."
- Recruitment practices were safe and the registered manager ensured appropriate checks were carried out to ensure staff were suitable for their role. This included employment history, references and criminal record checks. The recruitment process was in line with the provider's values and only applicants who shared these were offered employment.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified, managed and monitored. The registered manager and senior team had completed risk assessments about how to safely support people and regularly reviewed and

updated them. These were available to staff who confirmed they knew where to find them and had time to read and understand them.

- A recent audit had identified some risk assessments that were required but not completed. Action was being taken to address this at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. Systems were in place to record and monitor any incidents or accidents. Staff had received training in safeguarding and understood how to report concerns.
- Relatives told us their family members were safe. One relative said, "There's one person in the office I always speak to when I've got a problem. [They] always sort things out quickly for me."

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had systems in place to identify, take action and to learn from incidents, accidents or errors.
- Before this inspection, the registered manager had identified shortfalls in the quality of the service. They took significant action to address this by restructuring the management and office-based team. They had made improvements to how calls were monitored and reviewed travel times to reduce the risk of late calls. They were monitoring communication from the office team to ensure people were kept informed about issues relating to their care. This showed there was a culture of learning from when things go wrong and a commitment to making continuous improvements to the service.

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 is the first inspection for this newly registered service. This key question has been 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 needs had been fully assessed before care was provided. This included information about the person's needs and preferences. This was used to develop the person's care plan.
- Relatives told us the care was delivered the way their family member liked it and they felt staff had a good understanding of their needs. One relative said, "All the regular carers are great. They know what they're doing." Another relative said, "[Family member] is supposed to have a shower twice a week, but sometimes doesn't want it, so the [staff] use the time to ask [them] what [they] want to do, like go for a walk or have a cuppa and a chat and that works well for [them]."

Staff support: induction, training, skills and experience

- Although relatives told us that regular staff were well trained and understood their family member's needs well, some relatives said they did not feel so assured when care was provided by new or unfamiliar staff.
- However, we found the provider had a comprehensive induction process in place to ensure new staff were familiar with their role before working unsupervised. This included a period of shadowing more experienced staff.
- Staff received training to support them to carry out their role. Staff told us the training provided was of a good quality.
- In addition to training the provider considered mandatory, such as moving and handling and safeguarding people from abuse, the provider also trained staff in relation to people's specific care needs. For example, staff received training in Percutaneous endoscopic gastrostomy (PEG). A PEG is a type of feeding tube which is inserted through the skin of the abdomen into the stomach. You may need a PEG if food, drink and medicines cannot reach your stomach, for example, if you can't swallow properly.

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

- Where staff supported people to eat, relatives told us this was done well.
- Staff we spoke with understood what people's needs and preferences were in relation to food and drink.

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

- We saw from records that staff made referrals to professionals such as GPs, Community Nurses, dietitians and Speech and Language Therapists.
- Advice from healthcare professionals was incorporated into people's care plans to ensure effective care could be provided.

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 particular 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Where people were assessed as lacking capacity to make a certain decision, staff worked in their best interest. We saw records to support that the correct process for making decisions in people's best interests was followed.
- Relatives told us staff always asked for people's consent before carrying out any support and took time to patiently support people to make day to day decisions as much as possible.

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 is the first inspection for this newly registered service. This key question has been 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; respecting equality and diversity

- People were treated with kindness and respect. One relative told us, " [Family member] might ask staff to help [them] in a different way sometimes and they do respect that."
- Staff we spoke with understood the importance of working with people to ensure they received support they needed in a way they liked.

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

- People and their relatives were involved in care planning and reviews.
- Following feedback from people and their relatives about poor communication from the office, the registered manager had taken steps to address this to make sure people's views were listened to and acted on.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people to maintain their privacy and independence. They told us about maintaining closed doors and curtains and covering people with towels when providing personal care.
- Relatives told us staff supported their family members in a way that encouraged them to do what they could for themselves. One relative said, "The regular [staff] are all lovely and they help [family member] be as independent as possible with [their] personal care."
- Staff also understood about keeping people's information securely and maintaining confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- There was mixed feedback from relatives about how the provider responded to concerns and complaints, and some told us that communication from the office was not good. However, before this inspection, the Registered manager had recognised this and taken steps to improve how the office team communicated with people. This included restructuring the management team. These improvements were still in progress at the time of the inspection, but we saw that good progress had already been made.
- There was a system in place for monitoring complaints and we saw that complaints were now being managed in line with the provider's policy.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support needs were being met by the service in a person-centred way and people confirmed their care plans reflected their needs and preferences.
- People's care was regularly reviewed and they were involved in this process, as were their relatives where needed.
- Staff knew people's needs well and were able to explain how they liked their care to be provided. People and their relatives confirmed this. One relative said, "Sometimes [family member] doesn't want to get up or get undressed for bed. The [staff] listen to [them] and do as [they] want."

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's communication needs were assessed before providing the service.
- Where needed, the service provided people with information in a format they could understand to support them to make informed decisions about their care. For example, they provided information about the COVID-19 vaccine to some people in an easy read format and spent time with them to support their understanding.

End of life care and support

- The service was not supporting anyone on end of life pathways at the time of the inspection.
- Some people had been supported to have advance care plans which outlined their wishes at the end of their life.

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 is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received mixed feedback from relatives about the service as part of this inspection. This was particularly in relation to communication from the office team. However, the registered manager was aware of the concerns raised and had taken steps to address this.
- The office team had been restructured and a new team manager post had been created to address these issues. At the time of the inspection the new team manager had just taken up their post, and work was in progress to make the necessary improvements.
- Staff told us the registered manager was supportive and very approachable. They welcomed the appointment of the new team manager to increase the stability of the service and provide additional support when the registered manager was busy.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff understood the provider's values and we found these underpinned everything the service did, from recruitment practice, through to care planning and delivery.
- The registered manager was very open about the improvements needed at the service and had a clear plan for how they were going to achieve this.
- The registered manager promoted person centred care and understood the importance of staff wellbeing in developing a positive culture that achieved good outcomes for people.
- The registered manager had promoted a learning-based culture where staff were encouraged to learn from mistakes and to look for solutions to improve the quality of the service to people.

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 registered manager understood the duty of candour and had an open and honest approach when mistakes were made.

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

- The registered manager was addressing shortfalls in the service through the management restructure and a full review of systems and processes used to manage and oversee the delivery of care. This had happened recently and the improvement to the service were not fully embedded yet. However, office staff had more

clearly defined roles and understood the provider's expectations in relation to better communication with people and relatives.

- The registered manager and the team manager had completed a full audit which identified areas for improvement, including where previously some quality monitoring had not been taking place as required. An action plan had been produced identifying improvements to be made, the person responsible and a date for this to be completed.
- The provider had systems in place to monitor the quality of the service such as care plan audits, medicines administration audits and spot checks on staff practice. Recent action had been taken to address where these had lapsed, and work was underway to ensure these were completed regularly.
- The registered manager had a good understanding of legislation relevant to care and how to put processes in place to reduce the risks of things going wrong.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.