

Mrs M Fenn & Mr T Fenn

# Fenns Home Management & Support Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Fenns Home Management & Support Services is a domiciliary care service. 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. At the time of inspection nine people were receiving personal care.

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

Assessments had been conducted prior to people receiving a service to ensure their needs could be met, however these were not always recorded.

There were no established systems to audit and monitor the quality of the service. A lack of audits meant the provider had failed to identify areas of concerns we found at inspection.

Risk assessments were not always completed to minimise the risks to people. Where risk assessments had been completed, the action taken to minimise the risks were not always recorded. Recruitment checks were not robust. We made a recommendation regarding recruitment and risk assessments. People were happy with the support they received with their medication, however medication records were not always clear.

Some staff mandatory training had expired. Staff told us they received induction and supervision, however these were not always recorded. We made a recommendation regarding induction and ongoing training and supervision of staff.

People told us they were supported by a consistent staff team, who were kind and caring. People were treated with respect. People were happy with the support they received with the meals. Staff supported people with their health needs where required.

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. People told us they made their own choices regarding the care they received.

People were happy with the care they received. People who received a service and staff were consistently positive about the registered manager.

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

Rating at last inspection: This service was registered with us on 12 February 2018 and this was the first inspection.

### Why we inspected

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

### Enforcement

We have identified breaches in relation to governance of the service. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Fenns Home Management & Support Services

## **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 one inspector.

#### 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 two people who used the service and four relatives/friends about their experience of the care provided. We spoke with three members of staff including the registered manager, and two care workers.

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

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We spoke to a further staff member.

# Is the service safe?

## Our findings

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments had not always been completed when there was a potential risk. For example, we saw one person was at risk of falls, but the falls section of their risk assessment was incomplete. Staff had knowledge of how to mitigate risks to people.
- Risk assessments of people's properties had been completed, however these had not been reviewed for a long period of time to ensure they remained relevant.
- Where risks had been identified at people's property, action taken to minimise the risks had not always been recorded.
- People told us they felt safe with care staff and were comfortable when being supported.

We recommend the provider seek advice from a reputable source regarding developing and maintaining risk assessments.

Staffing and recruitment

- Recruitment checks were not always robust. People told us they had interviews, however records were not completed. References were not always sought to ensure people were suitable for the role. For example, we saw one person had no references, and another person had one-character reference. The registered manager told us she knew both of the staff so was confident in employing them.
- There was adequate staff. People told us they were supported by consistent staff teams.
- People told us there was no missed call and staff turned up on time.

We recommended the provider seek advice from a reputable source regarding implementing and adhering to a robust recruitment procedure.

Using medicines safely

- People confirmed they were satisfied with the support they received with their medicines.
- Staff had knowledge of medication procedures and had received medication training. Staff told us they had competency assessments when they first started, however there was no record of competency assessments.
- Records regarding people's medication were not always correctly completed. For example, people were supported with medication from Dossett boxes. This is a medication box supplied from the pharmacy. Medication administration records did not always detail what medication was in the Dossett box.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had a safeguarding policy and information was shared with staff of who to report any concerns to.
- Staff had knowledge of safeguarding procedures and felt confident in reporting any concerns.
- The registered manager kept a log of accidents with details of what action had been taken to reduce the risk of reoccurrence. They told us this would be used to monitor for any patterns or trends.

#### Preventing and controlling infection

- Infection control procedures were in place and followed. Staff used personal protective equipment (PPE) when required, such as disposable gloves.



# 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 meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they received shadowing as part of their induction, however there were no records of this.
- Some training that the service classed as mandatory had expired. For example, two staff members manual handling and medication training was out of date. The registered manager had booked manual handling training and assured us medication training would be organised.
- People told us staff were knowledgeable and supported them well.
- Staff told us they had supervisions and felt they were supported adequately. However, we saw two staff had no recorded supervisions.

We recommended the provider seeks advice from a reputable source to improve records and systems in relation to induction and training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager informed us they carried out assessments prior to people receiving a service, these were not always recorded.
- People and their relatives were happy with the care delivered.

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

- People who received support with their fluid and diet intake were happy with the food they received. One person told us, "Yes, I am happy with the support with my food, I tell them what to make and its always very nice. They always leave me with drinks, they're very good."
- Staff knew peoples like and dislikes and had knowledge of safe food handling practices.

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

- Where required staff supported people with their health needs.
- Records showed staff had contacted health professionals or family members when people required support with their health.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they made their own choices and staff gained consent prior to providing care.
- Where people's relatives had Lasting Power of Attorney this was not always recorded in their care plans. The registered manager assured us this would be added.

# 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 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

- The feedback we received from people and relatives about the staff was consistently positive. Comments included, "The staff are all friendly, they are like friends" and "All the staff are friendly, they listen to me when I have a bad day, we all have a good relationship."
- It was evident that people had built positive, warm relationships with staff, and they knew each other well.
- People's protected characteristics were explored, and care plans detailed if any support was needed.

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

- People and their families, were involved in the development of their care plan, where appropriate.
- People told us they made their own decisions about the care they received and felt well listened to.
- Nobody required the support of an advocate. However, the registered manager told us if somebody required support they would refer to the appropriate agencies.

Respecting and promoting people's privacy, dignity and independence

- People who used the service were treated with dignity and respect. Staff had a good understanding of maintaining people's privacy and dignity.
- People gave us examples to demonstrate how the staff maintained their dignity. This included ensuring curtains were drawn and doors closed, and ensuring people were appropriately covered when being washed.
- Staff promoted people's independence by adapting their support according to people's skills and wishes.

# Is the service responsive?

## Our findings

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

This meant people's needs were met through good organisation and delivery.

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

- People's care plans detailed the care they wanted to receive. The registered manager was looking at developing care plans to be more person centred.
- People who used the service confirmed staff responded to their requests and provided support in line with their needs and preferences.
- People told us they had choice and control of the care they received. One person said, "They always write everything down for me, and I always feel listened to. They always have my best interest at heart and know what I want, the care is all about me."

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 explored and recorded in their care plans.
- The registered manager informed us they had previously provided people with documents in large print to support them to read documents and would access further resources if needed.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints.
- People new how to complain and felt confident to do so.
- Concerns raised were acted upon, however these were not always recorded for monitoring and auditing purposes.

End of life care and support

- The service did not deliver end of life care.
- People's end of life care wishes had not been explored. The registered manager assured us people's end of life wishes would be explored at the initial assessment stage in the future.

## 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 meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Established quality assurance systems to monitor the quality of the service were not in place. No audits had been carried out to monitor the quality of the service. This meant the service could not identify any areas that may require improvement.
- The lack of governance systems meant the concerns found at the inspection with regard to risk management, recruitment, induction and training had not been identified or addressed.
- There was a lack of effective record keeping. People's assessments prior to using the service were not recorded. Care plans did not detail when people had a lasting power of attorney.
- Concerns people raised were not documented and there was no evidence of action taken as a result.
- Medication records were not fully completed, and staff competency assessments were not recorded.

The lack of effective governance systems to monitor and improve the quality and safety of the service was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance.

- The registered manager told us she was aware records needed improvement and that she would be dedicating more time in the office to ensure the improvements were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- No surveys had been carried out to gather feedback on the service provided. The registered manager had these ready to send to people and staff and assured us this would be done annually going forward.
- The registered manager carried out care calls, so spoke to people regular basis to gather feedback and check they were happy with the care they received. However, this was not always recorded.
- Staff meetings were held to engage staff in the running of the service.
- Staff felt supported by the registered manager and involved in the service. One staff told us, "The registered manager is very friendly and approachable. She wouldn't ask us to do something she would not do herself. We all just work as a team."
- The service worked in partnership with health and social care professionals.

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

- People and their relatives were consistently positive about the registered manager. Comments included, "She is really friendly and listens to everything we say" and "I get on well with the registered manager, there is good communication, they always ring me and keep me up to date."
- The registered manager was open and transparent throughout the inspection.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was no established quality assurance system so concerns within the service was not identified.</p> <p>The provider had failed to keep accurate, complete and contemporaneous records. 17 (a)(b)(c)(d)</p>