

Finch Support Services Ltd

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Inspection report

Anerley Town Hall
Anerley Road
London
SE20 8BD

Tel: 02086765616

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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

Finch Support Services provides personal care to people in their own homes. 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 the inspection 23 people were receiving personal care.

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

There were safeguarding adults' procedures in place and the registered manager and staff had a clear understanding of these procedures. Risks to people had been assessed to ensure their needs were safely met. Robust recruitment checks took place before staff started work and there were enough staff to meet people's care and support needs. People received support from staff, where required, to take their medicines safely. Staff had received training on COVID 19 and the use of personal protective equipment (PPE). The service had business continuity and contingency plans in place that made provisions for safe care in the event of an emergency.

People's needs were assessed before they started using the service and care plans were in place to ensure staff could support them safely. Staff received training and support relevant to people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they were well treated and supported, their privacy and dignity was respected and they had been consulted about their care needs. People and their relatives knew how to make a complaint if they were unhappy with the service.

There were effective systems in place to monitor the quality of service that people received. Staff said they enjoyed working at the service and they received good support from the registered manager. The registered manager took people and their relatives views into account through telephone monitoring calls and their feedback was used to improve the service. The registered manager and staff worked with health care providers to plan and deliver an effective service.

The last rating for this service was good (published 24 October 2017).

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

Why we inspected. This inspection was prompted by a review of the information we held about this service.

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 are in our well-led findings below.

Good ●

Finch Support Services Ltd

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 Health and Social Care Act 2008.

Inspection team

A single inspector carried out this inspection.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 local authorities who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this

information to plan our inspection.

During the inspection

We spoke with four people using the service and two relatives about their experience of the care provided. We spoke with five care staff and the registered manager. We reviewed a range of records. These included four people's care records, staff files in relation to recruitment and training and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

Safeguarding policy is in place

- People told us they felt safe. One person said, "I am happy with the carers I have. I always feel safe with them."
- There was a safeguarding policy in place. Staff had received training and were provided with information regarding who to report potential safeguarding concerns to.
- Staff had a clear understanding of the providers safeguarding procedure, they told us they would report any safeguarding concerns they had to the registered manager.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as moving and handling, eating and drinking and medicines management. One person told us, "I am very pleased with the carers. I have the same team all the time. They all know what they must do for me."
- Risk assessments included detailed information for staff on how to minimise the chance of accidents occurring. For example, where a person required support with moving and handling using hoisting equipment, we saw guidance had been provided by an occupational therapist instructing staff how to support the person safely.
- A staff member told us they received moving and handling training. When new people who required support to move around their homes started using the service, an occupational therapist came to show them how to use the equipment provided. Another staff member told us, "I get a weekly rota with people's details and conditions so know what to expect when I go to support them. The registered manager would always make sure staff were trained to support people with any medical conditions they have."
- Risk assessments had also been carried out in people's homes relating to health and safety and the environment.

Staffing and recruitment

- The provider used a computer system to allocate staff to support people. This system was monitored daily by office staff to ensure people received their support on time. The system alerted office staff if there was a late call. The registered manager told us staff would let office staff know if they were running late and they would let the person know when the staff member would arrive.
- A person using the service told us, "The staff are very punctual they are hardly ever late." A relative

commented, "Staff turn up on time consistently and they have stayed longer if they had to."

- Staff told us they had plenty of time between calls. One staff member said, "It's easy for me to get between calls because I drive, and people I support are mostly local. I am rarely late but if I was, I would let the office know and they would let the person know."
- Robust recruitment procedures were in place. Recruitment records included Disclosure and Barring Service (DBS) checks, application forms with full employment histories, employment references, health declarations and proof of identification. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received support from staff to take their medicines safely. Where people required support to take their medicines this was recorded in their care plans. Care records included medicines risk assessments and care plans relating to people's medicines and medical conditions.
- One person told us, "The staff make sure I get my medicines in time. I receive it with my breakfast every morning." A relative commented, "The carers help my loved one with their medicines because they can't do it for themselves. It's all managed well."
- We saw records confirming the registered manager audited medicines records (MARS) monthly to make sure people were receiving their medicines.
- Training records confirmed that staff had received training on the administration of medicines and staff's competence in administering medicines had been assessed by the registered manager. This ensured that staff had the necessary skills to safely administer medicines.

Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. The registered manager told us if staff showed symptoms of COVID 19 they could not attend work and were required to complete a period of self-isolation.
- A person using the service told us, "The carers always wash their hands, wear gloves, masks, and aprons when they help me with my care."
- The providers infection control policy was up to date, and they had a business continuity plan was in place for managing the service in an emergency or in case of a COVID 19 outbreak.
- Staff had received training on infection control, COVID 19, they told us they had access to plenty of personal protective equipment.

Learning lessons when things go wrong

- The provider had systems for monitoring, investigating, and learning from incidents and accidents.
- The registered manager told us that incidents and accidents were monitored to identify any trends and actions was taken to reduce the possibility of the same issues occurring again. For example, where a person had a fall from their bed, the registered manager had worked with health care professionals to supply the person with a bed more appropriate to their needs.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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

- The provider received referral information from social workers, and they assessed people's care and support needs before they started using the service. The referral information and assessments were used to consider if the service could support people safely and to draw-up care plans and risk assessments.
- People, their relatives and any health care professionals had contributed to these assessments, where appropriate to ensure their individual needs were considered and addressed. We saw that care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. Staff had received an induction and completed training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they had shadowed experienced staff when they started to work at the service, so they got to know the people they supported.
- Training records confirmed that staff had also completed training that was relevant to people's needs. This training included for example medicines administration, moving and assisting people, basic food safety, dementia awareness, COVID 19, and the Mental Capacity Act 2005 (MCA).
- Staff told us and records we saw confirmed they received regular formal supervision from the registered manager.

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

- Where people required support with eating and drinking, we saw this was recorded in their care files. One person told us, "My carer has just gone, they made me a nice meal." Another person said, "The carers cook for me. They make my breakfast and make me salads." A relative commented, "I prepare liquidised meals and the carers help my loved one to eat them."
- A member of staff told us, "I prepare food for some people, and I help them to eat. Everything is written in the care plan so that I can follow it."

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

- People had access to healthcare and support when they needed it. Records seen confirmed that staff worked in partnership with health care professionals, for example district nurses and speech and language and occupational therapists to plan and deliver an effective service.

- A family member told us they arranged health care appointments for their loved relatives. The registered manager told us they arranged appointments with health care professionals for some people and booked transport for people to attend hospital appointments. They also rearranged call times with people to accommodate medical appointments.
- A staff member told us if they saw a person wasn't feeling well, they would call a GP and let the registered manager know.

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 MCA 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

- The registered manager told us the people they currently supported had capacity to make most decisions about their own care and treatment. They told us where people lacked capacity to make specific decisions for themselves they would work with the person, their relatives and social care professionals to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.
- Staff told us they sought consent from people when supporting them and they respected people's decisions.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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 told us they were well treated and supported. One person said, "I have very kind carers, I really like them." A relative commented, "The carers are nice, caring, and pleasant. It's a well-run service, the carers work very well and earn every penny, I couldn't be without them." Another relative told us, "The carers are very kind to my loved one. Everything has been great considering they worked all the way through the pandemic. They are all amazing carers."

- Peoples care records referred to their cultural and religious backgrounds. Staff told they had received training on equality and diversity. One staff member told us, "I am always happy and prepared to support people with their needs and wishes no matter what their background."

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

- People and their relatives told us they had been consulted about the support they received.
- A person using the service told us, "When I started to use the service the manager asked them about all the things I wanted. Recently the manager got me new chair that helps with my back." Another person said, "The carers asked me about all the things I needed, I told them what I want. Everything is good."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "I live with my family, the carers close the door and draw the curtains when I am getting washed, and they make sure nobody comes in, just carers." Another person told us, "The carers help me to get washed in the morning, they make sure everything is done in private."

- Staff said they made sure people's privacy and dignity by closing doors and asking family members to leave the room when they were providing personal care. They maintained people's independence as much as possible by supporting them to do as much as they could for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good: 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 had personalised care plans that met their needs and preferences. Care plans included detailed guidelines for staff on how to best support people with their needs and wishes.
- Care plans evidenced that people, their relatives, and health care professionals had been involved in the process. The plans were kept under review and changed as people's needs changed. A relative commented, "My loved one has a care plan. It gets updated when their needs change. The registered manager keeps me updated." Another relative told us, "The carers know what my loved one needs and how to look after them. I am happy that the carers are doing everything that they are supposed to."
- Staff had a very good understanding of people's care and support needs. They were able to tell us in detail about each person's individual needs and wishes and how people liked to be supported. For example, a member of staff told us how they supported a person at risk of falls by making sure they had all the essential items they needed through the night, so they didn't need to go downstairs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed when they started to use the service. Their communication methods were recorded in their care records.
- The registered manager told us that information was provided to people in formats they understood for example large print. If people require information in different language or in Braille this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that some people could understand.
- A person using the service told us, "I have not needed to complain yet but if I needed to, I would tell the manager and they would sort things out, she's good."
- The registered manager told us they had never received any formal complaints. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- People's care records included a section relating to their wishes and needs for end of life care.
- The registered manager told us that where people required support with end of life care they worked with the appropriate health care professionals to provide people with end of life care and support.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the office.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery.
- Staff were positive about how the service was run and about the support they received from the registered manager. A staff member told us, "I really enjoy my job. The support I get from the registered manager is very good, she is always helpful and available."
- The registered manager told us that during the pandemic they set up and had subsequently maintained regular communication with staff through a WhatsApp Group. A staff member told us, "The WhatsApp Group is helpful, we get updates about what's going on in the service and information about things like PPE or heatwaves. We can also ask questions of the registered manager if we need to."
- A person using the service said, "I think the service is well run. I have never had any problems with them." A relative told us, "My feelings are that it's a good service, everything works very well. I have a good relationship with the registered manager." Another relative commented, "The service is well run, the registered manager is always available when I need her."

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 their responsibility under the duty of candour. They told us they were always open, honest with the people they supported, their relatives and professional bodies and took responsibility when things went wrong.

Continuous learning and improving care: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular quality monitoring audits. These audits covered areas such as people's medicines, care record reviews, staff training and supervision, incidents and accidents and complaints.
- Field supervisors carried out unannounced 'spot checks' on staff to make sure that care was provided to

people appropriately and safely. Records showed they checked if staff turned up on time, they carried identification badges and provided care and support to people appropriately. They also spoke with the people using the service and their relatives to check if they had any concerns.

- The provider sought people's views about the service through regular telephone monitoring calls. Records from these calls indicated that people were happy with the service they received.
- The registered manager told us local authority commissioners also carried out surveys with people using their service and provided them with feedback. One local authority commissioner told us that their most recent telephone surveys of five people showed an overall satisfaction with the service being delivered. They commented, "The provider is delivering a good service and we have no current concerns." Another local authority that commissions services for two people told us quality assurance calls were undertaken in March 22. Both of their clients were satisfied with the service with one indicating they were very satisfied.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health professionals, and they told us they welcomed these professional's views on service delivery.
- The registered manager regularly attended provider forums where they learned about and shared good practice. They told us they found the forums helpful and had used their learning to improve the service. For example, at one forum they learned about safer recruitment and had put what they had learned into practice at the service.