

Ms Monica Maxwell

Francis Lodge Care Agency

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

We undertook an announced inspection of Francis Lodge Care Agency on the 26th July 2016. The service is registered to provide personal care in people's home.

The service was registered on 1 October 2010. This was the first inspection as it has been dormant up until now. We will not be able to award a rating because, the service had only one person at the time of our inspection, which meant we did not have enough evidence to enable us to form a judgement about the quality of the service for each of the five key questions and rate the service. The registered manager informed us that they had plans for the service to expand and were actively advertising. They were also in the process of recruiting more staff.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of this inspection, the staffing of the service comprised of the registered manager and one care worker.

A relative told us that they were satisfied with the care and services provided for their family member. There was a safeguarding adult's policy and suitable arrangements for safeguarding people from abuse. Staff knew how to recognise and report any concerns or allegations of abuse.

Risk assessments had been carried out and care workers were aware of potential risks to people and how to protect people from harm.

Care workers spoke positively about their experiences working for the service and said that they received support from the registered manager.

Care plans were person centred which ensured people received personalised care according to their specific needs.

The service had a complaints procedure in place.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through a satisfaction survey. Records showed positive feedback had been received.

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. Staff understood how to protect people from abuse and harm.

Risks to people were identified and measures were in place to protect people from harm and keep them safe.

Appropriate employment checks were carried out before staff started working at the service so only suitable staff were employed to provide with care and support.

Inspected but not rated

Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt supported by the registered manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People's health care needs and medical history were detailed in their care plans.

Inspected but not rated

Is the service caring?

The service was caring. People were treated with dignity and respect.

Care workers showed an understanding of respecting people's privacy and dignity.

Review of care meetings had been conducted with people in which aspects of their care was discussed.

Inspected but not rated

Is the service responsive?

The service was responsive. Care plans included information about people's background and their needs.

There were arrangements in place for people's needs to be assessed, reviewed and monitored.

Inspected but not rated

The service had a complaints policy in place.

Is the service well-led?

The service was well led. Relatives spoke positively about the service their family member received.

Staff felt they were supported by management and told us they were approachable if they had any concerns.

There were systems in place for monitoring the service and to make improvements when needed.

Inspected but not rated

Francis Lodge Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. We contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes and we wanted to ensure that the manager was available to speak with us.

People being cared for were older people who had dementia and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to relatives and asked for their views about the service and how they thought their family members were being cared for.

We spoke with one person using the service, one relative, one care worker and the registered manager. We reviewed the care plan of the person using the service, staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

At the time of this inspection the person using the service had a live in carer from another organisation. This service was providing personal care to the person in the morning with the live in carer as the person's needs require them to have two people supporting them with their personal care. The service provided to the person was for half an hour every morning each day for the week.

The registered manager was providing the majority of the care and support the person using the service needed. There was one care worker that also helped the registered manager to cover occasional visits. The registered manager explained to us it was difficult for the care worker to do only half hour shifts so she currently did the majority of the visits. The registered manager told us that she was actively recruiting more care workers as the service expands.

There were recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. The staff records we looked at showed appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

Risks to people were identified and managed so that people were safe. A risk assessment had been completed which covered a number of areas such as mobility, falls, skin integrity and challenging behaviour. The assessment included preventative actions that needed to be taken to minimise risks as well as measures for care workers on how to support people safely.

Arrangements were in place to report and manage accidents and incidents. At the time of the inspection there had been no accidents or incidents.

There were safeguarding and whistleblowing policies and procedures in place which detailed the different types of abuse and action staff are to take if they suspected abuse. The policy made reference to reporting to the local authority however we noted the contact details for the local safeguarding team had not been included. The registered manager told us she would ensure the policy was updated and the contact details would be included. When speaking with care workers they were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur

There was a medicines policy and procedure in place and a good practice guide on the administration of medicines in domiciliary care. The registered manager told us they did not administer medicines to the person as this was done by the live in carer. There was information in the person's care plan about the medicines the person took so staff were aware of the medicines taken.

Is the service effective?

Our findings

Records showed the registered manager and care worker had completed training relevant to their roles and responsibilities. Training certificates dated February 2016 showed training included MCA/DoLS, food safety awareness, first aid, infection control, safeguarding, dementia awareness and manual handling. The registered manager told us that training was provided by an external company and the training certificates confirmed this. Records also showed that staff had obtained National Vocational Qualifications (NVQs) in health and adult social care.

Records showed that staff had received supervision sessions to review their progress and this was confirmed by staff we spoke with. Records also showed a spot check had been conducted to ensure staff were competent enough to provide the level of care and support to meet people's needs. Staff told us they felt supported by the manager. They told us "Supervisions are regular. Everything is okay. We discuss people and if their needs have changed."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. Records showed when a person lacked the capacity to make a specific decision; people's families were involved in making a decision in the person's best interests. We found that care plans were signed by people or their representative where appropriate if the person was unable to sign to indicate that they had consented to the care provided.

Details of people's medical conditions were detailed so care workers were aware. Records showed that the live in carer and family members dealt with the day to day care and arranged all health care appointments for people using the service.

At the time of this inspection, people were only receiving personal care from this service and were not being supported with their nutritional and hydration needs.

Is the service caring?

Our findings

Relatives of people using the service told us they were satisfied with the care and support they received. They told us "Everything is going okay and seems to be working fine. I have no issues at the moment with agency."

When speaking with care workers, they indicated an understanding of respecting people's privacy and dignity and maintaining their independence. They told us "You make sure the curtains are drawn and the person is kept covered. Talk to them whilst providing the personal care and ask them if they are okay" and "You don't want them to lose their independence. You make sure you let them do anything they can do for themselves."

Staff we spoke with had a good understanding of the importance of confidentiality. The service had a confidentiality policy. Staff knew not to speak about people other than to staff and those involved in the person's care and treatment. Records were stored securely electronically and in a lockable cabinet in the agency's office.

Staff we spoke with were aware of the need to respect people's diverse needs and choices. They told us "You treat everyone equal." A person's care plan showed they had been asked about their preference regarding the gender of the person providing them with care and support and this had been accommodated.

There were arrangements in place to ensure people had the opportunity to express their views about the service and with the planning of their care. Records showed that a review of care meeting had been conducted on the 23 July 2016 with the person and their relative in which aspects of their care was discussed. Relatives confirmed this when speaking with them.

Is the service responsive?

Our findings

Records showed people's individual care and support needs were assessed by the registered manager. Based on the assessment, a care plan was produced which outlined the person's needs and the support they required from the service.

Care plans were person centred which ensured people received personalised care according to their specific needs. The care plans provided information about people's medical background, details of medical diagnoses, social history and outlined what support people needed.

Care workers were aware of people's care plans and used them to ensure they were aware of people's needs. They told us "I read the care plan to find out the person's needs. It tells us what the person is capable of doing and not doing. This helps us to know what to do." Daily communication records were also in place which recorded information such as visit times and the personal care that was provided at each visit.

There was a complaints policy in place. However we noted the contact details for the Local Government Ombudsman was not included. The registered manager told us she would ensure this was added to the policy. A relative told us they currently had no complaints with the service.

Is the service well-led?

Our findings

At the time of this inspection, there was the registered manager and one care worker working for the agency. Staff were aware of their role and responsibilities. Staff we spoke with told us the registered manager was approachable. They told us "It is well managed. There is good communication with the manager."

The service had policies and procedures which were specific to the service. We looked at a sample of policies including the safeguarding, complaints and medicines policies and found they were relevant and applicable to the service.

Records showed that the service obtained feedback from relatives via questionnaires to monitor and improve the quality of the service. We noted the feedback received was positive. The registered manager had produced an evaluation of the feedback and told us she wanted to build on the positive feedback that was received.

The registered manager told us she was in the process of actively promoting the business to get more clients and recruit more care workers to expand the service.