

Finch Support Services Ltd

# Finch Support Services Ltd

## 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

This announced inspection took place on 20 and 21 September 2017. Finch Support Services provides personal care to people in their own homes. At the time of the inspection 27 people were receiving personal care. This was the provider's first inspection since their registration in March 2016.

People and their relatives told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. The registered manager completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. The service had an on call system to make sure staff had support outside the office working hours. Staff supported people so they took their medicine safely. The provider provided an induction and training, and supported staff through regular supervision and annual appraisal to help them undertake their role.

People's consent was sought before care was provided. The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA). At the time of inspection they told us they were not supporting any people who did not have the capacity to make decisions for themselves.

Staff supported people with food preparation. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

People told us they were consulted about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. The registered manager developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The service sought the views of people who used the services. Staff felt supported by the provider.

People and their relatives commented positively about staff and the service. The service had an effective system to assess and monitor the quality of the care people received. The registered manager carried out unannounced spot checks at people's homes and telephone monitoring to get feedback on the quality of care. As a result of these interventions the service had made improvements.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

## 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.

People and their relatives told us they felt people were safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

The registered manager completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff supported people so they took their medicines safely.

### Is the service effective?

Good 

The service was effective.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision to help them undertake their role.

Staff sought consent from people when offering them support. The provider and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

### Is the service caring?

Good 

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The registered manager developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People and their relatives commented positively about the management of the service.

There was a registered manager in post. They kept staff updated about any changes to people's needs.

The registered manager held staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service had effective systems and processes to assess and monitor the quality of the care people received.

# Finch Support Services Ltd

## **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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law.

This inspection took place on 20 and 21 September 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be available. The inspection was carried out by one inspector, and an expert by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at six people's care records and six staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, quality assurance and monitoring. We spoke with seven people and five relatives about their experience of using the service. We also spoke with the registered manager and five members of staff.

## Is the service safe?

### Our findings

People and their relatives gave us positive feedback about safety and told us that staff treated people well. One person told us, "I feel very safe." Another person said, "Perfectly safe, I've not found any problems with any of them [staff]." One relative told us, "I have no concerns, I am really pleased and my [loved one] loves her carer". Another relative said, "I feel relatively safe with them [staff], I have regular contact with them. I've built a trust."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and all staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager. All staff told us they completed safeguarding training and their training records confirmed this. The registered manager told us there had been no safeguarding concerns since the registration of the service in March 2016. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. One member of staff said, "If I come across any form of abuse or neglect to people, I would tell the manager, if the manager doesn't listen, I shall inform CQC. However, I did not have such a situation so far."

Staff completed a risk assessment for every person when they started using the service. Risk assessments covered areas including skin care, falls, moving and handling, accessing the community, and home environment. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where a person had been identified as being at risk when moving, a risk management plan was put in place which identified the use of equipment and the level of support the person needed to reduce the risk. The registered manager told us that risk assessments were reviewed periodically and as and when people's needs changed. We reviewed six people's records and found all were up to date with detailed guidance for staff to reduce risks.

The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. These included details of the action staff took to respond and minimise future risks and who they notified, such as a relative or healthcare professional. The registered manager reviewed each incident and monitored them. The registered manager showed us examples of changes they made after incidents. For example, when a person was not able to get back into the bed, the staff sought specialist services help. The registered manager reviewed the risk assessment and updated the care plan to reflect the change with adequate staff guidance.

The service had enough staff to support people safely. The registered manager told us they organised staffing levels according to the needs of the people who used the service. One person told us, "They [staff] arrive on time and stay the right amount of time. If they are going to be late for any reason the office calls to let us know." Another person said, "I know the time I have the same staff. If someone is ill I get someone else."

Staff we spoke with told us they had enough time to meet people's needs. Staff rostering records showed that they were allowed enough time to travel between calls. The service had an on call system to make sure

staff had support outside the office working hours. Staff confirmed this was available to them when required.

The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicines safely. One person told us, "They [staff] give me medication, everything in the book I sign for them." One relative said, "Yes that is the main task, [my loved one] has a blister pack, they [staff] write down they have watched him take it." The service trained and assessed the competency of staff authorised to administer medicines. People's Medicines Administration Records (MAR) were up to date and the MAR we reviewed showed that people had received their medicines as prescribed. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols.



## Is the service effective?

### Our findings

People and their relatives told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "I feel very confident that staff have the right training." Another person said, "I don't have any problems with them [staff] whatsoever'. 'If I do ask they will do it." One relative told us, "Yes, I haven't met others, I've met [particular member of staff] they are used to dealing with people like my [loved one], it doesn't faze them [staff]. They [staff] understand my [loved one]. They [staff] have a good understanding of my [loved one's] needs."

The provider trained staff to support people appropriately. Records showed induction training was completed in line with the Care Certificate which is a nationally recognised way of training staff new to social care work. One member of staff told us they completed an induction when they started work and a period of shadowing an experienced member of staff, which helped them to get to know and understand the person they were supporting and how to support them with their needs. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, and the Mental Capacity Act 2005 (MCA). Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the service supported staff through regular supervision and onsite observation visits. Annual appraisals were completed for staff that had completed one year in service. Areas discussed during supervision and annual appraisal included staff wellbeing and leave, their roles and responsibilities, and their training and development plans. Staff told us they felt supported and able to approach the registered manager, at any time for support.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The service had systems to assess and record whether people had the capacity to consent to care. Staff confirmed they sought verbal consent from people whenever they offered them support. One person told us, "Yes, they ask me." Another person said, "Yes, sometimes I don't want to be washed, they don't do it." Staff also recorded people's choices and preferences about their care and support needs. At the time of the inspection the registered manager told us they were not providing care or support to any people who did not have capacity to make decisions for themselves and no one was deprived of their liberty. Care records

we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "They [staff] help with evening meal, they are very, very good and they wash their hands." One relative said, "Yes, when I've been there. My [loved one] will be asked by [staff] what they want to eat and what's in the fridge." A member of staff told us, "People make a choice of food, I make what they choose." Another member of staff said, "Each person eats different types of food. I always ask them and prepare meals of their choice."

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. One person told us, "If they [staff] think I'm not looking well they will call the GP or an ambulance. If I have fallen they will ring the office and say 'should I call an ambulance' and the office says 'yes' they call an ambulance and wait with me until the ambulance arrives." At the time of the inspection, we observed the registered manager arranging for a healthcare appointment for a person, their communication with the healthcare professional was clear and concise; and with the person they explained to them the purpose of the appointment in a clear and polite way, to enable them understand and to avoid any anxiety about it. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a GP or a hospital appointment.

# Is the service caring?

## Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us, "Yes, they [staff] are kind and compassionate. 'If I'm not well, it's not part of their routine, they won't leave me, they will run to the corner shop to get me milk and bread.'" One relative said, "They [staff] speak to my [loved one], and is well liked, no problems. If [my loved one] is a bit off, they don't take it personally they understand my [loved one]."

Staff involved people using the service and their relatives where appropriate in the assessment, planning and review of their care. One person told us, "I used to have them 4 visits a day. I said there is nothing to do at 4 o'clock so we knocked out the 4-o clock one. The staff in the office said that's ok we will try it and if you find you do need it we will put it back in." We saw people had signed a care agreement with the provider, which detailed what care people needed and how this would be delivered.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in relation to how they liked to be supported. For example, one relative told us, "They [staff] treat [my loved one] nicely." Another relative said, "Staff are not regimented, a friendly approach even with me." One staff member said, "I respect the person's preferences, I always ask and give them what they choose." Another member of staff said, "Sometimes, I have to stay long when they [people] ask me, on some occasions, when they do not feel comfortable to stay on their own, and sometimes I overstay and encourage them to finish their meals."

People were supported to be as independent in their care as possible. One person told us, "I can take the medication myself." Another person said, "They [staff] let me shower myself, when I've finished they open the curtain and give me a towel." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, one member of staff told us, "I encourage them [people] to wash and cream their body they can reach comfortably, and the rest of it I do."

Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. One person told us, "They put a towel over me when they strip wash me in bed." One member of staff said, "When I give personal care to people, I do it behind closed doors. If they [people] do not wish to see a visitor, I respect their wish." Staff explained to us how they kept all the information they knew about people confidential, to respect their privacy. One member of staff said, "I don't share clients information with others, except with my manager and healthcare professionals." The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. The service completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. For example, one member of staff told us, "When people are specific about certain aspects of their faith; I respect them whilst providing care to them." Another member of staff explained how they

supported people to fulfil their spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

## Is the service responsive?

### Our findings

The service carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment. Assessments were used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs.

Care plans contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Staff told us, that before they went to people's homes, they looked at their care plan to see what they could do for themselves, and what support they needed.

Care plans were reviewed regularly and were up to date. Staff discussed any changes to people's conditions with the registered manager to ensure any changing needs were identified and met. The registered manager updated care plans when people's needs changed and included clear guidance for staff. For example in relation to providing double up care and meeting specific mobility needs. Care plans we reviewed were all up to date.

Staff completed daily care records to show what support and care they provided to people. Staff told us that they ensured people's needs were met according to their care plan. Care records showed staff provided support to people in line with their care plan. For example, one member of staff told us, "Before, I leave the person's home; I ensure they wear an alarm pendant."

Relatives told us they knew how to complain and would do so if necessary. One person told us, "No. I've never made a complaint. If I'm not happy about anything, I would tell [the person in charge] but it's never happened." One relative said, "Yes, not about the current [staff] about one before I told them [office staff] not to send them again, and this was respected." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints and how to escalate if they remained unhappy with the outcome. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The registered manager told us they had not received any complaints since their registration in March 2016 and the records we saw confirmed this.

## Is the service well-led?

### Our findings

People and their relatives commented positively about staff and the service. One person told us, "They [office staff] come out every now and again and phone once in a while. Yes, I think they are very well organised' 'The girls can always get hold of them." Another person said, "I think everything is well managed, if you say anything they come straight back with an answer." One relative told us, "I think they [office staff] are ok, they are well organised at the moment." Another relative said, "They [office staff] take into account the needs of my [loved one], myself and my family members involved. They have a holistic approach with family."

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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. Staff described the leadership at the service positively. One member of staff told us, "The manager is supportive and helpful." Another member of staff said, "The manager is very dedicated and professional. I get timely advice when required." We observed the registered manager interacting with staff, healthcare professionals and people in a positive and supportive manner throughout the time of our inspection.

The registered manager held staff meetings, where they shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, training plans, and any changes or developments within the service.

The registered manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

The provider sought people's views about the service through telephone monitoring. The telephone monitoring survey covered areas including the quality of the care provided, the quality of staff interactions with people and their relatives, and how the person's was benefitted. The survey was completed each month; overall the results had been positive. For example, one person commented "I am really grateful for all of you do for me, they [staff] are all wonderful." A relative stated, "I will recommend your company to anyone. Thank you, service is much appreciated."

The service had an effective system and process to assess and monitor the quality of the care people received. For example, the registered manager carried out spot checks and reviews covering areas such as the administration of medicine, health and safety, care plans and risk assessments. As a result of these interventions the service had made improvements, which included seeking advice and support from health and social care professionals, updating care plans to reflect peoples change of needs, staff meetings were

held to share learning.