

Helen Crickmore

# FCNA Homecare

## Inspection report

2 Winterburn Avenue  
Bromley Cross  
Bolton  
Lancashire  
BL2 3FY

Tel: 01204597575

Date of inspection visit:  
28 November 2017

Date of publication:  
25 January 2018

## 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

FCNA Homecare (FCNA) is a domiciliary care agency. The service operates from an office in domestic premises. The inspection took place on 28 November 2017 and was announced.

FCNA provides personal care and support to people living in their own houses. At the time of the inspection FCNA was providing a service to 12 adults.

We last inspected this service on 13 August 2015. The overall rating was Good.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

Systems were in place to ensure staff were safely recruited. Staff demonstrated a commitment to providing high quality personalised care for the individuals who accessed the service.

Robust systems were in place to ensure the safe handling of medicines. People were supported to take responsibility for their own medicines whenever possible.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively.

The induction programme was thorough and training was on-going. We saw evidence of close partnership working with other agencies and appropriate referrals were made as required.

We saw staff received regular supervision and annual appraisals. There were regular team meetings and copies of the minutes were available.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People who used the service told us the staff were kind and caring. People were involved in care planning and reviews.

The service had a service user guide which provided information about the service the agency offered.

People we spoke with told us the service was flexible and responsive. Staff worked around appointments people may have to attend.

Care records were person-centred and care files we looked at evidenced people's choice and preferences.

There was a complaints policy in place. The service had received no complaints within the last 12 months.

The service undertook a number of regular audits, including satisfaction questionnaires.

Action plans were produced and progress monitored to help ensure continual improvement.

## 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.

Staff had received training in safeguarding and whistleblowing procedures.

Robust recruitment systems were in place to help ensure the safety of people who used the service.

Systems were in place to help ensure the safe administration of medicines.

### Is the service effective?

Good 

The service was effective.

A detailed assessment was completed before people were accepted to the service.

Staff received the induction, training and supervision they required to be able to provide safe and effective care. The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had the right experience and skills to be able to support them effectively.

### Is the service caring?

Good 

The service was caring.

People who used the service told us staff were kind, supportive and helpful.

People's privacy and dignity was respected.

People who used the service and relatives were involved in care planning and reviews of support.

There was a service user guide that provided information to prospective people who may wish to use FCNA.

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

The service was responsive.

Arrangements were in place to help ensure people received individualised care to meet their diverse needs.

People were encouraged to provide feedback on the service they received.

Care records contained detailed information regarding people's health and social care needs.

**Good** 

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

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to ensuring people's experience of the service was positive.

Staff felt well supported both by their colleagues and the managers in the service

Quality assurance systems in place were used to drive forward improvements in the service.

**Good** 

# FCNA Homecare

## 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 checked 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.

This inspection took place on 28 November 2017 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to facilitate the inspection.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we had received from the service. For example notifications, safeguarding referrals and the last inspection report. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make. We also contacted the local authority commissioners, the local authority safeguarding team and the clinical commission group (CCG) and two healthcare professionals who had placed people with the service. No concerns were raised.

We looked at two care files, two staff personnel files, training records, staff supervision records, meeting minutes and audits.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe and well cared for by the carers who visited them. One relative had written to the service thanking the agency for their hard work in keeping their relatives in a happy and safe environment. Another person told us, "Yes I am safe with the carers that visit me".

Policies and procedures that are about safeguarding people from harm were in place. This provided staff with guidance on identifying and responding to any signs of abuse. Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure to report any poor practice they might observe. They told us they were certain the registered manager would take any concerns seriously. There had been one safeguarding concern which was addressed by the local authority safeguarding team. The service had received feedback from a member of the team which complimented them in their thorough approach to safeguarding and the way they dealt with this case.

We checked to see that staff had been safely recruited. We reviewed two staff personnel files and saw that each file contained an application form which included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

Systems were in place for the safe handling of medicines. All staff had undertaken training in safe use of and administering medicines. People spoken with told us that where carers administered any medicines this was recorded on the medication administration record sheet (MARs).

Records we looked at showed us risk management policies and procedures were in place. These were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Any equipment used in people's home was maintained and regularly serviced by the manufacturers.

Systems were in place to reduce the risk of cross infection. Staff has access to disposable gloves and aprons when providing personal care tasks.

We saw that accidents and incidents had been logged and any actions required were recorded. Audits had been completed by the registered manager and these helped identify any trends or patterns, which could then be addressed by the management.

## Is the service effective?

### Our findings

We were provided with a copy of the staff handbook. This was issued to all new staff on commencing their employment. The aims and objectives of FCNA is to provide a quality, reliable and competitive service to its customers.

People we spoke with were complimentary about the service. Staff were described by one person as, "Fantastic" and another said, "I can't speak highly enough of them, they are flexible and reliable. As this is a small agency the same staff attend, this is important to my [relative] who likes the consistency. The agency is proactive and well run". A healthcare professional who was involved with people who used the service told us, "When I have held reviews with my clients they have expressed their satisfaction about the agency and the care provided. They said staff were reliable and time keeping was good".

We saw that all staff completed a thorough induction on commencing work at FCNA; the induction was tailored individually depending on qualifications and experience. Essential training such as moving and handling and first aid, food hygiene, safeguarding, infection control was completed by staff before commencing work in the community. This was to ensure the safety of staff and people who used the service. All staff new to care were required to undertake the Care Certificate which was to be completed within 12 weeks of starting work. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. New staff shadowed experienced staff until they were confident to work unaccompanied. Ongoing training and refreshers were available and some staff had completed specialist training. For example catheter care, epilepsy, skin care, strokes and urine infections.

FCNA worked closely with other agencies to help ensure people were supported by people with the appropriate skills such as the district nurses, GPs and the Speech and Language Therapy team (SALT).

The care records we looked at showed that a full, detailed admission assessment had been completed before any care and support was provided. This was to ensure that staff could meet the individual needs of the person.

We looked at care plans which included a range of health and personal information, risk assessments, details of professionals involved in the person's care and other relevant documents. There was a care file for each person in the office, which was kept secure, and one in the individual's home for staff to refer to. People spoken with confirmed there was a care plan in the home and this was completed after each visit. Relatives said they could also write in the daily monitoring report if they wished to pass information on for staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. There was evidence within the files of consent being sought where required and people's mental capacity and decision making abilities being considered. We saw that where a person lacked capacity the service had been involved in best interest decision making.

Records we reviewed confirmed staff received regular supervision and appraisal. We saw that staff received feedback on their performance and were supported to consider their training and development needs on an on going basis.

## Is the service caring?

### Our findings

People we spoke with told us that the staff were kind and caring. One person told us, "They [staff] are lovely. Nothing is too much trouble for them. It's nice to be able to chat with them". One healthcare professional told us, "My clients have told me they are very happy with the care they receive". They told us that time keeping was excellent and the recording of information was good.

Another healthcare professional said, "I have only had good reports from people and their families. They have reported that communication is good; carers are punctual, flexible and respectful. All the paperwork is up to date and correct. I wish all agencies were like this one".

We saw people had signed care plans to indicate their agreement with the level of support which they were to receive. People we spoke with told us staff wrote in the care plan at the end of each visit. This meant that carers and relatives had good handover information.

We were provided with a copy of the staff handbook. A section on confidentiality had been included to remind staff about respecting confidentiality and not to divulge information relating to people who used the service. If staff had any concerns they were to report to the registered manager.

Staff demonstrated a commitment to providing high quality support and care. Staff spoken with were genuinely happy with their jobs and role. A member of staff told us, "It's a good agency to work for. It's small and personal". Staff we spoke with told us they felt valued by colleagues, the provider and the registered manager.

There was a service user guide available to people who used the service. The guide provided information about the staffing structure, the complaints procedure and the care and support available.

We asked the registered manager if there was anyone using the service from a different culture or ethnic background. The registered manager confirmed there was no one at the service from a different ethnic background. The registered manager told us if this changed they would speak with them and where appropriate their relatives. The registered manager said they would listen to and hear the experiences of the individuals and any particular issues that may affect the care and support offered. All staff had received training in equality and diversity. This meant staff had an understanding about equality and human rights.

## Is the service responsive?

### Our findings

People who used the service had opportunities to comment on the support they received. We saw that their views had been taken seriously and acted upon in order to improve their experience in the service. People spoken with confirmed they were always consulted by staff before any care tasks were undertaken.

FNCA had an up to date policy on person-centred care. This was reflected in the information documented in the care plans. For example likes and dislikes, preferences with regard to assistance with personal care. Care plans and risk assessments were reviewed and updated on a regular basis to ensure that all information remained relevant and current. There were details of reviews which had been agreed and signed by people who used the service or their relatives.

FCNA provided care for people who were nearing the end of their life and wished to remain at home. This included night sitting so relatives could rest knowing their relatives were being cared for during the night by people they knew and trusted. Staff had received training in death, dying and bereavement. Staff also had the support if needed from the district nursing team.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. People spoken with told us they knew how to make a complaint if they were dissatisfied with the support they received and were confident their concerns would be taken seriously. There had been no complaints made within the last 12 months.

We saw compliments had been sent to the service. One stated, 'I am writing on behalf of myself and family to say a massive thank you for the excellent service you provide to [relatives]. Every member of your team are a credit to your company. They [staff] are polite, friendly, approachable, trustworthy and professional. Staff always alert family members and are supportive on reporting and dealing with any concerns regarding [relative's] health and other issues. Management are excellent in communicating with family members and we are kept up to date at all times".

## Is the service well-led?

### Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. The registered manager had worked at the service for several years and was very knowledgeable about the people who used the the service.

Before our inspection we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as required. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

Records we reviewed showed regular staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. These actions demonstrated the provider and registered manager listened and acted upon the views of staff.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations.

We saw there was a system of audits in place relating to care planning, medication and recording accidents and incidents and falls. Audit checks helped the registered manager to identify any trends or patterns and any actions required to prevent further similar occurrences.

We saw the results of the Residents Response audit from July 2017. Questions were asked under the domains of safe, effective, caring, responsive and well led. People were asked if they felt safe 96.88% agreed, 93.75% said their medicines were managed safely.

People were asked if staff introduced themselves to people who used the service in an appropriate manner, 100% agreed and 100% of people said that staff ensured that people had enough to eat and drink. On treating people with dignity and respect 96.88% agreed and 100% said staff do not discriminate. People were asked about their involvement in care planning, 93.75 said they had been consulted. People were asked if they felt the registered manager was open and honest when things go wrong and 96.88% agreed they were.

People spoken with told us that the provider and the registered manager were approachable and supportive.

We asked the registered manager about the key achievements in the service since the last inspection. The registered manager told us. "We have recently introduced a care supervisor. Historically we have provided

care to a few clients. We now intend to slowly expand the domiciliary care service and have currently increased slightly the number of clients we provide care for. The care supervisor (currently a registered nurse) will follow a structured plan of carrying out care assessments and reviews, providing feedback to the manager. To assist with the transition there will be no more than two additional clients per month, to allow current systems and structures to accommodate the client's needs.