

Mrs Kathleen Ann Dawson

# F D Domestic Services

## 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

F D Domestics is a small domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults living in St Helens Merseyside. At the time of the inspection visit one person was using the service.

At our last inspection carried out in December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Risks people faced were identified and measures were put in place to reduce the likelihood of harm occurring. Staff knew the different types of abuse and how to recognise and report any concerns they had. People were kept safe by the right amount of suitable staff. The process for recruiting new staff was safe and thorough.

People received care and support from staff who received training and supervision for their role. People's right to make their own decisions was respected and staff obtained their consent prior to the delivery of any care and support.

People were treated with dignity and respect and their privacy was promoted. Positive relationships had been formed between people who used the service and staff.

People's needs were assessed and a care plan was developed instructing staff on how best to meet people's needs. People were fully involved in the development of their care plan and ongoing reviews of them. People were provided with information about how to complain and they were confident about complaining should they need to.

The leadership of the service was inclusive and positive. The quality and safety of the service was assessed and monitored, this included seeking people's views about the service.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# F D Domestic Services

## **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.

The inspection took place on 12 July 2018 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that someone would be at the office to support the inspection. One adult social care inspector carried out the inspection.

We visited the office and spoke with the registered manager who is also the registered provider and we also spoke with the general manager. We checked a selection of records held at the office, including care records for one person who used the service, recruitment and training records for two staff, policies and procedures and other records relating to the management of the service.

With their prior consent we visited one person who used the service at their home.

Before our inspection we reviewed the information, we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make. We contacted the local authority commissioning team who confirmed that they did not commission any care packages from the agency.

# Is the service safe?

## Our findings

Safe recruitment processes were followed. Records showed that applicants were subject to a series of checks before they started work at the service. This included a check carried out with the Disclosure and Barring Service (DBS) and checks carried out with applicants previous employer/s. These checks helped the registered provider make safer recruitment decisions.

At the time of the inspection no one using the service required support with medication. However, the registered provider had a policy and procedure in place for the safe management of medication which was in line with current good practice.

Risks to people and staff had been managed appropriately. Care records provided staff with clear information and guidance with regards to potential risks and how these should be managed. Risks people faced were regularly reviewed and care records updated where a change in a person's needs was identified.

People were safeguarded from abuse and the risk of abuse. Staff had completed safeguarding training and had access to information and guidance about safeguarding vulnerable people. This included how to recognise abuse and who to report any safeguarding concerns onto. Staff explained what they would do if they witnessed, suspected or were told about an incident of abuse. This included ensuring people were made safe and promptly contacting the local authority safeguarding team or police if necessary.

There were sufficient numbers of suitably qualified staff to keep people safe. The amount of staff who attended people's homes was based on the person's individual needs. Records showed that people received care and support at the right time by the right amount of staff. People were supported mostly by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.

## Is the service effective?

### Our findings

Staff received the training and support they needed for their role. New staff completed an induction when they first started work at the service and they received ongoing training relevant to their roles and people's needs. Staff received support through regular supervision meetings and telephone discussions with the registered manager. The registered manager and general manager carried out spot checks of staff working in the community as a way of monitoring their punctuality, performance and attitude. The registered manager and general manager were available to provide staff with advice and support both during and outside of office hours.

At the time of the inspection no one using the service lacked capacity to make their own decisions. However, the management team understood the principles of the Mental Capacity Act 2005 and how it impacted on their work. They understood the importance of gaining people's consent prior to providing care and support and respected people's rights to make their own decisions. Care records included people's wishes, choices and preferences about their care and support and how it was to be provided.

The names and contact details of any health and social care professionals involved in people's care and support, such as GPs, community nurses and social workers was recorded in their care files. This enabled staff to contact the relevant professionals should they need to.

At the time of the inspection no one using the service received support with nutrition and hydration. However, staff would inform the registered manager if they noticed any concerns, for example if a person showed signs of dehydration or significant weight loss or gain.

## Is the service caring?

### Our findings

People's privacy and dignity was respected and they were treated with kindness. We saw an example where staff knocked on a person's door and waited for the person to invite them in. Staff greeted the person and enquired about their wellbeing. Staff knew the persons full name, however they referred to the person by their chosen name which the person preferred. The person told us that staff were very respectful when assisting them with personal care.

A person told us that staff were very friendly and always took time to chat with them. Staff held friendly conversations with the person and listened to them with interest. It was clear staff had built positive relationships with the person and were aware of their interests, likes, dislikes and preferences.

Visits to people's homes were pre- planned to fit around their lifestyle, however there were occasions when people needed to change visit times to fit in with their personal life. We saw an example where a visit to a person's home was rescheduled at their request, to fit around other commitments they had.

People were supported to remain as independent as possible and make decisions regarding the care and support they received. They were encouraged to express their views through regular discussions with staff when they visited their home and through regular telephone contact with the management team.

Personal information about people who used the service was kept securely at the office.

Information was available about the use of advocacy services to help people have access to independent sources of support when required.

## Is the service responsive?

### Our findings

People had a care plan which they helped to develop and had agreed to. Care plans were kept at people's homes and a copy was held at the registered providers office. The plans provided staff with clear information about the person's identified needs, the intended outcome for the person and how the outcome was to be achieved for the person.

Care plans were person centred. They took full account of the person's wishes, views and preferences about how their care and support was to be provided.

Care plans were reviewed regularly with the involvement of people and relevant others. This gave people the opportunity to reflect on the care and support they'd received and make any changes to how and when their care and support was provided. A person told us that their care plan was an accurate reflection of their needs and how they wished them to be met.

Prior to leaving people's homes staff completed a record of the care and support provided to people. This helped to ensure any important information was shared with other staff so that people received consistent care and support.

The registered provider had policies in place for equality and diversity and religious and cultural needs and staff had undertaken training in this area. This helped raise staff awareness of people's diversity, faith and culture and understand the impact it may have on their life.

People were provided with information about how to complain. The information outlined how complaints about the service would be managed and responded to. This ensured people had information about who to speak with and how to raise concerns. No complaints had been received about the service.



## Is the service well-led?

### Our findings

There was 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 registered manager was responsible for the day to day management of the service. They had the support of a general manager who provided administrative support as well as providing care and support to people in their homes.

The registered manager and general manager promoted a positive culture that was person centred, inclusive, relaxed and friendly. A person told us, "The managers are lovely, they are very approachable and always listen." People who used the service and staff could seek advice, support and guidance from the management team at any time. Comments included, "I know where they are if I need them" and "They are always at the end of the phone."

The quality and safety of the service was regularly checked. The registered manager and general manager carried out checks at regular intervals on all aspects of the service including; care plans and associated records, health and safety and staff performance. People's views about the quality and safety of the service were obtained through regular care plan reviews, telephone discussions and visits to people's homes.

Registered providers are required by law to inform CQC of important events that happen at the service. No reportable incidents or events had occurred at the service since the last inspection. However, the registered manager knew of their responsibilities to notify us as required.

Ratings from the last inspection were displayed at the service as required. Providers are legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided.