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Frantec

## 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

Frantec provides personal care support to people living in their own homes on a live-in basis. When we inspected on 29 February 2016 there were 54 people using the service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There were procedures and processes in place to ensure the safety of the people who used the service. Care workers were provided with training and guidance in how to keep people safe and what they should do if they were concerned that a person was at risk or was being abused.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Systems for recruiting care workers and checking that they were suitable to work in the service were intended to ensure people's safety.

The provider had systems in place to provide medicines safely to people who required assistance.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing action was taken to make sure received appropriate care and treatment.

People told us that they had good relationships with the care workers that supported them.

People and their representatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs. People's consent was sought before they were provided with care and support. The service was up to date with the Mental Capacity Act 2015.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed and used to improve the service.

The service had an open and empowering culture. There was good leadership in the service. Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service took swift action to address identified shortfalls and as a result the quality of the service continued to improve.

## 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.

Systems were in place to keep people safe.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines this was done safely.

### Is the service effective?

Good ●

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People's consent was sought before care and support was provided.

Where people required support with their dietary needs, this was provided. People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives, where appropriate, were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good ●

The service was responsive.

People's care was assessed, planned, delivered and reviewed to ensure it met their needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service provided an open culture. People and care workers were asked for their views about the service and their comments were listened to and acted upon.

The service's quality assurance systems ensured that the quality of the service was continually improving. This helped to ensure that people received a good quality service.

# Frantec

## 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.

This inspection took place on 29 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by two inspectors.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with six people who used the service and the relatives of six people on the telephone. We also received an e mail from one person about their views of the service. Prior to our visit we received completed questionnaires from nine people who used the service.

We spoke with the provider, the service manager, one member of staff who worked in the office and three care workers. Prior to our visit we received 13 completed questionnaires from care workers and five questionnaires from community professionals. We looked at records in relation to 10 people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us that they felt safe using the service and with their care workers. One person said when we asked if they felt safe, "Of course I do." Another person commented, "I feel safe as I have the same carer." All of the questionnaires received from people reported that they felt safe from abuse or harm from their care workers.

Care workers were provided with training in safeguarding people from abuse, further guidance was provided in the service's policies and procedures. They understood their roles and responsibilities regarding safeguarding. All of the questionnaires received from care workers stated that they knew what to do if they suspected that a person was being abused or at risk of harm. Records and discussions with the service manager showed that care workers had reported promptly when they had concerns about people's safety. As a result the service had made safeguarding referrals to the appropriate professionals to ensure that their concerns could be investigated and actions taken to safeguard people. The care workers handbook provided information to care workers in the provider's whistleblowing procedures, which included reporting concerns about other professional's treatment of people.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks in their daily lives. These included risk assessments associated with moving and handling and risks that may arise in the environment of people's own homes. These risk assessments were regularly reviewed and updated and also reviewed if people's needs changed. This meant that care workers were provided with the most up to date information on how to keep people safe.

The care workers handbook included information to care workers on how to keep themselves safe when working, this included lone working and driving safely. Care workers were provided items to support good infection control when supporting people, these included disposable gloves. People's care records guided care workers to ensure that they used these to prevent the risks of cross infection. All care workers were provided with an identification badge which meant that people who used the service could recognise that they worked for the service when they visited them in their homes.

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that there were no instances where care workers failed to turn up for their live-in shifts. All of the questionnaires from people said that their care workers stayed for the agreed length of time. One person told us that they had the same group of care workers who supported them, "I have the same ones." Another person commented, "I have five or six regular carers." This helped to provide people with consistent care from care workers who they knew. We saw a compliment from a relative which said, "Frantec have been very accommodating in keeping my relative's carers to three [gender of care workers] due to complex needs." Care workers told us that they felt that there were sufficient numbers of care workers to meet people's needs and that they supported people that they knew.

The provider and service manager told us that they continually recruited new care workers to ensure that there were sufficient numbers to meet people's needs. They told us that each person was allocated a team

of care workers, who were matched to people by skill set and personality, to make sure that they were provided with consistent care by care workers who knew them. Care workers were rotated to make sure that they maintained professional and safe relationships with people. This was confirmed by a care worker questionnaire which stated that they worked with a person, "That continuity of care has made a huge difference to not only their own quality of life but also my own...Frantec try to match the right carer to the clients where possible and if need be give [care workers] the chance to learn/shadow to build a relationship."

We looked at the rota and spoke with the staff member responsible for ensuring that care workers were allocated to people to ensure that all live-in shifts were covered. They showed us the computerised system which identified the teams of care workers allocated to people and if a person had requested that a care worker not support them again this was in the system and flagged this up if an attempt to allocate them was made.

We looked at the recruitment records of four recently employed care workers. These demonstrated that people were protected by the service's recruitment procedures which checked that care workers were of good character and were suitable to care for the people who used the service.

People and relatives told us that they were satisfied with the support arrangements for medicines management. One person said, "I do my own, but they [care workers] have to check I have took them." Another person commented, "The carer helps me with my medication."

Care workers were provided with medicines training and competency observations to ensure that they were able to support people with their medicines safely. People's records provided guidance to care workers on the level of support each person required with their medicines. Records showed that, where people required support, they were provided with their medicines as and when they needed them. This showed that the service's medicines procedures and processes were safe and effective. We noted that one person's medicine administration records (MAR) had not been completed by the care worker to show variable doses of as required medicines for pain relief and the times they were administered despite this being directed on the MAR. When we pointed this out to the service manager, they took immediate action to arrange further training for the care worker and they added further guidance to the MAR template. This showed that the service took action when shortfalls were identified to reduce the risks to people. The service manager told us that these had not yet been audited and talked us through the actions that they took when issues were noted.

# Is the service effective?

## Our findings

People told us that the care workers had the skills and knowledge that they needed to meet their needs. One person said, "I think they know what to do when they help me." One relative said about the skills of the care workers, "They all do the personal care properly." One person was involved in providing training to the staff team to, "Give people the perspective of the client."

All of the questionnaires received from community professionals stated that care workers were competent to provide the care and support required by people. One stated, "I think Frantec has a good management with a good knowledge of learning disabilities. Staff are well informed, trained and monitored by management." We saw a compliment that had been received by Frantec from a community professional which said, "The personal support worker was interacting very well and was very pro-active."

Care workers told us that they were provided with the training that they needed to meet people's needs. All of the questionnaires received from care workers said that they were told about the needs, choices and preferences of the people they supported. One care worker said in their questionnaire, "The service is outstanding and I would recommend it to anyone. I received all the training I needed from Frantec staff before taking on any work and I feel fully confident to carry out my role as a support worker. Most importantly, the service users appreciate the service I provide to them." Each care worker had an induction before they started working with people consisting of mandatory training such as moving and handling and safeguarding. In addition, training in people's needs, such as specific conditions and equality and diversity was provided. Care workers were provided with information about the British culture and how to provide traditional foods. This gave care workers information about people's diverse and cultural needs. Care workers were provided with the opportunity to complete the care certificate, a recognised induction qualification for new care workers. One care worker told us, "They told me I can do the care certificate." Following the induction training new care workers shadowed more experienced care workers before they started to work alone.

Existing care workers were provided with updated training when required. This meant that care workers were provided with up to date training on how to meet people's needs in a safe and effective manner.

Care workers told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

Care workers were provided with training and guidance in the Mental Capacity Act 2005 (MCA). All of the questionnaires received from care workers confirmed this. The 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 decision, any made on their behalf must be in their best



interests and as least restrictive as possible.

Records showed that people's consent was sought before any care and treatment was provided and the care workers acted on their wishes. Care records identified people's capacity to make decisions and they were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service. Where people lacked capacity, guidance was provided to care workers relating to which areas of their care they could consent to, if they had fluctuating capacity and the arrangements in place to support them in making decisions. The service manager was knowledgeable about MCA and shared examples of where they had supported people with decisions about their lives, this was confirmed in the records they showed us.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. One relative said, "The health and diet of my relative is an issue but Frantec are looking into the diet of my relative and carers are supporting my relative as best that they can."

People were supported to maintain good health and had access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

# Is the service caring?

## Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "I get on with the staff very well." Another person said, "They are all kind to me." People's relatives also told us that they felt that the care workers were caring toward their relatives. One said, "No two people are the same, but we get on well with them, all the staff." Another relative said, "They treat my [person] very well." We saw a compliment that Frantec had received which said, "Carers were kind, generous and could not be faulted in their dedication."

All of the questionnaires received from community professionals agreed that the care workers were kind and caring to the people they supported and eight from people who used the service agreed that their care workers were caring and kind. One person, in their questionnaire told us that where they were not happy with a care worker, they were not sent to this person again. This showed that the service took action when people were unhappy with the interaction from care workers.

The management team and care workers understood why it was important to interact with people in a caring manner. They knew about people's needs and preferences and spoke about them in a caring and compassionate way. One care worker said in their questionnaire, "I am extremely loyal to my client...we are working to the same goal that the client is our number one priority and they deserve the highest standard of care at all times."

Care workers told us that people's care plans provided enough information to enable them to know what people's needs were and how they were to be met. People's care records identified their preferences, including how they wanted to be addressed and cared for.

People were supported to express their views and were involved in the care and support they were provided with. One person said, "I definitely feel listened to." One person's relative told us how their relative had recently started using the service, they said that the provider had visited the person's home and spoke with them and another relative about their needs, "We were very happy from the off, communication is very good." Another person's relative said, "We work together and it [Frantec] have been very supportive. There is always someone I can talk to on that day if I have any problems." All of the questionnaires received from people agreed that they were involved in decision making about their care and support needs. To support the inclusion of people in their care records, where needed, these were provided in larger print and picture and text format to support people's understanding.

Records showed that people and, where appropriate, their relatives had been involved in their care planning. Planned reviews of care records were undertaken and where people's needs or preferences had changed these were reflected in their records. The service manager told us that when any changes to care records had been made these were provided to the person for their agreement. This told us that people's comments were listened to and respected.

People's independence and privacy was promoted and respected. One person told us, "They [care workers] help me to help myself, I like that." Another person said, "The carers absolutely respect my privacy." Eight questionnaires from people agreed that they were supported to be as independent as they could be and this was confirmed by all of the questionnaires received from care workers.

People's care records included guidance for care workers on how people's privacy and dignity should be respected. People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. One person said, "I have been well looked after by Frantec for over [length of time]." Another person said, "They are a brilliant company, they listen to me and do what I want." Another commented about the care they were provided with, "From my point of view everything is fine, no issues at all." One person's relative told us that they felt that their relative was provided with good quality care, "We have never thought of leaving, never thought of changing [the service]." Another person's relative told us how the service had responded when their relative needed increased care, "They made sure it was a smooth transition. This was done first, then we looked at the funding after...I would rate the service as outstanding." There had been a transition between services for one person and their relative said "They [Frantec] came in at a difficult time so they had to start from scratch. They did a very good job considering the circumstances."

All of the questionnaires received from community professionals agreed that people told them their care workers completed all of the care and support tasks in their care plan and that the service made sure that the care workers knew about the needs, choices and preferences of the people they cared for. These questionnaires identified where the service had provided responsive and personalised care for people. One community professional stated, "...the care agency have been very proactive with raising concerns and communication with the [organisation] when issues arise or before they have escalated. The level of communication and proactive approach has given the [organisation] tremendous faith in using this care agency for clients with challenging care packages." Another commented that they were, "Extremely impressed by the management and commitment to get to know the service user and improve their quality of life," and, "They were keen to devise person centred plans and problem solve for example ensuring the service user accessed the community, had all the benefits they were entitled to."

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. The care plans were written in a person centred way and reflected their choices. These included people's diverse needs, such as how they communicated and mobilised. People's specific routines and preferences were identified in the records so staff were aware of how to support them. This included how they wanted to be supported to wash.

One person's care records showed that they were at risk of developing pressure ulcers and guided care workers to ensure that the person was repositioned regularly. However, we spoke with the care manager about the risks of not identifying clearly how often this should be done. This was addressed immediately, the care manager developed guidance and a chart which would identify when the person was supported and to which position. They told us that this would be forwarded to the care worker and kept in the person's home straight away. This would help to further minimise risks of them developing pressure ulcers. We spoke with this person's relative who told us that the person did not have a pressure ulcer and that there was equipment in place to reduce the risks.

People told us that they were involved in decision making about their care and support and that their needs were met. Where appropriate, their representatives, including relatives and social workers were kept

updated. One person's relative told us that they were consulted about the care and support provided to their relative and that their relative's care plan was, "Professional, I read it one Saturday, in depth care history, even down to telling the [care workers] to keep their nails short so not to damage [person's] skin." Another said that to discuss the ongoing care of their relative, they and the service, "Had a conference call the other week, they listen and get back to us with any issues."

All of the questionnaires received from community professionals agreed that the service acted on any instructions and advice provided and that the service cooperated with other services and shared relevant information when needed, such as when people's needs changed.

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. For example, one person's records identified the outings that they enjoyed and another person's records guided staff to ensure that their routine of going out with friends was respected.

People knew how to make a complaint and felt that they were listened to. One person told us, "My views are listened to, any issues are always dealt with quickly." One person's relative said, "We know all the staff in the office, if we have a concern, they act on it and put it right." Another relative commented, "We have absolutely no problems, but if there were we would go back to them, I am sure they would sort it out." Eight questionnaires received from people said that they knew how to make a complaint and that any concerns or complaints they had made were addressed. All of the questionnaires received from community professionals agreed that the service dealt with any concerns effectively. People were provided with information about how they could make comments about the service and complaints when they started to use the service.

Records of complaints showed that complaints and concerns were documented, investigated, addressed. These were used to improve the service and to prevent similar issues happening, for example changing care workers visiting people and further training, where required.

## Is the service well-led?

### Our findings

People told us that they knew who to contact if they needed to, including the management team, that their comments were valued and listened to and that the service was well-led. One person's relative said, "The service is well-led, they keep me updated if there are any changes. I would recommend it to any clients." Another relative commented, "It is such a professional outfit, they know what to do [care provided to the person]." All of the questionnaires received from people agreed that they knew who to contact in the service if they needed to. All of the questionnaires from community professionals agreed that the service's managers and staff were accessible and approachable and that the service was well managed.

The service had an open and empowering culture. People were regularly asked for their views of the service and if they were satisfied with their care and support in satisfaction surveys. Where people had made comments the service had improved the service to make sure these comments were addressed, for example, by employing more care workers who could drive.

The provider and management team worked to deliver high quality care to people. Records showed that care workers were monitored throughout their induction training and this was discussed with them in their initial supervision meeting. Where new staff had demonstrated an inappropriate response to respect and equality, their employment was not taken forward. Records showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted these were discussed in supervision meetings to plan how improvements were to be made, such as further training. This was confirmed by care workers, one stating in a questionnaire, "They listen to our views at all times. Regular visits are made, announced and unannounced and not a problem." Another care worker told us that they had been observed when assisting people with their medicines and when supporting people to mobilise. Care workers were kept updated in any changes in the service in a variety of ways including text messages and e-mail.

There was good leadership demonstrated in the service. Care workers, in person and in questionnaires told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns, which they felt were addressed. They were committed to providing a good quality service and were aware of the aims of the service. They could speak with the provider and management team when they needed to and felt that their comments were listened to. One care worker in their questionnaire said, "I have vast working experience and working for Frantec has proved to be one of the most fulfilling jobs I have ever done. The Frantec management is always attentive to all my concern and wellbeing at work and thus has made my working experience with them great." Another stated, "I know if I had any concerns about my client's wellbeing or the carers then I would not hesitate to contact my line manager. I have put this into practice in the past and Frantec have responded immediately and promptly giving myself and the client all the support where necessary. I can wholeheartedly say that Frantec, especially [provider], does CARE." Another commented and the support the service provided to them, "I know I give above and beyond in my job so to have that respect returned means a lot." There was an on call service undertaken by managers to make sure there was always someone available to respond to concerns.

The provider and service manager were up to date with changes in the care industry, regulation and inspection. This included the introduction of the care certificate and they were up to date with their responsibilities regarding the duty of candour. This was evidenced in the service's policies and procedures which had been reviewed and updated in line with any changes in best practice and legislation. The provider and service manager kept their knowledge updated and were both working on a recognised leadership and management qualification. They told us that they provided a personalised service and knew all the people who used the service.

Discussions with the service manager showed that checks were undertaken on records, including medicines and daily care records. The systems in place which enabled them to identify and address shortfalls and continually improve the service for people. Care plans were regularly updated and reviewed and each review had a unique reference number. When care workers changed over their shifts or if an incident occurred they were required to record the reference number to the care plan. This enabled the service manager to monitor if they were using the most up to date records to meet people's needs. Not all of the quality assurance systems had been formally recorded but we could see from other records where actions had been taken. The provider and service manager could tell us about the systems in place and they assured us that these would be documented to allow a clear audit trail of actions they were taking to improve the service. The provider and the service manager were receptive to our inspection process and took immediate action where we identified areas for improvement. These issues had not had an impact on the people they provided a service for, but had potential risk, which was minimised due to the swift action taken.

We fed back the findings from our questionnaires to the provider and service manager, without identifying the individuals concerned. They noted down all of the results, for example comments made by one care worker about their views about communication in the service, and told us that these were useful to use to continually improve the service.

All of the questionnaires received from community professionals agreed that the service tried hard to continuously improve the quality of the care and support provided to people. Comments made in these surveys showed that the service had taken action where there had been concerns. The service had learnt from feedback to improve the service. One person's relative said, "Frantec identified a way to make improvements to the service for my relative. On the whole, I can't fault them."

The service's PIR showed that they had identified ongoing areas for improvement in the service and discussions with the provider and service manager during our visit showed that they had a clear vision for continuous improvement to provide good quality care. This included improving the opportunities for care workers in professional development to maintain good morale.