

Fambridge Care Limited

# Fambridge Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Fambridge Care is a domiciliary care agency providing personal care to younger and older people. A respite service is provided for up to six weeks duration as well as long term care and support. At the time of the inspection, 69 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People felt safe using the service. Risks to people's health and wellbeing were assessed and monitored. Safeguarding practices were in place and fully investigated. People's medicines were managed safely and administered as prescribed. Staff used equipment for the prevention and control of infection. Safe recruitment processes were in place and there were enough staff to care for people. Lessons had been learnt when things had gone wrong and processes changed to prevent them happening again.

People had their needs assessed and support was provided to meet them. Staff had induction and training; support and supervision, and their competency was checked. Technology was used to deliver effective care however, improvements were needed to the rota arrangements.

We have made a recommendation about the provider reviewing its process in relation to timings of calls and consistency of staff.

People were supported with their meals and drinks and had access to healthcare services. Staff involved professionals in people's care to enable them to keep well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, caring and considerate. People were supported to express their views and make decisions about their care. People's dignity and privacy was respected, and their independence promoted. People were involved in their care arrangements and people received personalised care. A complaints process was in place and people knew how to make a complaint.

The service did not have an adequate system in place for providing end of life care.

We have made a recommendation about the provider putting in place a system to assess people's wishes in relation to end of life care and provide training for staff.

The service was well led and managed. Staff felt valued and well supported by the management team. There

were clear lines of accountability and staff clear about their roles and responsibilities. A quality assurance process was in place which provided oversight but audits were not as robust as they should be. People and staff were involved, asked for their views and these were listened to. The service worked with other organisations to support and promote joined up care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 1 March 2019 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to a range of safeguarding concerns received since the registration of the service. A decision was made for us to inspect and examine any risks to people's safety. We found no evidence during this inspection that people were at risk of harm as these concerns had been fully investigated and lessons learned as a result.

## 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

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

### Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below

# Fambridge Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Fambridge Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service three working days' notice of the inspection. This was because we needed to write to people who used the service to inform them about the inspection and that someone may be calling them to seek their views.

Inspection activity started on 6 November and ended on 13 November 2019. We visited the office location on 12 November 2019.

#### What we did before the inspection

Prior to the inspection we reviewed information we had about the service. This included feedback from the local authority and statutory notifications which included information the provider is required to send us by law. The provider was not asked to send us a Provider Information Return (PIR) on this occasion. The PIR gives us information about what the service does well and any planned improvements. We used all of this

information to plan our inspection.

During the inspection

During the inspection, we spoke with eight people who used the service and ten family members. At the office we spoke with eight members of staff including the registered manager, the managing director, the service manager, human resources manager and four care staff. We looked at seven people's care records including their care arrangements, medicine routine and daily notes. We examined six staff members recruitment records, including supervision records and training files. We viewed documents relating to the management of the service, complaints and compliments, satisfaction surveys and quality audits.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. This included lessons learnt and supervision provided. We had feedback from four professionals who had contact with the service and emailed feedback from three staff members.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There had been safeguarding concerns raised by and about the service. The registered manager had dealt with these thoroughly, in a timely way and lessons had been learnt as a result.
- People told us they felt safe with the staff. Relatives were confident that if they had any concerns, they would be dealt with appropriately by the manager. One person said, "I've had a key safe for some years now and they usually just ring the bell a couple of times before letting themselves in and, as far as I'm aware, they've always made sure it's been properly locked before they leave." A family member told us, "Of course [relative] has staff that they prefer and gets on with better, but in all honesty, I don't think there's any of the staff that have been that have made them feel unsafe."
- Staff could demonstrate an understanding of adult safeguarding procedures and how to report an allegation of abuse. A staff member told us, "I had real worries about one person and their health, so I asked [manager] to raise a safeguarding so that social services would go in and help them."
- Staff had received training in adult safeguarding and this was refreshed yearly so that their knowledge was up to date.

Assessing risk, safety monitoring and management

- Care plans showed risk assessments were carried out which identified potential risks and action taken to minimise them. These included people's risk of falls, poor skin conditions and pressure care, choking and difficulty breathing. One example of guidance for staff for a person at risk of choking said, "Make sure [person] is relaxed and adequate time is given, listen carefully, use body language to communicate. Staff are to stay while eating and drinking and taking medicines. Food to be soft, small portions and all drinks supervised. [Person] to be seated upright and with chin forward. Avoid talking whilst they are eating."
- We saw that information was available to staff to inform them about people's conditions and how these may affect their day to day life.
- Quality audits and safety monitoring were completed in areas such as falls, pressure care, accidents and incidents. This showed that risks to people's safety were balanced with their right to being independent in their home.
- Environmental risk assessments were completed to ensure people and staff were safe moving around their home. This included managing and using equipment. Two staff were required to use a hoist and slide sheet and guidance for supporting people was personalised and specific.

Staffing and recruitment

- Staffing levels were maintained in line with people's care needs. The service had enough staff to care for people it supported safely. There was a consistent team of staff who had worked at the service (and the previous provider) for some time. We were told by the deputy manager the service was always looking to

recruit suitable people and three newly recruited staff had commenced work in October 2019.

- Safe staff recruitment procedures were followed which included making the necessary checks to ensure staff had the skills, personality and were suitable to work with people in the community.

#### Using medicines safely

- Most people received their medicines as prescribed. One family member said, "We can't rely on [relative] to take their tablets regularly because they simply forget. The staff make sure that they give the tablets with a drink and then check to make sure they have taken them before it gets written up in the notes."
- People's medicines were not always given at the same time each day due to the timings of their calls. One person told us, "The staff don't come at the same time each day. I'm reliant on them getting them out of the box that the pharmacy delivers and, once they've given them to me with a drink, it gets signed off in the records." One family member said, "I don't think any of the medicines are time sensitive, although that's just as well, because of the variation in time when the staff can arrive every morning."
- The care plans provided clear guidance for staff about the medicines people took and completion of the medicine administration records. These records were audited to ensure they were completed correctly, and any errors could be dealt with quickly.
- People consented to having support with their medicines which included the applying of creams and eye drops.
- Staff had received training in administering medicines to people. Checks on their competency had also been completed. One staff member said, "We are well supported with our training in medicines and they do checks. It's easier to record that we have given the medicines now on the new phone system, less possibility to get anything wrong." Another said, "We have to know when people are in pain and how they tell us, like one-person gestures and points so I know to administer paracetamol and record what I have given."

#### Preventing and controlling infection

- Staff received training on infection control procedures and the appropriate personal protective equipment, to prevent the spread of infection, was used.
- Staff confirmed they were supplied with enough gloves and aprons to carry out their work safely. One person said, "In all the time they've been looking after me, I don't think there's been a single time where they've arrived in a dirty uniform and they always have their disposable gloves and aprons with them which they change between tasks. They are very good at washing their hands and I've never had to remind them about that either."

#### Learning lessons when things go wrong

- The management team had a process in place to monitor the service. They met regularly to discuss the business of the service and make improvements where needed.
- The service had experienced several safeguarding concerns and the director explained how lessons had been learned and improvements made as a result. "In any instances where we have even slightest concerns about the welfare of one of our people, we will always look to share information at the earliest opportunity with outside agencies, also involved in the management of the care provided. This consistent approach means, if a person's situation does deteriorate, we have formally flagged any concerns we might have about the package as early as possible for the person's protection."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and their choices recorded. Care plans were very detailed and written in a respectful way about people's needs and wishes. They took into consideration people's mental, physical and social wellbeing. One person's care plan read, "My skin is very thin and fragile, and staff need to handle me with great care. I like to appear my best and take time to do my make-up daily." Another said, "I need help with my mental health. Staff to reassure me when I am feeling low as get a bit depressed, I sometimes get panicky, and need help to calm me down."
- The daily notes showed that people's care was delivered in a way they wanted it and in line with their policies and guidance.

Staff support: induction, training, skills and experience

- People told us they thought the staff were experienced and well trained. One person said, "I've never come across any of the staff who didn't have the right skills or training to be able to look after me." A family member told us, "My [relative] has to be hoisted everywhere. Although they can't communicate, the staff always make sure they talk through exactly what they're doing, and they don't begin to lift until they're absolutely sure that [relative] is nice and secure in the sling. There's never been any problems and they've always been able to do everything that is needed."
- Newly appointed staff received an induction in line with the Care Certificate standards. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. This consisted of practical training and shadowing experienced staff. Staff were checked they were competent in their role before working on the rota alone.
- Staff training records showed that a variety of courses were offered such as continence care and dysphasia (difficulty in swallowing). These were in addition to the mandatory subjects which included health and safety, safeguarding people from harm and moving and positioning people. Staff had an opportunity to discuss their learning and development and were supported to access additional training to further their career. Staff said, "I've had good training", "Our training is always up to date" and, "We get too much training! It is helpful though and it's nice to be refreshed."
- Staff received supervision, spot checks, observations of their practice throughout the year and an annual appraisal. Knowledge was also shared at team meetings and via memo's such as changes to policies, for example, using body maps to identify where patches were placed on people's skin and reminders of good practice guidance such as the signs of sepsis.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported in different ways with preparing, cooking and eating their meals. One person told

us, "My staff make all of my meals for me and they really don't mind what they make. Another said, "I can't really get to the kitchen anymore, so I rely on my staff to tell me what I've got in the fridge and what needs using by certain dates. My staff never mind making me whatever it is I fancy from one day to the next and while I'm eating, they usually tidy up in the kitchen."

- People were supported and encouraged to maintain and gain as much independence as possible to achieve their aims. For those people using the reablement service, returning to being independent with these tasks was the required outcome. One person said, "I can manage to make most of my meals for myself now. I hate being reliant on staff all the time, so for me just being able to do a few things for myself with their support makes life seem a little better."
- Risk assessments were in place for specific conditions such as dysphagia. Referrals were made to the speech and language therapy team (SALT) in a timely way and clear guidelines had been obtained for staff to follow to ensure people's care was effective.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had an in-depth knowledge of the people they were caring for and spoke with genuine interest and passion when discussing their care and support needs. One staff member said, "We report to the office all the time if people are struggling. I was concerned with one person as they were getting so thin. The deputy manager was reading the reports I sent to the support team and, they came out and saw the person. It was not long until they were admitted to hospital."
- The service was very proactive in maintaining good relationships with health and social care professionals in order that people received the best possible care. We saw referrals to a range of services to obtain specialist advice and support to keep people well. One professional told us, "I have meetings with Fambridge Care and they are always helpful, friendly and professional at all times. They clearly care about each adult they support as they are always able to give me all the information I need on every call. Likewise, if they have any issues that are urgent, or need advice, they always ask or refer to our service for urgent input. Another said, "My experience of Fambridge Care has been a good one to date and am not able to recall any instances where they have not followed our recommendations."
- People were supported to access healthcare services and family members were kept informed of any health-related concerns. Care plans viewed contained information on specialist support and guidance and health appointments to ensure their health and well-being. One family member said, "They do keep me well informed and only recently said that they had discovered a slight sore which they will be monitoring, and they also made a referral to the district nurse."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Where people did not have capacity to make their own decisions, mental capacity assessments were carried out. People's representatives or their Lasting Power of Attorney were involved to ensure their wishes

were carried out.

- People's preferred ways of communicating their needs for example, if they were unable to speak, was recorded and guidance provided to staff in how to listen, observe and respond. A family member told us, "Unfortunately [person's name] can't communicate anymore, but the staff are really good, and they'll still chat away to him explaining what they're doing even though they know he won't be able to answer them back. They treat him as a human being."
- Staff asked for people's consent before carrying out any tasks. This was recorded in the daily notes. Where consent was refused for any reason, this was also recorded so it could be monitored for any action to be taken. One person said, "I don't always feel like having a shower, and staff will usually ask if I'm ready in the morning to have one. Sometimes I'd just rather have a bit of a strip wash instead and help me with that. Nobody has ever forced me to do anything that I wasn't comfortable with."
- Staff had received training in the MCA and understood how to help people make choices and decisions for themselves about their care.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, friendly and supported them to live in their own home. They were well trained, professional, very caring and always willing to do extra jobs when required. They tidied up after themselves and records were completed at the end of each visit.
- Staff were not rushed and spent time with people who really enjoyed the opportunity to have a chat. One person said, "We tend to just chat all the time they're here while they're getting on with all of the jobs." Another said, "I have a frame that I can get around the flat with but I feel safer when one of the staff is here so that they can just walk behind me to steady me as I go. It's really important to me that I can do these little things for myself for as long as possible, and my staff help me do this." A third said, "The majority of the staff are lovely and will always do extra jobs if I need help with anything and they always tidy up after themselves and make sure that I have everything to hand before they leave."
- Staff told us that they saw regular people who they had got to know. One staff member said, "I go to a person who likes nice food and she gets upset that she can't go to Waitrose or Marks and Spencer anymore. So, on my day off, I get them a few bits which makes them very happy. For another person, if we are having fish and chips on a Friday at home, I tell them I will get some for them and bring them round. The delight on their face says it all."

Supporting people to express their views and be involved in making decisions about their care

- People told us their views were listened to and they were involved in their plan of care. Care plans identified the views of the person with specific information to follow on the person's care needs. People had regular reviews, or more if their needs changed. One family member told us, "The care plan has been printed out and we keep it for when we need to look at it. We're usually asked our opinion of the service at the same time and the care plan is kept up to date." Another said, "My [relative's] care plan is probably looked at every six months. The supervisor for our area was only out visiting us a couple of weeks ago to do that very thing. We agreed, on this occasion, that there weren't any changes needed."
- People were able to make contact with the office and express their views. Office staff responded well to people. One person said, "The phone is usually answered, either in office hours or out." One professional told us, "I have had good contact with the field supervisor who showed good insight into the person's needs. They assisted me during an assessment of the person and put a care plan together for them."

Respecting and promoting people's privacy, dignity and independence

- Staff were familiar with the needs of the people they supported. One family member said, "The staff will always knock on the door, call out their name before they can go in, and always close the door behind them to give the privacy they need while they get [relative] up and ready for a wash. They could easily just lead

[relative] along the corridor in their underwear, but they don't. They always make sure they have got their dressing gown on and it's secured properly before they venture out with of the bedroom."

- People told us they were treated with dignity and respect. Another said, "[Relative's] dementia is quite far advanced now but before it kicked in they always took a lot of pride in their appearance and would've hated knowing that they had food down their front or that they were wearing dirty clothes. The staff are extremely good, and they always make sure that [relative] has clean clothing, which matches and is comfortable, when they get [relative] up, washed and dressed in the mornings."

- Care plans showed that people were supported to live as independently as possible. One person told us, "I've just been having the reablement service for a few weeks now. I needed their help when I first came out of hospital. I like the fact that they allow me the time to still do the things I can do for myself and they are very encouraging and keen to find new ways of doing things."

- The daily notes recorded how people had been supported, their views listened to and that they were satisfied with the support given by staff. A family member said, "My [relative] had four calls a day when coming out of hospital but is now down to one as they have been extremely helpful. My [relative] has been able to gain some of their independence back to the extend now that they only really need help in the shower. They are much more steady on their feet and use the frame well enough to walk alone."

- Staff told us about how they supported people and what was important in their job. One staff member said, "I really enjoy being with people and by simply sitting with somebody talking, you can make somebody's day. After I've provided the care, my main focus is sitting, listening and chatting with them before I go."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service did not always meet people's needs in a timely or consistent way. We had mixed feedback from people using both the reablement and long term service. Some of whom were not satisfied with the times of their calls or the consistency of the staff. For people using the reablement service, call times were scheduled in four blocks of time, for example, 06.00 to 11.30am, 11.30am to 15.00pm, 15.00pm to 18.00pm and 18.00pm to 22.30pm unless there was a requirement to help a person with their medicines. One person said, "We have spoken on a number of occasions to someone in the office about the fact that calls can be either very early or very late which means that it's very difficult to plan what we're doing during the rest of the day. The service simply told us it is within the policy of how they operate their visits and, that while they try their best to provide the care at the times we would like it, it's not something they guarantee."
- For some people using the long term service, they told us that times also varied. Also, when we looked at the call times some people had, they were not sufficiently spread out. For one person, staff had returned to do their bed call an hour after their tea call. One person said, "I'm reliant on waiting until the staff actually get to me, whether that's in the morning or in the evening. Some nights, if they are quite late, I can find myself dozing off in my chair before they've even got to me, and then another night they can be so early that it's only just after I've had something to eat for my tea and then I have to sit here all evening in my nightclothes."
- Most people had staff who were consistent and only had a change when they were sick or on holiday. One person said, "I like seeing a small number of regular staff, because they get the experience of getting to know me and knowing how I like things to be done." Although the service sent out a weekly list of who should be visiting, last-minute changes we were told, were not communicated to people or their family members. One person said, "Sometimes, I struggle to have to explain to different staff all the time what it is I need help with and in particular how I like things to be done." A family member said, "We should know who is visiting because we get sent a list. However, in our experience, it's not very accurate and staff get changed at sometimes very short notice without us being told anything about it." We spoke with the registered manager and director about some people's calls being too close together and some people's dissatisfaction about their call times and the consistency of staff. They told us they would address these concerns and review the system as a priority for improvement to ensure everyone using the service was satisfied with their care arrangements.

We recommend the provider review their call monitoring systems and processes to ensure people received a service which was personalised and met their needs.

- The care plans were comprehensive and provided staff with clear guidelines on how care should be

provided. People's protected characteristics such as age, gender, ethnicity, faith, culture and sexual orientation were recorded to ensure the service was responsive to people's individual and different needs and circumstances.

- A brief life history detailed who and what was important to the person.

People's social interests and activities were recorded for example, "I use my electronic tablet and have started to knit" and, "I am able to decide what I eat and drink and wear, but I have got my family to support me with significant decisions."

- People told us staff responded to them in a respectful way. One family member said, "The staff we have are lovely and they try their best. We would recommend them to others because at the end of the day my [relative] is well looked after."
- People's goals and targets were recorded. For example, "[Person's name] and family have recently requested us to help [person's name] to go outside in their wheelchair for a family event. The event was a success which has given [person's name] the confidence to try this again."
- People had a choice of male or female staff to assist them. One person said, "I was asked whether I preferred male or female staff and I said that it really didn't bother me, so I suppose at the minute I probably see half male and half female ones, most of the time."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory and communication needs were fully recorded in their care plans. For one person, "I struggle to communicate effectively and when you cannot understand what I am saying, please consult my [relative]. My speech is slurred and very difficult to understand. You need to watch my lip movements." For another person, "Staff to speak slowly and with hand gestures and in writing."
- For those whose first language was not English, family members had been identified as helping to translate and also helping staff to communicate in that language. Positive ways of communicating with people were recorded to ensure their needs were met and information was offered in different formats should a person need it.

### Improving care quality in response to complaints or concerns

- Complaints were responded to in line with the complaints policy and procedures. When a complaint was received, it was acknowledged, investigated and responded to in a timely way. Improvements had been made to the complaints process so that complaints were analysed and discussed at management meetings and learning identified.
- People, their relatives and staff were provided with information on how to make a complaint or raise a concern. Staff and relatives said should they raise a complaint or concern, it would be dealt with appropriately. One person said, "I like things to be done how they should be, so I do phone the office when I have problems with some of the staff. To give them their due, the office staff did apologise and say they would talk to the staff about the concerns I had, which they did. Staff have made more of an effort to do things properly." Another said, "When one of the managers comes to visit, they always ask me and my [relative] whether there are any problems or concerns that I have about my care."
- The service had received many compliments from people. These included comments such as, "All the staff supplied were excellent. The company itself was prepared to work with us to resolve problems as they arose", "We are super happy with our service and I don't know where I'd be without you" and, "Extremely happy with the care which I have received. All the staff have been kind, efficient and friendly."

### End of life care and support

- At the time of the inspection, the service did not provide care for people at the end of their life as staff had not been trained to provide this support.
- No information about people's end of life wishes, preferences and choices had been recorded in the care plans we saw. The registered manager told us that they would discuss the person's needs if and when someone needed end of life care.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team promoted an open, positive and supportive culture. They were knowledgeable and skilled and displayed clear values and behaviours in the oversight and management of the service.
- The registered manager fully recognised and understood their duty of candour and their legal responsibilities. We saw that they had responded to concerns raised by the local authority, learnt lessons and put in place necessary improvements.
- Staff confirmed that senior staff provided support and advice to them and they felt involved in the service. One person said, "I have been working with this company for some time and can honestly say they are a great to work for. I have a great boss [name] who leaves me to get on with what I have to do but is always there when I need them." Another said, "The company is amazing. The best I've ever worked for. There's always someone on the other end of the phone if I'm in need of some guidance. Training is always up to date."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and responsibilities. They were proud of working for the service and of the care and support they provided. One staff member said, "Care plans always clearly outline what is needed at each visit. It is always person centred and the people we go to are always put first."
- A quality assurance process was in place. We saw weekly and monthly audits were undertaken such as care plans, risk assessments, medicine administration, complaints, accidents and incidents. These ensured that all information was correct and appropriate actions taken. We spoke with the registered manager about recruitment files being audited. They agreed to go through all staff files to ensure they held the correct information in line with the legal requirements.
- The service had a computerised care planning system which recorded people's care and support. Staff could access up to date care plans and record their daily visits on a hand-held password protected mobile phone. People and their family members could also access this information to keep a check on how care was being provided.
- The system for managing staff visits, visit times, missed and late calls, times close together was recorded but not working as effectively as it could to monitor people's satisfaction with the delivery of their care. Our recommendation is outlined in the Responsive question.
- The service met its regulatory requirements and provided CQC with notifications in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and feedback about their care were sought during reviews and through surveys. Only 25% of people responded to the survey in May 2019 which found the service to be satisfactory. The director told us they were confident the next survey planned for January 2020 would provide a clear view about the quality of the service, especially with the improvements they will make.
- Regular staff meetings were held, and staff were encouraged to discuss their work. We saw records of positive and informative discussions on topical issues, policy and procedure changes and improvements made. Copies of the meetings were given to all staff.
- The staff satisfaction survey in September 2019 showed that staff were very happy working for the service with over 90% positive in all areas of their work. Staff said they were very supported by the managers and office team and they would recommend working for the service to a friend. One staff member said, "I have been made to feel very welcome. This is one of the best places, they are very friendly and make you feel like part of a family. Very good company and team very supportive."

Continuous learning and improving care; Working in partnership with others

- The registered manager had an effective training programme in place and worked in partnership with other organisations to deliver it.
- The deputy manager was improving their knowledge and skills by attending courses and utilising good practice guidance in order to ensure the service was working well. They were working towards becoming a registered manager.
- The service had received a visit from the local authority in May 2019 and the feedback had been shared with staff. The service had learnt from the findings and had made improvements as a result.
- The service worked collaboratively with health and social care professionals and community organisations such as Age UK and Alzheimer's Society to obtain the best possible care for people they supported. One social care professional told us, "I would describe Fambridge Care as a good agency that is communicative. Staff have always been helpful and will make contact with any concerns, however small."