

Mrs Eldalyn Rivera Sundram

Fortune Life Home Care

Inspection report

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19 June 2018
22 June 2018

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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

The inspection took place over several dates. On the 13 June 2018 we visited the office. On the 19 June 2018 we visited people in their own homes and on 22 June 2018 we telephoned people who used the service to get their feedback about their experience of the service. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. At the time of our inspection seven people were being supported by the service. This was the first inspection to be carried out since the provider was registered with the Commission in July 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. It provides a service to [older adults], [younger disabled adults], [children].

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

The registered manager had arrangements in place to receive feedback from people who used the service, their relative, external stakeholders and staff members about the services provided. There was an effective system in place for people to raise complaints about the service they received.

We found that records were sufficiently maintained but the systems in place to monitor the quality of services provided required further development.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible, the policies and systems in the service support this practice.

We spoke with two relatives who told us that their family member was kept safe and was well cared and was supported by staff who were both competent and well trained. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse.

The provider operated a thorough recruitment processes which helped to ensure that staff employed to provide care and support were fit to do so.

There were sufficient numbers of staff available to meet individual needs and the service provided was flexible.

People who used the service and their relatives were complimentary about the abilities and experience of the staff who provided their care and support.

Staff supported people to stay safe in their home, and were supported to maintain their health and well-being. Staff developed appropriate positive and caring relationships with the people they supported and

their family, feedback from people who used the service was consistently positive and complimentary.

Staff asked for people's consent before providing care and support. People who used the service and their relatives, where appropriate were involved in the initial planning of the care and support they received. People's personal information was stored securely and confidentiality was maintained.

People who used the service and their relatives told us they felt the staff provided care and support that was delivered in a way that promoted their dignity and respected their privacy. Staff were knowledgeable about people's preferred routines and delivered care that was individualised.

We were told that staff listened to them and responded to them in a positive way. Relatives knew how to raise concerns if they needed to and told us they were confident that the registered manager would take appropriate action to address any concerns in a timely way.

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 consistently safe.

Staff were aware of safeguarding people from potential risk and knew how to report concerns.

Risk assessments were completed and reviewed regularly.

There were sufficient staff with the right skills and experience to meet people`s needs at all times.

Safe recruitment procedures were robust.

People were protected from the risk of infections.

People were reminded and supported to take their medicines and staff had been trained in the safe administration of medicines.

Is the service effective?

Good ●

The service was consistently effective.

People received support from staff who had received the necessary training to carry out their role effectively.

Staff felt supported by the registered manager.

People were encouraged to eat a healthy balanced diet.

People were supported when required to attend health care appointments.

Is the service caring?

Good ●

The service was caring.

People developed positive relationships with the staff who supported them.

People were involved in making decisions about the support they received.

People were supported to retain their independence.

People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were met in a way they liked.

Care plans included the appropriate information to help ensure care was provided in a person centred and safe way.

Where people were supported at the end of their lives, this was done with dignity and kindness.

Complaints were responded to and feedback was sought.

Is the service well-led?

Good ●

The service was well-led.

The service had systems and processes in place to ensure the service operated effectively

There were adequate systems in place to monitor the quality of the support provided and to drive improvement. However some of the audits carried out needed formalising.

Staff told us they felt supported by the registered manager.

Fortune Life Home Care

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 13,19 and 22 June 2018. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. This included the Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we were unable to observe care provision due to the nature of the service which provided personal care and support to people living in their own homes. However, we did visit people within their homes to discuss the care provided and view documentation in relation to the care provided. We also contacted people's relatives who gave us feedback about the service. We spoke with two staff members and the provider, who was also the registered manager.

We looked at four care plans, three employment files, medicine records, quality monitoring records' and other relevant documents relating to how the service operated.

Is the service safe?

Our findings

People who were supported by the service informed us that they felt safe. One person we visited told us, "[name] is like a lifeline to me. They keep me safe and well and always make sure the door is closed behind them when they leave." One relative told us they considered their family member was very safe at all times. Staff knew the people they supported well and were able to demonstrate they knew how to keep them safe.

Staff we spoke with were able to describe what constituted abuse and how they would report any concerns. They were also clear about who they would report concerns too should the need arise. We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was displayed within the office as a reminder for staff when they visited the office. Staff received safeguarding training when they joined the service and were provided with regular updates when required.

Safe and effective recruitment practices were followed which helped make sure all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records for three staff members and found that all the required documentation was in place which included two written references and criminal record checks.

There was adequate staff provided with the right abilities and experience to meet the person's needs safely. We spoke with one relative who told us they considered that there were enough staff to meet the needs of their family member and they confirmed they had regular support workers. They told us "The manager also comes to care for my dear [name] and a fantastic job they do." Staff rotas were planned in advance and confirmed there were enough staff to meet people's needs safely. We saw information with regard to 'out of hours' contact numbers to call in the event of the staff member not arriving at the specified times.

There were suitable arrangements in place for the safe administration of medicines and staff had been trained. There were also medicine administration records in use and regular audits had been completed to monitor the safe administration of medicines.

People's safety was promoted as a result of staff's understanding of safe systems of work. These included training on subjects including moving and handling, infection prevention and control. Staff wore protective clothing during people's care and food preparation and this helped to provide people's care as hygienically as possible. This was in addition to infection prevention training and hand wash techniques.

We saw that risk assessments were completed as part of the initial assessment of the person's needs. We found that these had been reviewed regularly to take account of the person's changing needs and circumstances. The registered manager reviewed all risk assessments and ensured regular reviews were completed.

There was a system in place for the recording of accidents and incidents although there had been none

since the service had been registered with the Care Quality Commission.

Is the service effective?

Our findings

People's care and support needs were assessed to help determine how these needs would best be met. Examples of needs which had been assessed included those for washing, dressing, medicines administration, moving and handling and health conditions which staff needed to be aware of. This was as well as specialist equipment. People's needs, treatment and choices were supported by staff who treated them equally and no matter how complex their needs were.

People who used the service received support from staff who had the appropriate experience and skills to carry out their roles and responsibilities. Staff completed an induction programme when they started working for the service, which was linked to the Care certificate. This gave new staff the skills, training and knowledge to enable them to support the person effectively.

Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people. For example we saw evidence that staff had attended recent training in moving and handling, safeguarding, Mental Capacity Act, infection control and life support training.

The registered manager told us training was updated annually. Staff competencies were observed and assessed by the registered manager who often worked alongside staff which provided an opportunity to assess both staff competencies and also to mentor staff to ensure they followed good working practices. We saw records of the recent spot checks carried out within the past three months on staff employed by the service which ensured people were cared for and supported effectively and professionally.

One staff member told us that the training they received was appropriate for their roles. They told us "I had a thorough induction and then I shadowed the manager for a several weeks before I was allowed to work unsupervised." The records seen confirmed their induction had been completed in February 2017 and had been endorsed by the registered manager.

All three staff member we spoke told us that they felt fully supported by the registered manager and they had regular contact both at the office but also within the person's home. These staff members also confirmed that they received regular supervisions with the registered manager which gave them the opportunity to discuss work related issues or concerns.

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.

The registered manager and staff we spoke with understood that they were required to obtain people`s consent before they provided care and support. They told us that they always asked the person if it was ok

to assist them and always respected the person's wishes. For example, the registered manager told us they contacted the person who used the service and their relatives to inform them about the inspection taking place and to obtain their consent for us to contact them and obtain feedback. We also saw that a representative of the persons had signed consent forms within

People were supported with their nutritional needs by staff who knew what people's food and drink preferences were. One relative we spoke with during a home visit told us said "The carers always makes sure my [name] lunch is prepared and heated up before they carry on with their other duties." Staff told us they promoted people's choices and prompted them with a selection of meals and drink options. We saw that one person we visited required a special diet in respect of their cultural needs. We were told that these meals were delivered from a local restaurant and delivered to the person's home already prepared hot and ready to eat. During our visit we were able to observe this meal being prepared and saw it was both well-presented and hot.

We also reviewed call times during our home visits and saw that staff care calls were booked to coincide with the times when people chose to eat. This meant that the provider offered a service that was both individual and consistent with respecting the person's individual needs and wishes.

People who used the service was supported to attended appointments at their GP or other health related professionals. Relatives told us that care staff supported their family members to attend regular appointments in relation to their health and staff worked flexibly around their appointments to ensure they were supported on the days they had to attend hospital appointments.

Is the service caring?

Our findings

Relatives we spoke with told us their family members were looked after in a kind and caring way. They told us their family member had regular staff who they liked and got on well with. They knew staff well and were familiar with their routines. One relative told us, "I needed carers who I could trust and I have found this with Fortune Life Home Care as they always keep me updated and offer a caring and loving service to my [name]." Another relative told us "The support my [family member] receives is very good, the staff are really kind and caring and I have no concerns. One relative told us, "I think they are the best carers I have had; they are gentle, kind and considerate of me and my needs." Another relative provided very positive feedback and told us "Carers are competent and treated my [family member] with kindness and dignity. People and their relatives told us that the staff assisted with daily personal care needs, shopping and budgeting.

Staff had developed positive and caring relationship with the people and demonstrated that they knew about their individual preferences, likes, dislikes and daily routines. One staff member we spoke with was able to tell us how they maintained people's privacy, dignity and independence. We were not able to observe care being delivered but when one staff member spoke with us they talked about the person they supported in a kind, caring, and sensitive way.

One person who used the service was both positive and complimentary about the staff that provided their care. They told us, "They give me choices in what I would like to wear and what I like to eat." They also told us, "My carers offer me the utmost attention and respect." One relative we met during our visits told us, "The carers are all lovely and give me peace of mind. I know that when I am not able to be here [name] is looked after in a kind and caring way. I feel blessed that I have found Fortune Life Home Care."

People who used the service were encouraged to maintain positive relationships with friends and family. We were told that staff always kept their families informed of any changes that related to their relative's needs.

People who used the service and their relatives told us they had been consulted and involved in their care planning. We saw documented evidence of this within the two care plans we reviewed where both people had signed which confirmed that they has agreed with its content.

People's private and confidential information was stored securely within the main office and we saw that confidentiality was maintained by the registered manager. The registered manager was aware of how to contact advocacy services for people to use, when required.

Is the service responsive?

Our findings

People were able to be as independent as they wanted to be and supported by care staff as much or as little as they preferred. The care and support people required was determined after an assessment of their needs had been completed. This allowed people, or those acting on their behalf, to be involved in how and when their care was provided.

People we spoke with confirmed the care and support provided was both responsive and flexible. For example we saw that one person's visits had been arranged in to fit in with the times of day the person wished to pray. We saw the morning and evening calls were therefore arranged to take place after these times to afford the person their privacy and to respect their cultural and personal wishes.

We saw that there were various systems were in place to support people's social stimulation during care calls as well as visits by relatives and friends. For example during our visits we observed one staff member enjoying a discussion with the person regarding their faith and culture. We also saw that the television channels had been tuned into programmes that were in the person's own language. Another person we visited told us that the carers often sit down with them and spend time looking at their old photo albums and reminisce about the bygone years.

We saw during our visits that people had systems to support their wellbeing which included an emergency call bell system. One relative told us, "The carers always make that [name] is wearing their emergency buzzer before they leave."

Feedback from the relative of one person who used the service told us "I think because this care agency is small it's more efficient and personable. It means my [name] get the individual and special care they deserve."

Staff had access to personal information which was kept in a folder in the person's home. This contained a copy of the care plan and the risk assessments. The plan of care gave appropriate information and guidance to staff so that they could provide care safely and appropriately.

We saw that care plans were person centred. For example, they contained detailed information about the person's life, their interest and their preferences and preferred routines. We found that the staff we spoke with had a detailed knowledge and understanding of each person's complex and changing needs.

People also told us that staff always preserved their privacy and dignity. One person said, "They [the staff] always treat me with kindness and with the upmost respect." One member of staff said that, "I like working for Fortune Life Home Care because they are a small and friendly company and we therefore build up a great relationship with the people we care for because always care for the same group of people."

People said they were able to choose their preferred time of care and what was important to them, this included their preference for a male or female staff to be provided. One person said "The staff are always on

time and I have never had to call to say they have not turned up."

Care plans were up to date and continued to be regularly reviewed and highlighted where care and support needs had changed. Staff confirmed that the care plans gave them sufficient information so that they could provide the required care and support. Staff completed daily notes which described the care and support that had been provided and noted any significant events that had occurred. The daily notes were monitored on a regular basis by the registered manager to evaluate care practices and identify areas for improvement and development. Relatives we spoke with confirmed that they were involved in reviews, where appropriate in order that they had an opportunity to comment on the current care and support that their family member received. One relative told us "I often see the manager as they come and provide the care to my [name].

People had their end of life care wishes recorded as part of their initial assessment when this was appropriate. The registered manager confirmed that where end of life issues arose they would involve with appropriate services which included the person's GP and community nursing team. The service also would liaise with people's families with regard to their family member's end of life wishes.

People who used the service and their relatives confirmed that they were provided with an information pack when they commenced the service which contained information on how to make a complaint.

Relatives we spoke with confirmed that they knew how to make a complaint but had no issues or concerns about the care and support provided by Fortune Life Home care. They also told that they were in regular contact with the registered manager and would raise any concerns directly with them, if the need arose. One relative stated, "I speak to the manager on a regular basis so if there are any issues or concerns I deal with them immediately."

Both staff members we spoke with told us they would report any concerns raised with them to the registered manager so they could be addressed and resolved quickly and to the satisfaction of person who used the service.

Is the service well-led?

Our findings

The service was well led with systems and processes in place that had been established and further developed since the service first registered with the Care Quality Commission. This ensured the service operated effectively and safely.

We saw records that related to risks to the person's health and well-being were up to date and had been regularly reviewed. In addition the provider had kept current and consistent records that related to staff who were employed at the service to provide care to the person which ensured staff had the appropriate skills and competencies to carry out their role effectively and safely. We saw examples of recent audits that had been completed. These included spot check audits in relation to staff competencies and regular medicine audits.

The provider informed us that they also carried out checks on care plans and records that related to call and visit times. However although there was evidence that these checks had been completed during our visit to the office and when we conducted the home visits, these checks had not been formally recorded. This is an area that requires improvement.

We found the service operated in accordance with their statement of purpose which is a document that sets out what the service aims to do and how they will achieve the objectives. The registered manager told us they worked hard to strive to improve the service provided and with a view to increasing the amount of people they currently support.

We found that the care and support plan seen demonstrated the care provided contained detailed information, that enabled staff to provide the necessary support and care in a person centred way.

We saw that satisfaction surveys had been completed with people who used the service and relatives and the feedback seen confirmed that everyone was pleased with the care provided. One relative commented in the most recent survey seen, "We are so grateful for the support and care that both [name] and you have given to our family member, nothing was too much trouble and I thank you sincerely." One person who used the service stated, "I wish to thank you most sincerely for all the carers you have provided me with, I especially want to mention [name] who went over and above their normal duties to make sure I had everything I needed and who offered me much comfort and support." Another relative told us, "Fortune Life has helped us through some very difficult times. Their staff have been very caring and reliable. Would thoroughly recommend them."

We found there was an open and transparent culture within the service. For example the registered manager covered both morning and evening shifts which gave them an opportunity to review first-hand the care and support provided and to review, where necessary the package of care provided. This also gave staff the opportunity to discuss any issues they may have regarding the people they supported.

Staff told us they enjoyed their work and working for the service. Staff told us that they felt the service was

well managed and that they were well supported by the registered manager and staff colleagues.

The relatives and people we visited we spoke with were complimentary about the registered manager. They considered the service was well managed. One person told us that they found the services had a ' Personal approach that made them feel valued.' Two relatives confirmed that the registered manager had regular contact with them to ensure they were happy with the service. All staff members we spoke with told us that they considered the registered manager to be both approachable and competent.