

Finesse Healthcare Ltd

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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

Finesse Healthcare Ltd is a care service registered to provide personal care to people in their own homes (domiciliary care). The service specialises in providing a support to people in the local community who live in the Taunton area. We announced our intention to inspect the domiciliary service so we could be sure the registered manager, staff and people receiving a service were available to talk to us. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection eight people were receiving the regulated activity 'personal care'.

This inspection was announced and took place on 28 and 29 June 2018. This was the first inspection since the provider registered the service in March 2017. The service had only been providing personal care for approximately six months at the time of the inspection.

The registered manager who was also the provider ran the service from the site office and carried out hands on personal care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

People told us they felt safe with the staff who provided their care and support. People were protected from harm because the provider had a robust recruitment process and staff received training in how to recognise and report abuse. People's care plans included information on how they could raise concerns if they or a relative or friend felt they were at risk of abuse.

There were sufficient staff to meet the needs of people and an on-going recruitment programme was in place. This meant the staff team was expanding to meet the needs of a growing more diverse client group.

People were supported by staff who knew their needs and understood the importance of delivering effective care and support. All new staff completed an induction and worked alongside staff who knew the people before they worked alone. Records showed all staff also completed training relevant to the needs of the people they provided care and support for. All staff received one to one supervision when they could discuss their needs and the needs of the people they supported. The registered manager also carried out unannounced spot checks when they could observe staff and talk with people about the care they received.

People were supported by staff who were kind and caring. People said, "They are excellent," and "Really nice caring staff," and "I am more than happy with the staff who visit me." People also confirmed staff treated

them with dignity and respect and gave them time to comment on, and contribute to their day to day care and support.

People received care and support that was responsive to their changing needs. Staff had a clear understanding of people's needs and how to meet them effectively. People were involved in discussing and setting up their care plans. During the inspection one person was assisted to express their opinion at a care review.

People and staff were supported by a registered manager/provider, who was open, approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

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.

People were supported by staff who knew how to recognise and report abuse.

People were supported by staff who received pre-employment checks before commencing work.

People received their medicines safely from staff who had received training to carry out the task.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff were well trained and supported.

People had their needs assessed and reviewed to make sure the care provided met their up to date needs.

Staff worked with other organisations to make sure people received effective care.

Is the service caring?

Good ●

The service was caring.

People received their care from staff who were kind and caring.

People were involved in decisions about their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care which was responsive to their needs and wishes.

People could discuss any concerns and complaints with staff or the provider.

The organisation had systems in place to care for people at the end of their life if necessary.

Is the service well-led?

Good ●

The service was well led.

People received a service from a provider who was committed to ensuring people had high quality personalised care.

Staff were well supported which led to a happy and well-motivated staff team.

People had opportunities to share their views about the service.

Finesse Healthcare Ltd

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.

The inspection took place on 28 and 29 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits. The inspection was carried out by one inspector.

Inspection site visit activity started on 28 June 2018 and ended on 29 June 2018. We visited the office location on 28 June 2018 to see the registered manager and visit people in their homes. We visited the office on 29 June 2018 to review care records and policies and procedures.

Before the inspection we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Finesse Healthcare Ltd provides care and support to people living in their own homes. At the time of the inspection they were providing personal care to eight people. We visited three people who received a service and spoke with one person over the phone, we also spoke with one relative during our visits. We were unable to talk with staff during the site visit. We attempted to telephone staff however we were only able to talk with one care worker. We also observed interactions between people the registered manager and one staff member.

We looked at records which related to people's individual care and the running of the service. Records seen

included two care and support plans held at the office, and the three working care plans for the people we visited. We also looked at quality audits, three staff personnel files, training and supervision records.

Is the service safe?

Our findings

People told us they felt safe using the service and with the staff supporting them. One person said, "I feel very safe they are all brilliant, excellent care." One relative said "Yes I am very happy they are safe. Nothing to worry about."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. The organisation's recruitment policy and procedure stated, "A Minimum of two referees will be contacted, one of whom must be the applicants current or most recent employer." However we saw two records where there were two references and the last employer had not been asked for a reference. We discussed this with the registered manager who confirmed that all future references would include one from a prospective employee's current or previous employer.

Records demonstrated staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. The registered manager and the staff member spoken with were confident in how to raise a concern and who they could speak with. The staff member said, "I know I can talk to [registered manager] and I can go to other people if I need to." The staff member was also aware of the whistleblowing policy and said they had no problems talking with the registered manager if they thought they needed to raise any concerns.

There was sufficient staff to meet the needs of the people being supported by the service. Each person had a small dedicated team of staff who worked with them. This enabled staff to provide consistent care and support. The registered manager confirmed they had an on-going recruitment programme and would only take new people on if they had sufficient staff to meet their needs. One male person using the service said they preferred their support from female staff, however understood the registered manager was currently employing new staff so would soon be able support their request.

Some people required support with their medicines. The people we spoke with were happy with how staff supported them. A relative told us, "[The person] needs their medicines at specific times so they work properly. The carers are always here at the right time to support [the person]. I am really happy as it makes such an impact on [the person] if they get it wrong." One person said, "Takes my mind off it, as I know they will be here to remind me to take my tablets."

The organisation's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

Before providing care and support, risk assessments were completed. An initial environmental assessment

established whether it was safe for staff and people receiving the service to carry out the care and support required. The environmental risk assessment included any pets and any precautions staff needed to take. Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. Risk assessments in care plans considered areas such as assisting people to move around their home, use of a stair lift and assisting people to access the local community.

Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons. Senior staff visited people's homes and carried out "spot checks" where they observed staff practiced safe hygienic care. One person said, "The first thing they do is make sure they have gloves and aprons and they always leave my bathroom spotlessly clean."

As the organisation had only been providing personal care for approximately six months before the inspection they had not had any incidents, however the registered manager was able to show they had systems in place to analyse trends and practices and learn when things went wrong.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "Can't fault them they know what they are doing and I have no worries." Another person said, "They [staff] appear to have had all the training I guess they need, they look after me very well."

Staff records showed and the registered manager confirmed all new staff completed a full induction programme which followed the Care Certificate. The Care Certificate is a nationally recognised training programme which sets standards that social care and health workers follow in their daily working life. All new staff received basic training in the service's essential subjects, before working with people in their homes. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One person told us how they had met new staff and that they had been introduced before they became part of their care team.

Records showed and staff confirmed they had plenty of training opportunities. This included plans for annual updates of the organisations statutory subjects such as, moving and handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. The registered manager explained how they were going to complete the 'train the trainer' course for moving and handling and first aid. This meant they could ensure all staff were kept up to date with current best practices. One care worker said, "I received all the training I needed to do the job. They are good with that support."

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, or spot checks the registered manager explained that with a small client and staff group getting together for a full team meeting had not been practical. They said they had plans for team meetings once the staff group grew in size. There were also plans for an annual appraisal. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required.

People received their care and support from a small team of staff, usually no more than four or five, and the registered manager. This enabled staff to get to know people well and the staff member spoken with said they would recognise if someone was unwell.

Prior to receiving care and support from the organisation an initial assessment of the person's needs was carried out. People were able to request the amount and type of support they needed. Each person was assessed in the same way and a plan of care agreed that met their needs and preferences and complied with current good care practice. During the inspection we visited one person who was being supported by a staff member to review their care package. They said they were very happy with the care and support they received.

Some people required assistance and support with eating and drinking. Some people also required assistance with shopping or food preparation and this formed part of the general service not regulated by us

but essential to the maintenance of people's well-being and independence. People's care plans were very clear about their food likes and dislikes. They also emphasised the importance of maintaining good hydration and indicated what types of drinks to leave in reach when they left the person's home.

People only received care and support with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care, or a relative if they had the relevant authority. Everybody spoken with confirmed staff always asked them first before they carried out any care.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff prompted people to see health care professionals according to their individual needs, such as district nurses and GP's. Some people said they received support from their relatives to attend health care appointments.

People receiving support from the organisation at the time of the inspection were able to make their own decisions. When people lacked the capacity to fully consent to care the managers and staff knew how to act in accordance with the Mental Capacity Act 2005 (MCA). 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The registered manager and staff member knew how to protect people's legal rights because they had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves.

Is the service caring?

Our findings

People were cared for by kind and caring staff. People told us they found all the staff who supported them were kind and cared about their needs. One person said, "[Name of staff member] is very good he knows what I need and how I like things done." Another person said, "They are excellent all do a good job."

The organisation ensured that each person was supported by a small team of carer workers which enabled people to build trusting relationships with the staff. This aspect of the service was very much appreciated by the people we spoke with. This meant staff got to know people well and by maintaining regular care workers for people they were able to support them to be as independent as possible and offer reassurance and encouragement in their daily lives. Everyone told us they had a small team of staff who knew them well. One person said, "There aren't many different people coming through the door so I don't have to worry." One relative said, "We get the same staff so we know who is coming and when they will be here. Gives [the person] a feeling of continuity."

People and their relatives told us they were involved in making decisions regarding their care and they felt listened to. One person said, "I was involved right from the start. They listen to what you need and that is what happens. [Registered manager's name] also does some of the work so they know immediately if things have changed." Another person said, "They have helped me today with the care review and they listened to what I had to say."

Staff explained how they always obtained consent before carrying out any care. The staff member spoken with said, "It is important to remember you are going into their home. If they decide they do not want something done the way they did it the day before it doesn't matter. It is their decision how they want things done at the end of the day." One person told us how staff always explained things to them and asked for their consent before carrying out any care and support.

People told us they felt staff treated them with dignity and respect. One person told us how it was all very, "Stress free, I thought I would be worried about having carers come in but they respect my wishes. I never have to worry about things like doors and curtains being closed. They are so thoughtful."

People said communication with the registered manager was "Excellent." Everybody knew the registered manager and said if they rang the office they were polite caring and understanding. One person said, "He [registered manager] comes and gets on with the job like the rest of them which is good. He knows what I like and how I like it done so he can tell his staff first hand." One person said it would be nice if they had something that told them who was coming each week. We discussed this with the registered manager who agreed they would introduce personal rotas for people so they knew who would visit and when.

Is the service responsive?

Our findings

People received responsive care and support which was personalised to their individual needs and wishes. People told us they were involved in developing their care plans and they were personal to them. The staff member spoken with was able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after.

People said they could express a preference for the care worker who supported them for example they could choose the gender of the care worker who supported them. However one male person using the service said they preferred female staff but regularly received care from a male care worker. They said they understood the reasons as the staff team was small and in the process of being further developed. (The person explained this was not due to cultural or religious preferences just that they thought, "Women are better carers.") The registered manager explained they had a recruitment programme in place and as more female staff became available they would ensure the person's staff team reflected their wishes.

People's care needs were assessed on their first meeting with the registered manager. All needs were discussed and the initial package agreed with the person or their representative, if they were unable to take part. Following the initial meeting care plans were developed outlining how their needs were to be met. Everybody spoken with knew about their care plans and people confirmed they had been involved and had agreed the plan before they were finalised.

The registered manager explained how they would discuss with the person the support they were able to provide. If they felt the organisation could not meet the person's needs they would refer them to another service who may be able to provide a package of care. This was to make sure the organisation could meet the person's needs and expectations.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person including the time they preferred the care to be provided. The care plans were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about.

The organisation worked closely with other professionals to support people to remain in their own homes. For example an assessment by a physiotherapist for one person meant they could now manage the stair lift with assistance from staff. This meant the person was able to access their bathroom for a shower.

The registered manager explained they tried to ensure people had visits at the time of day they requested however they were aware of the impact this could have on staffing. They explained they never promised times they could not provide and were honest with people from the start of the care package. One person said, "I have not had any problems, the times they arrive are generally within the time that was agreed and staff have never been late or missed a call."

People and their families were encouraged and supported to raise any issues or concerns with the staff or registered manager. The organisation had only been providing personal care for approximately six months at the time of the inspection and no complaints had been received. The organisations policy and procedure for managing complaints was available in peoples care folders in their home. It also directed people to other external agencies they could raise concerns with.

The registered manager explained that they had a system in place to sample the views of people, relatives and other health professionals who used or were in regular contact with the service. However this had not been formally used due to the short time most people had been using the service. The registered manager confirmed they regularly spoke with people and their relatives because they also provided hands on care alongside staff. We saw two "service user questionnaires" that had been sent to people, the comments were very positive and showed people appreciated the care and support provided. They read, "Very happy with staff, (we are more than satisfied with the standard of care)." And, "I found the carers I had very friendly and helpful during the limited time they were here." The registered manager confirmed that any issues arising from questionnaires would be discussed with the person and staff and an action plan agreed to drive improvement.

The organisation had not cared for anybody reaching the end of their life at the time of the inspection. People's care plans included a section on their preferences at end of life but people had not completed this as did not feel it was necessary at the time. The registered manager confirmed they could forge links with the local hospice and community nursing team if needed.

Is the service well-led?

Our findings

People told us they felt the organisation was well led, one person said, "He [registered manager] leads from the front, never work shy and does the same as his staff." Another person said, "I think we all know [the registered manager] he is very hands on so he knows what it is like for his staff when they come." One relative said, "Very well led team of staff, always an answer from the office and the registered manager is always available to talk to."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager who was also the provider ran the service from the site office and carried out hands on personal care. They told us they had recently employed an administrator which would free them up to be more in touch with people and the staff team as both grew. The staff member spoken with said that although there was a small staff team they had very clear lines of responsibility and accountability. They confirmed they saw the registered manager regularly and said, "They [the registered manager] are very approachable and always at the end of the phone if you need them."

There were systems in place to share information and seek people's views about the running of the service; however the organisation had only been providing personal care for approximately six months at the time of the inspection. This meant the systems in place had not had time to become embedded in the everyday running of the business. We will look at the outcome of this at the next inspection.

There were quality assurance systems in place to monitor care and plan on-going improvements. Quality assurance audits included audits of medication, care practices and records and full audits of care plans. The governance systems put in place were new and due to the short time the organisation had been running and the small client and staff group they needed to be embedded in the culture of the organisation and used consistently to drive improvement. Evidence of the sustained use of effective governance systems will be reviewed at the next inspection.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The organisation had a contingency plan in place to make sure people continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload. People's teams of staff consisted mainly of staff local to the area so if necessary some staff would be able to walk to the person to provide care. The registered manager also confirmed they had agreements with other

local care agencies which they could call on if necessary.

The registered manager told us their vision was to, "Build a brand, a service where people can talk positively about the care they receive." They also said they needed to ensure they worked to the highest standard to achieve this, "You need to put yourself in the person's shoes, and you are in their home."

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.