

Fouta Quality Care 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

Fouta Quality Care Ltd is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 14 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.

Risks to people's safety were assessed and details around the care they required were recorded.

Medication administration records were completed accurately to show people had been provided with their medicine.

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination.

Safe recruitment practices ensured only suitable staff worked at the service. Enough staff were employed to meet people's needs.

People told us they were treated with respect and compassion. They said they had very good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they wanted to.

Care plans reflected people's individual needs and preferences and were updated when needed. Staff supported them to live the lives they wanted. The policies and systems in the service supported this practice.

The registered manager understood their responsibilities and worked in an open and transparent way. People knew how to make a complaint and were pleased that the registered manager always listened to any concerns and acted on them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us in July 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Fouta Quality Care Ltd

Detailed findings

Background to this 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

This inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they 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 two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2021 and ended on 1 July 2021. We visited the office location on 28 June 2021.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to send in a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection we spoke with one person who used the service about their experience of the care provided and four relatives. We spoke with three care staff and the registered manager. We reviewed a range

of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed. Risk assessments described how care was to be delivered and were specific to the needs of people receiving care. They identified the level of risk and how risk was to be managed. They were regularly reviewed.
- People we spoke with told us they were being safely supported. We found no concerns relating to unsafe support. Staff said they provided safe care.
- A safeguarding log was in place, which provided information as to nature of the concern with action taken in response.

Using medicines safely

- Medicine administration records (MAR) were completed accurately and audited regularly.
- Medicines prescribed were documented, and care records detailed care staff responsibility for ordering and administration, and where medication was managed by a family member. Staff competency in relation to medication was regularly assessed.
- Staff were trained in medicine administration and told us they felt confident supporting people with medicines. Relatives told us their family member who received medicine from staff said there had been no issues with staff supplying prescribed medicine.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving support from staff. One person told us, "They [staff] always make sure I am safe and look after me all the time."
- The provider had systems in place to safeguard people from abuse and knew how to follow safeguarding procedures.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if there was a situation where they needed to follow safeguarding or whistleblowing procedures.

Staffing and recruitment

- Assessments/support plans identified number of staff required to deliver care safely, and the time of calls. There was an electronic monitoring system in place to check this. Staff logged in on arrival and departure, and the system highlighted if staff were late.
- Sufficient staffing was in place. People told us that staff were usually on time and, if they were late, this was by not very much and caused them no concerns.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff

were suitable and had the right character and experience for their roles.

Preventing and controlling infection

- People told us that staff always wore personal protective equipment (PPE) during the COVID-19 pandemic. One person said, "They [staff] always come in wearing their protective gear and always wash their hands."
- Staff had been provided with information related to COVID-19, including testing and vaccination. Staff had received training in infection prevention and control (IPC), including COVID-19 and donning and doffing of PPE. Staff competency in relation to IPC was regularly assessed.
- People had no concerns about infection control procedures followed.

Learning lessons when things go wrong

- The provider or registered manager had processes in place for the reporting and follow up of any accidents or incidents. No accidents or incidents had occurred.
- Staff meetings showed arising issues were discussed at staff meetings. This meant ongoing improvements could be made to the service people received.

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 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

- Assessments had been completed by the registered manager in relation to people's needs, involving the person and/or family member. People had their needs and preferences assessed before any care package was agreed and provided. This ensured there were sufficiently trained staff to provide the care and support they needed.
- The provider's assessments reflected people's lifestyle choices and preferences. This ensured people were treated equally and protected from the risk of discrimination.

Staff support: induction, training, skills and experience

- Staff files showed induction and training. This was supported by competency checks in key topics. Staff undertook the Care Certificate when they started working with the service. The Care Certificate is a qualification that covers essential requirements to work in care.
- Staff had been trained in important areas such as infection control, medication and health and safety. They said they felt confident to meet people's needs.
- Staff said the training they were provided with was sufficient to meet people's needs.
- The registered manager was extending staff training to cover all health-related conditions such as continence and stroke care.

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

- Staff supported people with meals and drinks. One person said there had been no issues in meeting their dietary and hydration needs.
- People's assessment and care plans included people's dietary needs and what staff had to do to assist them.

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

- People's assessment and care plans covered their health care needs. This included external agencies and contact details for health care professionals involved in their care.
- Staff had worked to promote good outcomes for people. For example, working with the district nursing service to prevent pressure sores.
- Staff told us they would contact the relevant professionals if people in their care required further health or social care support. Relatives confirmed that staff referred to them if there was concern about their family member's health.

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.

- Staff demonstrated they understood the principles of the MCA and supported people to make choices.
- People confirmed staff always asked for consent before providing care to them. People had signed and consented to the care being provided.
- Mental capacity assessments had been completed by the registered manager.

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 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 received support from staff who were friendly and caring. One relative stated: "Fouta Quality is outstanding in every aspect that they are involved in and I will be forever grateful for their staff and caring ways they have taken with my father."
- People said all their needs were being met, including their cultural needs.
- Staff and the registered manager had a good knowledge of the people being supported and were focused on providing quality care to meet people's needs.

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

- People said they had been involved in the planning of their care. One person said, "We discussed my needs and I asked for a few minor alterations. I am happy with my care plan and for the care I get."
- People's care/support plans were signed by the person or a family member, where appropriate and their involvement in the reviewing process was documented by staff.
- Care plans set out how people liked to receive their care. The person said staff respected their views.

Respecting and promoting people's privacy, dignity and independence

- Care and support plans reflected people's needs and the role of staff in promoting people's privacy and dignity. Daily notes reflected how people were greeted by staff.
- A person and relatives told us staff were respectful of preserving privacy and promoting dignity when providing care.
- People's personal information was not shared inappropriately. It was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and confidential.

Is the service responsive?

Our findings

This means we looked for evidence that the service met people's needs.

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care and support plans were person centred and reflected how people wanted their care to be provided. The provider had a focus on independence in people's plans, detailing where people were independent and where they needed support/guidance.
- People received care that was personalised to their needs. Staff knew and understood them. One person said, "Staff know what I like and always ask me about everything."

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.

- The provider had information available with regards to people's preferred communication style. Information included speaking clearly and using objects of reference. A relative said: "Staff know how to communicate with my relative. They use pictures and sign language. This works well."
- Staff understood people's communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place and complaints were recorded and dealt with formally by the registered manager. No complaints had been made to date.
- Relatives told us that if they had had concerns in the past, the registered manager dealt with them very quickly and they were satisfied with this response.

End of life care and support

- No end of life care was being delivered by staff at the time of inspection. The registered manager was aware of what was required should someone require this type of support.
- A person and relatives told us that they would supply this information to the service when they were ready.

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 service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality assurance was undertaken by the registered manager through questionnaires of people and staff. Individual comments were reviewed to improve the service. Surveys and e-mails received showed satisfaction with the service in all aspects. Audits were in place to check service quality such as call times and the administration of medicines.
- Care plans were in place and contained enough information of risks to people.
- Spot checks on staff were taking place to monitor how staff were providing care, timeliness of calls and the approach to people. Staff said they had regular checks and provided with any support they needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff all had a very good knowledge and understanding of people they supported and they knew them well. One relative told us, "I can always speak to the manager. [They] really listens and is always ready to learn."
- Staff told us they were happy working at the service and said the registered manager went the extra mile in providing support to staff. One staff member said, "The manager is really good. [They are] always available to help."
- Staff put people at the centre of the service and provided good quality care to meet people's care and support needs.

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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and also to the local authority.

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

- The registered manager understood their role and understood the needs of their staff team. Staff we spoke with were very positive about their jobs and the support they always got.
- Staff understood their responsibilities, and who to go to for help should they need this.

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

characteristics

- Feedback was sought from people and relatives on a regular basis by the registered manager. Questionnaires were provided. This gave the opportunity to suggest any changes or improvements.
- Team meetings were held to discuss the service. Issues discussed included personal protective equipment (PPE) training, COVID-19 testing and vaccination information sharing, and general updates.

Working in partnership with others

- Contact with health professionals was made promptly to ensure care was effective and met people's needs.
- The registered manager was open and receptive to feedback during our inspection.