

Family Support Care Ltd

# Family Support Care Limited

## Inspection report

Unit 1, The Meads Business Centre,  
Ashworth Road, Bridgemead  
Swindon  
SN5 7YJ

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28 January 2021

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Family Support Care Limited, referred to as Family Support in this report is a domiciliary care agency. It provides personal care to people living in their own homes in Swindon and the surrounding areas. At the time of our inspection the service supported ten people. 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 received safe care from consistent staff and said they were safe receiving care from the service. There were procedures in place that guided staff how to identify and report safeguarding concerns. The provider ensured there was enough staff to keep people safe and people complimented staff's punctuality.

Staff followed good practice guidance around infection control and people confirmed staff wore protective personal equipment, such as masks and gloves. The provider used lessons learnt principles to reflect where things could be improved.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People had good support to maintain their nutritional and healthcare needs.

Risks to people's safety and well-being were managed and known to staff. Medicines were managed safely, and people received their medicines as prescribed. We made a recommendation that the provider refers to good practice guidance when formulating people's care plans surrounding medicine management.

We received positive feedback from people and their relatives. They said staff were kind and caring, some of the terms used to describe staff included 'delightful' and 'wonderful'. Staff appreciated people's individual needs and diversity. People received support that met their needs, this included their social and communication needs.

There was a registered manager who was also the provider and they were committed to improving people's care. The provider had quality assurance processes in place however these were not always effective. For example, they did not identify the concerns around care plans. This did not impact upon people's care. The registered manager told us they planned to review how to best adapt the templates of the audits they used to ensure these were compatible with the electronic care planning system used for care planning.

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 May 2019 and this is their first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

# Family Support 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 was completed by one inspector and an Expert by Experience who contacted people receiving the support.

#### Service and service type

This service 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 who was also the provider. 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

This inspection was announced. We gave the service a week's notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection. We visited the office location on 28 January 2021.

#### What we did before the inspection

We reviewed information we had requested from the service in relation to quality assurance systems and care records. The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report. An Expert by Experience telephoned nine people receiving the support to gather their views and we had feedback from seven staff.

#### During the inspection

We spoke with the registered manager and we reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including incidents, complaints and samples of policies were also viewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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

- People were supported by staff that knew how to keep them safe. One relative said, "The carers from Family Support really put [person's] safety first."
- The provider had a safeguarding policy in place and was aware how to report safeguarding concerns to the local authority.

Assessing risk, safety monitoring and management

- Staff were aware of risks to people and knew people's needs well. This meant they were able to identify any changes promptly. People told us they were safe, one person said, "I feel safe with the carers, they're easy to talk to."
- People's care records reflected where people had been assessed at risk and staff followed the guidance.
- People's relatives told us people were safe receiving care from the team. One relative said, "[Person] needs constant surveillance but I am happy that [person] is safe."
- The provider had a system to log in accidents and incidents.

Staffing and recruitment

- There was enough staff to ensure people were safe. Rotas were planned in advance and people experienced continuity of care. One person said, "They always arrive on time and spend the full hour with me."
- The provider followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff. Staff recruitment files we viewed, all but one contained necessary checks. One person's file was missing their references. The provider reassured us they had received these however they were not able to produce a copy. The provider planned to repeat an audit to ensure the missing documents were on file.

Using medicines safely

- People received their medicines as prescribed.
- Medicine administration records (MAR) were completed by staff in a real time using the electronic record system. Staff supporting people with medicines had their competencies assessed.
- The provider had a medicine policy in place which stated where people were prescribed medicine to be taken 'as required', a clear plan should be in place. One person was prescribed a pain relief medicine to be taken on an 'as required' basis but there was no guidance for staff in place. The provider confirmed the person was able to ask for their medicine independently and they were going to introduce the missing support plan promptly.

We recommend the provider refers to a good practice guidance when formulating care plans surrounding people's medicine.

#### Preventing and controlling infection

- The provider had ensured sufficient personal protective equipment (PPE) was available.
- Staff had infection and prevention control training and followed the guidance.
- Relatives we spoke with told us staff followed safe practices. One relative said referring to a regular carer, "She wears her mask and gloves, so I feel safe."

#### Learning lessons when things go wrong

- The provider ensured they reflected on where things could have been improved. For example, as a result of one person's incident they increased the person's care package to ensure their safety.

# 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

- The provider ensured people's needs had been assessed before they started to receive support. This was to ensure people's needs could be met and care plans could be drafted.
- People and their relatives said they were involved in the assessment process. One relative said, "We discussed [person's] needs with the manager before engaging them with [person's] discharge from hospital. [Registered manager] is very professional in a caring way."
- People's relatives were positive about care provided to their family members by the team.

Staff support: induction, training, skills and experience

- Staff completed various training relevant to their roles. Feedback from staff also showed they shadowed (worked alongside an experienced staff member) to get to know people and their needs.
- Staff told us they were well supported. One staff member said about the support, "Gives me opportunities, helps me to progress."
- People's relatives told us staff were skilled and knowledgeable. One relative said, "The last care service could no longer cope with [person] but this one seems to be able to do the job. They are well trained."

Supporting people to eat and drink enough to maintain a balanced diet. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional and hydration needs were outlined in care records. One person's care plan said, "I don't like soggy cereals." This meant small details were provided to enable staff to provide person centred care.
- Staff supported people with food preparation when required.
- People's care plans gave detailed guidance to meet people's dietary needs. One person's care plan said, "I need support to prep my main meals. I need staff to prompt me to drink fluids every couple of hours. I need staff to supervise me to make food safely."
- People were supported to maintain their health and well-being.
- The care plans highlighted the importance of supporting people with various aspects of their well-being, such as a good sleep pattern or wearing appropriate clothing for the weather.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and staff worked within the Act. One staff member told us, "Clients are seen as a person or an individual before their disability or challenge (they face). They are cared for in a person-centred way and respected as well."
- The provider was knowledgeable about the process of assessing people's mental capacity for specific decisions.

# 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 meant people were supported and treated with dignity and respect; and involved as partners in their care.

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 and relatives complimented the care received. Comments included, "I am very happy with the care" and "They looked after her extremely well and I cannot praise them highly enough for their compassion and efficiency."
- The team appreciated people's diverse needs and the provider ensured equal opportunities when employing new staff. The care planning system had a designated section to record people's individual spiritual or cultural needs.

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

- The staff appreciated the importance of involving people. One staff member said, "I ask for their [person being care for] view of what to do, what to eat, which shop to shop from."
- The provider ensured staff continuity which meant people were able form trusting relationships with staff. One relative said, referring to care their family member received, "I think she has made friends for life!"
- People's views had also been gathered during regular spot checks to ensure any concerns could be addressed straight away.

Respecting and promoting people's privacy, dignity and independence

- People said their dignity and privacy was maintained.
- People's care plans stressed the importance of promoting people's independence. One relative described to us how well staff ensured person's independence, "They do a good job and give [person] guidance as well as [person] no longer listens to or will take any notice of me. At least I know there is someone there for [person]."
- The provider ensured people's confidentiality was respected and staff had training in data protection. Records containing people's personal information were kept in the secure office and staff had their own login details to electronic information.

# 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 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

- People and their relatives all told us people received care that met their needs.
- Staff were able to access people's care records using electronic hand held devices. The office team were able to view the records and make any changes centrally.
- People said they were involved in care planning process. One person said, "Yes, I see my care plan and I know what's in it."

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 care records contained information how to best communicate with people. For example, one person's care plan said, "I prefer my carers present me with choices to enable me to engage and communicate. I can be quiet and reserved sometimes."
- The provider was able to provide information, such as a policy or service users' guide to people in an alternative format, for example, a large print format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain family and social relationships.
- People's care records outlined people's wishes and needs around attending local activities or pursuing search for either voluntary or paid work. This included needs specific to people, for example, one person's care plan said, "I struggle to form relationships with others at times when my behaviour challenges. I will need support to access groups in community, so I meet others my own age and widen my social networks."

Improving care quality in response to complaints or concerns

- The provider had a system to record and manage complaints. There was one complaint received that was responded to appropriately and closed.
- People's relatives told us they knew how to make a complaint. One relative told us, "I have no complaints but if I did, I would ring the manager, he's always very helpful if I have needed to speak to him about [person's] care service."
- The provider's complaints policy was available to people and a copy was held within people's care files.

### End of life care and support

- The registered manager informed us no people received end of life support at the time of our inspection.
- The team would work closely with other professionals to ensure people had dignified and pain free death and to support people's families.

# 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. Although leaders and the culture they created supported the delivery of high-quality, person-centred care the provider's governance and quality assurance were not always effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had quality assurance systems however these were not fully effective. For example, the provider's care plans audits did not identify concerns around care plans. We found care plans did not always contain full information, however as people had support from regular staff there was no impact on their care. Some audits had not been completed appropriately, for example, part of an audit referring to a person self-medicating had been completed when the person did not self-medicate. We raised these with the provider who acknowledged they needed to adapt the audit tool, so it was in line with their electronic based care plans.
- The provider ensured there was a clear staffing structure, they recently introduced a new office role to assist with scheduling and enquiries.
- The management team demonstrated they promoted continuous learning and improving and told us about a mentor they sought for additional support and guidance. They acknowledged with the expansion of the service there will be a need to formalise the system for auditing of accidents and complaints.

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

- People and relatives praised the service delivery and how it was run. Comments included, "This company is very well organised and managed in an excellent way" and "I don't say this very often but in my opinion Family Support Services Ltd deserve Gold Stars!"
- People described the registered manager as approachable and expressed high levels of satisfaction. One person said, "They look after [person] extremely well and I cannot praise them highly enough for their compassion and efficiency."
- Staff told us there was a good team, positive staff morale and a shared goal of providing person centred care. A staff member said, "I am very happy and content with the style and approach of management and it's been a pleasure working with the team."

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 provider was aware of their responsibilities in relation to duty of candour and people and their relatives complimented the ease of communication.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to

submit relevant notification appropriately to CQC.

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

- People and their relatives had opportunities to provide feedback through surveys. We saw samples of survey responses and these were positive. The provider was looking at ways to analyse the responses and provide feedback about action taken as a result of these to people.
- People and their relatives were able to raise any comments via telephoning the office any time as well as during reviews of care and spot checks.
- Staff told us they were valued and able to contribute to how the service was run. One member of staff said, "Team meetings, [we] used to have in [the] office before [the] pandemic but now [its] all done online. Very good company compared to others. I feel part of the company."

Working in partnership with others

- The service worked in partnership with local health and social care professionals.
- The provider liaised with multidisciplinary teams to support people's needs and request changes to the care package.
- The management team demonstrated an open and transparent culture. They welcomed any feedback and were keen to address any concerns.