

Family Home Care Limited

Family Homecare Ltd

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Family Homecare Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 36 people receiving personal care from 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

The registered manager did not have effective systems to support them to have full oversight of the service. We made a recommendation around improving governance systems.

Written risk assessments and care records were task focused and did not reflect the person-centred care people received. We made a recommendation around improving the quality of written care records.

Feedback from families and relatives was positive and people achieved good outcomes.

There were enough safely recruited staff to meet people's needs. Senior and care staff were committed to ensuring people were protected from the risk of abuse. They supported people safely with their medicines and to minimise the risk of infection.

The registered manager enabled staff to develop their skills and provide good quality care. Staff were well organised and supervised. They supported people to eat and drink in line with their preferences. Staff worked well with people, families and professionals to promote people's health and wellbeing.

People were supported by consistent staff who knew them well. Care was respectful and unrushed and staff supported people to remain independent.

Care was personalised around people's needs and preferences. Staff reviewed and adapted support with people as their needs changed. Concerns were dealt with promptly.

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

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

Rating at last inspection

The last rating for this service was good (published 17 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Family Homecare Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience who made phone calls to people and families for feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. When we initially rang the service the provider, who was also the registered manager, was unavailable. We rearranged the office visit and also asked them to send us information electronically before our visit.

Inspection activity started on 18 July 2023 and ended on 4 August 2023. We visited the location's office on 26

July 2023.

What we did before the inspection

We reviewed information we had received about the service, including information from a monitoring phone call we carried out with the service in October 2022. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the care manager and a member of staff who helped with rotas and provided care. We had contact or met with 3 senior care staff and 4 care staff. We reviewed a range of records. This included 3 people's care records and 3 staff files. We looked at a sample of the service's quality assurance systems including medication and care plan audits.

Following the office visit, we continued to seek further clarification from the registered manager and signposted them for guidance to the local authority quality team. We had contact with 7 people using the service and 3 relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Senior staff carried out risk assessments which provided practical advice to care staff and made people's lives safer. They highlighted basic details about risks and what staff could do to keep people safe, such as ensuring there was no clutter on the floor where a person was at risk of falls. There was some room for improvement in the detail of the risk assessments, in line with best practice guidance. The registered manager assured us they would review this as part of overall improvements.
- Despite the lack of detail in care records, people received safe care. Three teams of care staff in different geographical areas were managed by senior carers who provided care alongside their teams and reported to the care manager. The senior carers were passionate about safety and the people they supported. They carried out spot checks and resolved concerns promptly.
- Staff had a good understanding of risk. A member of staff explained how they worked with a person who sometimes refused care, so they started each visit with supporting the person with a drink and medicines to make sure their basic safety needs were met.
- People told us they felt safe with the staff who supported them. A relative told us, "Taking any break, like a holiday, with the previous provider was impossible but now with this company I feel I can start planning because [Person] is safe with them."
- There was an inclusive culture where staff worked with people and relatives to minimise risk to people's safety. There was a positive approach to learning and reflection with a focus on making care safer.

Staffing and recruitment

- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. The provider used an external company to support them with their recruitment.
- Recruitment folders were not well ordered. It was difficult to track what actions had been taken and if there were any gaps. We discussed this with the registered manager, who agreed to review recruitment systems, as part of the overall improvement in governance discussed in the well-led section of the report.
- People, relatives and staff told us there were enough staff to keep people safe. People received support from a consistent team of care staff. When required, the registered manager and other office staff were able to provide care.
- Rotas were well organised. Staff were given time to travel. This meant care was unrushed and staff were given enough time to support people as planned.

Systems and processes to safeguard people from the risk of abuse

- Senior and care staff understood their responsibilities to safeguard people. Staff had received safeguarding training to ensure they had up to date information about how to promote people's safety. A member of care staff described how they had raised a safeguarding when they were concerned about a person.
- The registered manager had carried out detailed investigations when concerns had been raised, communicating with the local authority and other stakeholders.

Using medicines safely

- Care plans gave some guidance on the support people needed with their medicines, though the plans lacked detail. Despite the lack of detailed medicine care plans, staff supported people to take their medicines safely and as prescribed. A person told us, "I have never had any issues with medication. I have a dosset box and the care staff give me my tablets."
- Staff supported people to remain independent with their medicines. In one complex situation, senior staff managed risk effectively to keep a person safe.
- Staff we spoke to were knowledgeable about the support they provided people with medicines. They recorded this on paper records which were checked by office and senior care staff. Staff who administered medicines had received relevant training, and senior staff had assessed their competency.

Preventing and controlling infection

- The provider was supporting people to minimise the risk of infection in their homes.
- Staff used personal protective equipment (PPE) effectively and safely, in line with existing guidance.
- Staff spot checks were used to monitor staff support around infection control. A member of staff had additional spot checks when there were concerns they weren't using PPE as required.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Senior staff carried out assessments of people's needs and produced care plans which were largely task based, providing staff with information about what they needed to do at each visit. However, the care plans did not fully reflect support provided by the skilled and caring staff we met. For example, a member of staff told us which song they sang to encourage a person to accept care. This information was not in the care plan so might not be known by any other staff.

We recommend the registered manager ensure written risk assessments and care plans provide care staff with person-centred information, in line with best practice guidance.

- We did not find any impact from the task-based care plans. People were cared for by consistent staff under the supervision of experienced senior care staff and managers, who ensured a high quality of care was delivered. A person told us, "They came and talked to me about what I needed. They were very thorough and helpful and it was a better transition than I have ever had in all the years I've had care. I'm very happy with them."
- The registered manager sent out regular emails to staff to ensure they delivered care in line with guidance and research. For example, a handy guide over the use of compression stockings.

Staff support: induction, training, skills and experience

- Staff had the skills to meet people's needs. New care staff completed the Care Certificate. The certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training was a mixture of online courses and practical sessions. Staff told us training prepared them well for their role. The provider supported staff to develop professionally, encouraging staff to go on a health and social care courses.
- Staff spent time working with senior care staff who made sure they had the necessary skills before providing care independently. A senior carer told us this system worked well, "I have had a couple of new staff who at the end of the shadowing I had to feedback that they need more training."
- Care staff told us they were well supported and supervised. As well as planned meetings, senior staff met with care staff to discuss any specific issue, such as punctuality.

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

- People were supported to eat and drink in line with their needs. Daily records showed people chose the

food they wanted. A member of staff recorded they supported a person by preparing lemonade and crisps for breakfast, as requested.

- Staff were aware of any specialist needs people had in this area, for example, when they needed additional prompting due to memory issues.
- The registered manager gave staff helpful advice to help them minimise the risk of dehydration during the summer.

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

- Staff supported or encouraged people to contact external professionals, such as GPs when necessary. A person told us, "Care staff come in every day and the district nurse comes in too. If the care staff see an issue, they will call the district nurse straight away."
- Staff communicated well with people and families about their health needs. The registered manager described how they supported a person with a complex issue, speaking with professionals and relatives to ensure consistent care.

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 MCA 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 found the service was working within the principles of the MCA. Most people had the capacity to make decisions about their care. The registered manager had made a referral to social care professionals where there were queries about a person's deteriorating capacity.
- Staff understood people could make their own decisions and were skilled at supporting them in this.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Supporting people to express their views and be involved in making decisions about their care

- Although care plans did not reflect people's personal histories and preferences in line with best practice, people were supported by consistent staff who knew them well. People praised named staff and told us they developed excellent relationships with them. A person told us, "The care staff are wonderful. They are approachable and very kind if I am in a state. [Named care staff] is particularly excellent."
- Care plans described people respectfully and the lists of tasks for each person showed senior staff had spent time trying to understand each person. For example, it described how staff needed to be gentle with a person who always needed to 'get their bearings' when waking up.
- Care staff were enthusiastic and compassionate when speaking about people. There were examples where staff went 'over and above' for people, such as taking a person out to visit a family member in a care home.
- Staff demonstrated a commitment to people's wellbeing, whilst recognising their right to make decisions about their care. Staff recorded the support provided each day. These records reflected how staff adapted they provided at each visit, enabling people to direct the care they received.
- Care plans included information about any advocacy arrangements, to let staff know if there was anyone involved in speaking up for people.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and other senior staff led by example in how they spoke about people. There was a culture of respect throughout the organisation. We saw an example of how a member of staff had referred to a person in a care record in a disrespectful manner and this was addressed by the registered manager promptly and effectively.
- People were supported to maintain their independence. A person told us, "I wouldn't be here now, able to do what I can now, without them [care staff]." We saw on the daily records how a member of staff had prompted a person and supported them closely to contact a health professional.
- Daily records showed how staff promoted people's privacy. For example, closing blinds when carrying out personal care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider had recently told people they would not be able to promise visits would be at a specific time, instead they would be within a timeslot. They told us this was because they did not want to raise expectations, as staff occasionally run late, particularly with local traffic problems. Any specific requirements for a set visit, such as for medical reasons would be prioritised within the rotas.
- People and families told us they were disappointed with this change. However, we found care remained responsive and person-centred.
- Care was personalised around individual needs. Staff told us time was spent matching the right member of staff to a person, for example, ensuring a person was only supported by female care staff, where requested.
- Care was adapted in response to people's changing needs. A person whose care needs varied due to a health condition was highly complimentary about the support they received and told us, "The care staff are very flexible and change care around my needs." Another person said, "I review my care with my main care staff. I talk to them if anything changes and we work it out."

Improving care quality in response to complaints or concerns

- Complaints records were not well ordered and it was difficult to track the actions that had been taken to concerns. We discussed this with the registered manager, to ensure complaints systems improved as part of the overall improvements discussed in the well-led section of this report.
- The registered manager was committed to resolving concerns. They showed us detailed investigations they had completed when looking into issues.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care staff were skilled at communicating with people. They knew people well and how best to communicate with them.
- Care plans gave some guidance about communication though currently there was no one with complex needs in this area.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. However, staff had

worked in the past alongside healthcare professionals, such as hospices to support people who required end of life care. They described highly compassionate, skilled care.

- Staff told us they had not had specific training around end of life. We discussed this with the registered manager, who told us there was training booked for August 2023.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was an experienced health professional and they had developed all the services' systems and paperwork themselves. However, they were fairly isolated and processes and care records in place reflected gaps in their knowledge about good practice within the care sector. Care plans and risk assessment records required improvement to ensure they fully reflected people's individual needs and any areas of risk.
- In particular, we found the systems to ensure they had good oversight were not always effective, especially as the service had grown and the management team had less day to day contact with people and staff.
- In early 2023, concerns had been raised about the service, which had proved unfounded. The registered manager found they did not have systems in place to evidence they were checking the quality of the service. They told us they had put in place new quality checks in response, which they sent us during the inspection. The checks were surveys to people who used the service and staff and did not support the registered manager to adequately check on the quality of the service.
- Senior staff addressed immediately any concerns raised, such as after spot checks and complaints. For example, they had contacted an occupational therapist when a person mentioned difficulties with mobility. However, the registered manager did not have formal systems to check issues had been dealt with or to pull together learning to help ensure mistakes did not re-occur.

We recommend the registered manager seek best practice guidance to enable them to set up effective systems to monitor the support people received and to improve care records.

- The registered manager was open and committed to ensuring the service ran effectively. After the inspection we put them in touch with the local authority quality team for support in improving their governance systems and care plans. The registered manager told us they planned to grow the service and they understood that reviewing their management and governance arrangements was key to ensuring safe care in the future. Immediately after our inspection they sent us information about new systems they had already put in place.
- The registered manager was aware of their responsibilities around notifying CQC, however had not sent in a key notification around a safeguarding incident due to a misunderstanding around the process. Immediately after the inspection, they submitted the notification and assured us they would now notify CQC as required.

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

- Despite the lack of formal systems, people achieved good outcomes with the service.
- There was an open culture where people were encouraged to direct the support they received. A person told us, "The managers are easy to talk to and if I need anything I just phone them, they are very flexible and work things out with me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- During the covid pandemic, the registered manager arranged for staff to ring people to check on their wellbeing. These calls had continued and were a good way to keep in touch and involve people, ironing out any minor concerns at an early stage.
- Feedback was welcomed and used to make things better. A person told us, "I had a problem with a visit and I wasn't going to say anything but the next care staff who came told me I must tell the office and so I did. The office was very apologetic and sorted things out immediately."
- Staff were positive about the management team. A member of staff told us, "We have a very approachable [registered] manager. They are a diamond. The care manager is also 100% supportive."
- Staff worked well with health and social care professionals to ensure people received consistent care.