

Fatrok Care Services Ltd

30 Aperfield Road

## 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

### About the service

30 Aperfield Road is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of this inspection one person was using the service.

Not everyone who uses a domiciliary care service receives personal care.

### People's experience of using this service and what we found

A relative was complimentary about the service and told us it was well led. People received care and support which was safe and personalised to their needs. Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. Risks to people had been assessed, identified and appropriate management plans were in place to minimise the risk of harm. People were supported to take their medicines safely and there were enough staff available to support people's needs. Staff followed appropriate infection control procedures to minimise the risk of infections.

Before people started using the service, their needs were assessed to ensure they could be met. People received care and support from staff who had been supported through training and supervision. People were supported to maintain good health; eat healthily and access healthcare services when required.

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 were supported by staff who were kind and caring, respected their privacy and dignity and promoted their independence. Staff understood people's cultural needs and supported them in a caring way. People's communication needs had been assessed and met. People and their relatives knew how to make a complaint if they were unhappy; however, they told us they had nothing to complain about at this time.

The service had an effective system in place to assess and monitor the quality of the care and worked in partnership with key organisations to plan and deliver an effective service. People, their relatives and staff views had been sought and their feedback had been used to improve the quality of care and support provided.

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 (and update)

This service was registered with us on 16 April 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on when the service was registered.

### 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?

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.

# 30 Aperfield Road

## 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

This inspection was carried out by one inspector.

#### 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. This means that they and the provider 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 48 hours' 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.

#### What we did before the inspection

We reviewed information we had received about the service since registering with us. We used the information the provider sent us in the 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 relative to gather their views about the care provided. We spoke with two members of staff including the registered manager and one care worker to gather their views about the service.

We reviewed a range of records. This included one person's care and medicines records. We looked at two staff files in relation to recruitment, staff training and supervision. We also looked at records used in monitoring the quality of the service, including policies and procedures and quality assurance records.

# 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

- Staff kept people safe from the risk of abuse and ill-treatment. A relative confirmed that their loved one was safe, and they had no concerns of abuse.
- Staff received training in safeguarding adults and were clear about their responsibilities to report any concerns of abuse to the registered manager. They also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to the registered manager, local authority or CQC. One member of staff told us, "Since I have been working there was no cause to raise any safeguarding."
- The registered manager knew of their responsibility to respond to safeguarding concerns, report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, there were no concerns or allegation of abuse.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm. Risks to people's health and welfare were identified, assessed and well-managed.
- Risks to people were assessed in areas including personal care, medicines, moving and handling and the risk of the person's home environment. Risk management records included guidance on how staff could prevent or mitigate individual risks occurring.
- Risks were reviewed regularly to ensure people's changing needs were identified and safely managed. Care records were updated to ensure care staff had access to up to date information they needed to safely care for people.

Staffing and recruitment

- Adequate staff were deployed to meet individual needs. People were supported by regular staff who knew them well, and the level of support they required. A relative informed us, "We have enough staff and they come on time. They arrive even 5 minutes or 10 minutes early and they always stay for the full duration of the time, they are never in a hurry to go."
- Staff absences and leave were covered by the registered manager who was involved in the day to day delivery of the care.
- A staff rota we reviewed confirmed care and support was delivered at the time planned for and the right numbers of staff supported people's needs.
- The service followed appropriate recruitment practices and satisfactory pre-employment checks were completed before new staff began working at the service. These checks included employment histories, identifications, two references, right to work in the United Kingdom and a criminal records check.

### Using medicines safely

- Medicines were managed safely. A relative informed us they were happy with how staff supported their loved one with their medicines.
- Both staff and a relative were responsible for managing medicines. Staff had completed medicines training to ensure they had the knowledge and skills to safely manage medicines.
- A medicines administration record (MARs) was in place and completed to evidence the support staff had provided. Where there were gaps in the MARs these were accounted for such as the medicine was administered by a relative and the relative, we spoke with confirmed this.

### Preventing and controlling infection

- People were protected from the risk of infection. A relative confirmed staff wore personal protective equipment (PPE) including masks, aprons and gloves.
- The provider had an up to date infection prevention and control policies and procedures in place which provided guidance on how minimise the spread of infections or diseases.
- Staff had completed training in infection prevention and control and had access to PPE. A member of staff said, "We have enough PPE I have PPE everywhere on me we are well stocked -up with that."
- The provider encouraged staff to partake in weekly COVID-19 testing to minimise the risk of an outbreak and records were maintained to support this.

### Learning lessons when things go wrong

- The provider had policies and procedures on reporting and recording accidents and incidents. However there had not been any accidents or incidents since the service registered with CQC. The provider had accident and incident forms in place and the registered manager told us they would follow their policy where 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.

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

- People's needs were assessed to ensure they could be met. Before people began using the service, their needs were assessed to ensure the service was suitable and could meet their needs. The registered manager carried out these assessments at people's homes where the care and support would be delivered.
- During these assessments, the level of support, the time the service should be delivered and the aspects of care where support was required were discussed to ensure people needs and preferences would be met.
- Information acquired from these assessments which covered areas such as personal care, nutrition, medicines, moving and handling and continence care were used to develop individual care and risk management plans.
- Where required, the service involved healthcare professionals such as the GP to ensure they were working in line with best practice and to ensure individual needs were met safely.

Staff support: induction, training, skills and experience

- Staff received support through induction, training and supervision A relative told us, "Staff are well trained they use the hoist and I have no concerns,"
- There were systems in place to ensure new staff were inducted appropriately. Staff completed a week induction programme at the service and were also supported to complete the Care Certificate where required. This is a nationally recognised programme for health and social care workers.
- Staff had completed or updated their training courses the provider considered mandatory. This included safeguarding, infection control, first aid, moving and handling, food safety and medicines management.
- Staff supervision were being carried out regularly and in line with the provider's requirements and covered areas including staff development and the use of PPE. A member of staff commented, "I have regular supervision every month, the supervision is very good because you can air any concerns and the manager supports a lot."

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

- People were supported to eat and drink enough for their health and wellbeing. A relative informed us, "The staff are able to cook, and they give my loved one choice."
- Care records included information about people's nutritional preferences; their likes, dislikes and the level of support required to ensure their needs were met.
- People were independent with their meal preparations; however, where support was required, staff provided this. Staff ensured the person's preferred dietary and cultural needs were met.
- Staff knew the level of support people required with their eating and drinking and informed us they would

report any concerns to their relative, registered manager or to healthcare professionals.

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

- Staff supported people to access healthcare services including GPs where required.
- People and their relatives were responsible for coordinating their own healthcare appointments. However, where additional support was required, staff provided this. A relative informed us, "The staff support my loved one for GP appointments, even to the hospital and for physiotherapy."
- Staff knew people well and monitored their wellbeing, they told us they would contact emergency services or their manager if they had any concerns about a person's wellbeing.
- Care records included relevant information about people's health care needs. Where required this information was shared with relevant health and social care professionals, emergency services and hospital teams to ensure people experienced a consistent, joined up approach in the support they received

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.

- Staff understood the need to work within the principles of MCA and sought people's consent before supporting them. A relative informed us, "Staff always ask my loved one what they want first."
- People and their relatives where applicable had signed consent forms to demonstrate they agree to receive care and support from the service.
- People using the service could make day-to-day decisions about their care and support needs including the food they would like to eat.
- However, where people were unable to make specific decisions for themselves, the service had documented their lasting power of attorney to ensure they were involved in making specific decisions in their best interest.

# 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 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 were supported by staff that treated them with kindness, compassion and respect. A relative informed us, "Staff are caring and compassionate, I know my loved one is happy because they chat most of the time and I hear them love a lot."
- People's life histories were included in their care plans and staff used this information to get to know people and to build a positive relationship with them.
- Staff understood people's needs and treated them with dignity and respect.
- The service understood the importance of working within the principles of the Equality Act and supported people's diversities in relation to their protected characteristics including their race, disability, sexuality, sexual orientation and religion in a caring way. For example, people's preference to receiving support from a specific gender of staff was respected.

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

- People had been consulted about their care and support needs. The service involved people and their relatives in making decisions to ensure their needs were met. A relative we spoke with confirmed their decisions were respected.
- People were provided with choice and control and their decisions respected. A relative informed us, "When staff ask my loved one a question, they give preferences."
- Staff informed us that they encouraged people to make day to day decisions for themselves and give them the opportunity to respond and they did not rush them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative told us, "Staff talk to my loved one respectfully, they give them choices and communicate with them throughout."
- Staff knew how to maintain people's privacy and dignity and gave us examples such as locking bathroom doors and knocking on doors to promote this.
- Staff knew the importance of maintaining confidentiality and told us information about people was shared on a need to know basis only.
- People's independence was promoted. A relative informed us, "Staff let my loved one feed themselves and they promote independence." Staff informed us people were encouraged to perform tasks they were capable of doing.

# 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

- Care and support was planned and delivered to meet people's individual needs.
- There was an up to date care and support plan in place. The care plan included information about people's physical, medical and social care needs, including their personal care, mobility, medicines and social activities.
- People had choice and control of their day to day lives and their decisions were respected. A relative informed us their loved one was offered alternate choices and their choices were respected.
- Staff knew people well and the level of support to provide to safely meet their needs. Daily care notes showed the care and support provided was in line with the person's care plan.

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 communication needs were assessed when they started to use the service. Care and support plans included information about people's preferred mode of communication.
- Staff knew the level of support to provide to ensure people communicate effectively. A member of staff informed us, "You have to listen carefully and be patient."
- The registered manager told us where required, information could be provided to people in other formats such as large print to ensure their communication needs were met.

Improving care quality in response to complaints or concerns

- The service had a complaint policy and procedure in place to ensure complaints were handled effectively. The complaints policy was made available to people and their relatives when they started using the service. This included information on how to report any complaints and clear information on how the provider would address them.
- At the time of this inspection, people or their relatives had not made any complaints about the service. They told us they knew how to make a complaint if they were unhappy; however, they did not have any complain about the service.
- The registered manager informed us they would follow their policy on handling complaints to ensure people were satisfied with the service.

End of life care and support

- At the time of this inspection, no one using the service required end of life care or support. However, an advance care plan was in place to ensure people's last wishes were respected.
- The registered manager informed us where required, they would ensure to work with people, their relatives and health and social care professionals so the person's end of life care needs and wishes would be met.
- Staff had completed end of life care training, to ensure they had the knowledge and skills to support people where required.

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

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

- The service ensured people received good quality care. The registered manager was involved in the day to day delivery of care and promoted a quality service. A relative was complimentary about the 'high standard' of care their loved one received.
- The registered manager demonstrated a commitment and willingness to provide meaningful, high quality person-centred care which was inclusive to ensure people's needs and preferences were met.
- Staff told us they felt well supported by their manager. Staff spoke of receiving regular training and support and that they were able to contact the manager for any improvement advice.
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things go wrong.

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

- There was a registered manager in post who understood their responsibility to meet the requirements of the role and they knew they had to notify CQC of any significant events that occur at their service.
- There were systems in place to assess and monitor the quality of the service. The registered manager was involved in the day to day delivery of the service and also carried out regular unannounced checks on staff practices to ensure they adhered to best practice guidelines. A staff member commented. "The manager comes and does spot checks to make sure we are doing everything right."
- There was an organisational structure in place and staff understood their individual roles and responsibilities. A staff member told us, "[The registered manager] is very supportive and he is there to support you, even with my own personal issues he is able to help. Even with the job he always come to support us and he is continuously involved and he makes sure we know the guidance."

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

- People, their relatives' and staff views were sought to improve the quality of the service provided. The service gathered feedback from people and their relatives through home visits and surveys.
- The results of a completed survey were all positive feedback and showed people and their relatives were satisfied with the level of care provided. They said staff were not late for visits and any queries they had was

dealt with promptly and they did not have any complaint about the service.

- Staff views were sought through surveys and team meetings. Regular staff meetings were held to update staff about best practice and to gather their views about the service. The results of a recent staff survey was all positive.

Working in partnership with others

- The service worked in partnership with health and social care professionals to plan and deliver an effective service. The management team contacted healthcare professionals where they had concerns to ensure people's healthcare needs were met.