

Foos Care Ltd

# Foos Care

## Inspection report

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Date of inspection visit:  
31 August 2022  
02 September 2022  
06 September 2022  
07 September 2022

Date of publication:  
30 September 2022

## 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

Foos Care is a domiciliary care agency providing personal care to people living in their own home. The service provides support to older people over and under the age of 65, some people were living with dementia and some had high support needs requiring specialist support with nutrition. At the time of our inspection there were 12 people using the service.

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

People told us they felt safe at the service and their relatives confirmed this. People were kept safe as there were risk assessments covering a number of areas to reduce the risk of potential harm to people.

People were safeguarded from the risk of abuse as staff were able to describe the signs to look out for and how to report any identified concerns.

People told us there were enough staff to provide care to them, and staff from the service arrived on time. Records confirmed staff were recruited in a safe way.

Where medicines were managed by the service, records confirmed people received them on time. People told us staff helped them take their medicines in a timely manner.

People's care needs were assessed before they started to use the service. People were supported by staff who received a full induction to the service, reading policies and procedures, shadow session and full mandatory training.

People were supported by staff to eat and drink sufficient amounts throughout the day.

People told us they liked the staff who provided their care. People told us staff were kind and caring towards them and respected their privacy and dignity. Diversity was respected at the service.

People's care plans were personalised, included information about important family relationships and their likes and dislikes.

People told us they were involved in their care and staff would use different forms of communication to include everyone.

There were systems in place to monitor and audit the service. People and staff were encouraged to offer feedback on the service and how it could be improved.

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](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 17 May 2021 and this is the first inspection.

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 well-led

Details are in our well - led findings below.

Good ●

# Foos Care

## 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 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 and specialist housing.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 24 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.

Inspection activity started on 31 August 2022 and ended on 7 September 2022. We visited the location's office on 31 August 2022.

#### What we did before the inspection

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 and the care coordinator. We viewed their call monitoring systems, four staff recruitment files and policies and procedures. We contacted six members of staff and spoke to three people who used the service and two relatives. We contacted a health professional for their feedback on the quality of the service. After the site visit, we viewed four care plans and training documentation for all staff. We also reviewed quality assurance documents in relation to the management of the service.

# 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 of 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 protected from the risks of abuse as there were systems in place to protect people.
- People told us they felt safe with staff. One person said, "I feel totally safe with [staff]." A relative said, "Yes, they [staff] are very safe and careful with [person]."
- Staff received safeguarding training. Staff were able to tell us the signs they would look out for if they thought someone was at risk of abuse.
- Staff knew how to report a safeguarding concern and how to take it further through blowing the whistle if they felt their concerns were not being listened to. Staff were aware they could report concerns to the Care Quality Commission (CQC), the local authority and the police if necessary.
- A member of staff said, "If I've told [the registered manager] [about safeguarding] and they do nothing, I can go to Haringey Council or to the CQC."

Assessing risk, safety monitoring and management

- People received a detailed assessment of risks to ensure risks were reduced and managed.
- Records confirmed people received a risk assessment of their home environment, mobility, nutrition and hydration, medicines, risk of choking and external environment assessment to keep them safe.
- Equipment used in people's homes was checked before its use. Staff told us they checked slings for hoists were in good condition and ensured battery packs for electrical hoists were charged after use.
- Staff told us they spoke to people while performing moving and handling tasks to keep people involved and to put them at ease. This meant people were transferred safely.
- Risk was reviewed regularly, staff visiting people were actively encouraged to document changes and to report back to the office when any risks had increased so assessments could be completed to keep people safe.

Staffing and recruitment

- There were enough staff to support people and they had been recruited safely to the service.
- Records confirmed people received care at the times agreed and arrangements were in place where care needed to be rearranged, for example where people had appointments or had hospital stays.
- People were pleased they had consistency and the service was able to send the same carer.
- Records confirmed the service had a robust recruitment procedure. Staff had completed an application form, attended an interview and references had been obtained and checked.
- Staff working at the service had provided a criminal records check. These provide information including details about convictions and cautions held on the Police National Computer. The information helps

employers make safer recruitment decisions.

- One relative said, "You can see [registered manager] is very careful in how [they] chose carers."

#### Using medicines safely

- People who had medicines managed by the service received them in a safe way.
- Staff received appropriate training to ensure safe and competent medicines administration. Records confirmed online medicine administration forms had been completed correctly.
- Staff knew the procedure to follow if a medicine error occurred and would contact the appropriate authorities when required.

#### Preventing and controlling infection

- People were protected from the risks of getting an infection.
- Records confirmed staff received infection control training.
- People using the service told us staff always wore protective clothing and used personal protective equipment [PPE] correctly.
- Staff told us they had access to full protective equipment at the service, this included gloves, masks and aprons. A member of staff told us, "We always wash our hands before providing care, we don't want our clients to get an infection."

#### Learning lessons when things go wrong

- There was an accident and incident reporting policy and procedure detailing how to respond in such an event.
- The registered manager told us there had been no recent incidents. However, they explained if there were any incidents these would be recorded and investigated, so all involved could learn and try to prevent in the future.

# 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

- Before people started to use the service, they received an in-depth assessment of their needs.
- People and their relatives told us they were visited by the registered manager. One relative said, "[registered manager] came around and assessed [person], [registered manager] spoke in front of [person] asked what they needed and told them what they would be doing [during care]."

Staff support: induction, training, skills and experience

- People received care from staff who received training appropriate to their job role.
- People using the service were pleased with the level of care provided from staff and they told us staff knew how to do their job.
- Staff attended an induction and shadowed an experienced member of staff before starting to provide care to people. This ensured staff felt confident to deliver care by themselves.
- Records confirmed staff attended a number of training courses and specialist training to support them in the role, these included; catheter care, nutrition and hydration, medicines, moving and handling, fire safety, behaviours that challenge, learning disability, control of substances hazardous to health (COSHH), and PEG feeding (percutaneous endoscopic gastrostomy), a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach.
- Staff had completed the Care Certificate. This 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.
- Staff received regular supervision to provide additional support and an opportunity to discuss how the work was and whether there were any training needs.

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

- People who required support with nutrition and fluids received good support from staff.
- People's care records confirmed they were actively encouraged to stay hydrated with drinks of their choice and to eat foods they liked.

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

- People were supported to receive good health outcomes.
- The registered manager told us they worked with other health professionals to maintain people's health.

These included the GP and social worker. They told us they obtained medicines where they noticed people needed treatment for minor illnesses.

#### 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.

- Records confirmed people's consent to care was requested before care began.
- People told us staff asked them for their permission before helping them. Staff explained they would ask people during each stage of providing care whether they had permission to continue.

# 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 told us they received support from staff who were kind and respectful.
- One person said, "The [staff] are very nice, I feel very comfortable with them." Another person said, "They are wonderful, my carer is very reliable, [staff] will sometimes do a bit of shopping. [Staff] knows exactly what I like. We can have a laugh and joke together."
- A member of staff told us, "I love what I do, I do it with passion, putting a smile on [person] face makes me happy." Another member of staff said, "I'm a patient and calm person, I'm gentle with my clients."
- We received positive feedback from relatives, comments included "Can't fault them at all, they treat [person] like their mum" and "They're [staff] very giving and well mannered."
- Staff respected people from different ethnicities, cultures and religious backgrounds. Staff did not discriminate, and the registered manager told us their service was open to anyone regardless of their race, religion or sexuality.

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

- People were able to tell the registered manager and staff how their care was progressing at all times.
- Where people were unable to express themselves their family members were involved to support and advocate for good decisions to be made on their behalf. A relative told us staff always included their family member when talking about providing care, this made people feel part their care delivery.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff.
- People told us staff would respect their home, and when delivering personal care, curtains and doors were closed to maintain privacy.
- Staff understood the need to maintain confidentiality. Staff told us they did not disclose any personal information about people to anyone outside of the service. One member of staff said, "Shouldn't be telling other people who don't work here about them [people]. Telling anybody else is a no go."
- People's independence was encouraged by staff and people and their records confirmed this. We saw that people who could make meals for themselves and continue to deliver aspects of their personal care were fully encouraged to do so.

# 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's care was centred around them and their individual needs.
- Records confirmed people's likes and dislikes were documented in detail. Personal contacts who were important to people and activities they enjoyed were also recorded.
- Staff told us care plans were detailed, and that this helped them understand the people they cared for as individuals and ensured personalised care was being provided.

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.

- People's communication needs were recorded in their care plan.
- People told us they were able to communicate with their carer and where there were issues due to language barriers this was discussed with the registered manager and an alternative carer was provided.
- A relative told us they observed good communication between the carer and their family member. A relative said, "They engage with [person] talk to them, they don't want [person] to feel left out."
- A member of staff told us they worked with families to support communication where people could not use words to communicate. A member of staff said, "[Person] is [non- speaking], the family have a calendar with different phrases in their language, I try and speak it and person understands." This language was not known to the carer but they tried to engage with the person using their preferred language.

Improving care quality in response to complaints or concerns

- People were supported to raise a concern or complaint if they needed to.
- There were no active complaints at the service.
- A complaints policy and procedure were available at the service. People we spoke to told us they were provided with information on how to make a complaint upon joining the service.
- The registered manager told us they asked people during reviews or visits if the care was ok and if they had any complaints.

End of life care and support

- The service did not currently support anyone with end of life needs.
- There was an end of life policy and procedure. The registered manager told us they were able to provide support to people at the end of their lives if needed.

# 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

- The service promoted a happy culture where people and staff were able to contact management when they needed.
- People spoke highly of the service, the registered manager and care staff. People told us the registered manager was kind and helpful and staff were very accommodating and flexible. Comments included; "[Registered manager] is very kind, caring and helpful." A relative said, "[Registered manager] is really good. This agency has started well, they need to maintain that with good staff."
- Staff spoke positively about the registered manager, a member of staff said, "[Registered manager] she cares about her clients and us."

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 their legal duty to report and to be transparent when things went wrong.

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

- The registered manager had extensive care experience and knew what was expected of them, they reinforced their expectations with staff during supervision and meetings. Staff told us they knew their role was to provide quality and kind care to the people they supported. A member of staff said, "[Registered manager] regularly asks us for feedback on the service and how we can improve."
- Staff told us they attended monthly meetings and records confirmed this.
- There was a quality monitoring policy and procedure setting out clear guidelines to monitor the service.
- The registered manager audited the service regularly, this included spot checks at people's home to ensure staff were arriving on time, telephone monitoring, audits of care notes to ensure care was delivered in accordance with the care plan.
- People confirmed their views were regularly requested from staff and the registered manager.

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

- People, their relatives and staff had their views of the service requested.

- People confirmed their views were regularly requested from staff and the registered manager. One person said, "Yes, the [registered manager] who runs the service? comes around to see me and ask how everything is going."
- People's feedback was regularly requested through in person reviews and telephone monitoring, records confirmed this.

Working in partnership with others; Continuous learning and improving care

- The service worked well other health professionals to ensure people and their relatives received good outcomes in care.
- The registered manager and staff were committed to learning and developing ways to improve people's experience of care, through attending training and seeking support from other providers in the community.