

FCM Healthcare Agency

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

FCM Healthcare Agency is a domiciliary care agency providing personal care. The service provides support to people with dementia, older people and younger adults living in their own houses or flats. At the time of our inspection there were 1 person using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff were recruited safely. Where full employment history since leaving school was not recorded in staff records the provider agreed to ensure this was collated after the inspection, we found no evidence that this posed a risk to people.

Systems and processes protected people from the risk of abuse. Risks to people were assessed, mitigated and planned into care, regular reviews took place with people and staff involvement. People were protected from the risk of infection as staff had a good understanding of infection control and had access to appropriate personal protective equipment [PPE]. People were not being supported with medicines at the time of the inspection, however, staff were trained in the safe administration of medicines should the need arise. Accidents and incidents were recorded and measures put in place to mitigate repeat incidents.

Peoples care needs were assessed prior to them joining the service to ensure their needs could be met. Staff had received training and were working towards the care certificate. Regular staff supervision and spot checks took place and staff were well supported in their role. People's food and fluid needs were met and staff ensured people had choice. People were supported with medical appointments when required.

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.

Staff were kind and caring. People were encouraged to share their views and were involved in the care planning process. Staff ensured people received respectful and dignified care, independence and choice was well supported. The provider ensured people's protected characteristics were included in the planning and delivery of care.

Care was planned to ensure people's individualised needs and preferences could be met. Continuity of care was ensured by a regular team of staff that knew people well. People's communication needs were assessed and planned into care; information could be made available in various formats to meet people's needs. People were supported to take part in activities which were important to them and staff understood how

this supported wellbeing.

People had access to a complaints policy and knew how to make a complaint if needed. The provider did offer an end of life service; however, they had ensured staff were trained in basic life support in case of an unexpected incident and understood the importance of communicating end of life preferences to staff should they be in place.

The provider maintained effective oversight of the safety and quality of the service. They understood the duty of candour and there was evidence of this being followed. The provider agreed to review the regulatory requirement around recruitment to improve their knowledge and understanding. There was a positive culture in the service with people and staff included in care planning and reviews and they were able to share ideas and opinions openly with the provider. The provider ensured and led by example a culture of learning and development with staff who were encouraged to enhance their skills. The provider understood the importance of multidisciplinary team working, they worked in partnership with other professionals to ensure people's needs were met.

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

Rating at last inspection This service was registered with us on 15 July 2019 and this is the first inspection.

Why we inspected

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

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.

FCM Healthcare Agency

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

This inspection was carried out by 1 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.

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 a short period 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 21 June 2023 and ended on 28 June 2023. We visited the location's office on 21 June 2023.

What we did before the inspection

We reviewed information we held about the service and sought feedback from the local authority. The

provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. We spoke with 2 care workers and the registered manager who is also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 1 person's care records and a variety of records relating to the management of the service, including policies and procedures. We looked at 2 staff files in relation to recruitment.

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.

Staffing and recruitment

- Previous work history had been recorded going back a minimum of 3 years. The regulatory requirement is that full work history is recorded since leaving school. We found no evidence of risk or harm to people; this was an oversight by the provider who agreed to review the regulation and collate this information following the inspection.
- Staff were recruited safely. The provider had completed reference checks and Disclosure and Barring service (DBS) checks to ensure no previous concerns about employment or character had been raised and to check for criminal convictions. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person told us they felt safe with staff who were kind and trustworthy.
- The provider had a policy and procedure in place for staff guidance and reference. Staff were trained in safeguarding and were able demonstrate a good understanding of the signs of abuse and how to report it. One staff member told us "I would go to my manager to report concerns, I am confident they would act, I can raise concerns directly with the local authority, police and CQC (Care quality Commission) if I need to".

Assessing risk, safety monitoring and management

- Risk assessments were in place and reviewed regularly. Measures to mitigate risk were recorded in care plans which included good guidance for staff on being alert to health related conditions which may affect a person's health and welfare.
- The provider ensured a regular team of staff attended care visits. This meant staff knew the person well, understood the risks and were able to contribute to ongoing monitoring.
- Staff were trained in managing risks in the environment, such as fire safety and had good guidance on reducing the risk of trips slips and falls, which included keeping a clutter free environment and ensuring items were in easy reach before leaving care visits.

Using medicines safely

- At the time of inspection staff were not administering medicines. However, staff were trained in the managing medicines safely and demonstrated a good knowledge in this area, including how to manage medicine errors and the right to refuse.
- The provider was a registered health care professional and would be responsible for medicines oversight and writing medicine charts for staff guidance should a person be admitted to the service with medication support needs.

Preventing and controlling infection

- Staff had access to a good supply of personal protective equipment (PPE) and were using it effectively and safely.
- The provider reviewed latest PPE and infection control guidance regularly and ensured staff were updated accordingly. Staff were trained in infection control procedures and understood the importance of good practice.

Learning lessons when things go wrong

- There was evidence of a recorded incident which had been managed appropriately with the persons involvement and measures put in place to reduce further risk. This included a meeting with staff for guidance and to ensure their understanding of the risk, how to manage this type of incident going forward and ensuring the care plan was up to date.
- The provider understood their responsibility to monitor accidents and incidents for trends and patterns via a robust system as the service grows and in what circumstances they may need to make referrals to other organisations such as the falls team.

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 prior to them starting to use the service to ensure their needs could be met. The provider had a good understanding of assessment tools available including tools for assessing risk of falls and pressure sores.

Staff support: induction, training, skills and experience

- Staff had completed an induction period and training and were working towards the Care Certificate at the time of the inspection. The Care Certificate is a trusted set of standards that identifies the expected skills, knowledge & behaviours that health & social care workers adhere to.
- Staff received regular support via supervision and unannounced spot checks to check on the quality of their work and identify any additional training needs. One staff member told us that the provider was always available for guidance. They told us they had felt well supported during an incident as the provider had attended the scene to help them.

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

- People were supported to eat and drink enough. Care plans detailed dietary needs and preferences and included information for staff on where to leave drinks and snacks for between visits for easy access.
- There was evidence of choice and preferences being met and inclusion in the prepping and cooking process. Staff were trained in food hygiene.

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

- Staff supported with attendance to doctors' appointments as and when required. They were also collecting medicines and repeat prescriptions from the pharmacy.
- The provider valued people's mental health and wellbeing as much as their physical health and had worked in partnership with the local authority and a person to ensure activities that supported their wellbeing were accessible.

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 checked whether the service was working within the principles of the MCA

- People were supported to have maximum control of their lives. A person told us that they led their own care and made their own decisions, this was included in care plans for staff guidance.
- The provider and staff demonstrated a good understanding of the principles of MCA and the difference between capacity and unwise decisions and the need to seek consent from people prior to care delivery. Consent was documented in care records.

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.

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

- People were encouraged and supported to express their views and were involved in the care planning and review process. The provider promoted an inclusive environment by including people in group chats with their staff team via an app. This was used to communicate and request changes in care delivery and changes to times of calls etc.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Independence was well supported, staff understood and respected that people should lead their own care and make their own decisions.
- One staff member gave an example of how they ensured a person's privacy dignity and independence, which included waiting outside of bathrooms when not needed for support and ensuring curtains and doors were closed. Another staff member told us the importance of people being able to make preference to the gender of care staff to ensure their privacy and dignity.
- Religion, culture and protected characteristics were included in care planning and staff were trained in equality, diversity and human rights to ensure people's needs could be met. The provider had also ensured that staff were respected and had a zero tolerance policy of prejudice against staff and people using the service.

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 was planned to meet people's preferences. For example, where people requested a specific staff member for some areas of support this was scheduled to ensure the person's choice and preference was met.
- The provider liaised with people, care commissioners and staff to plan ahead for changes that may be needed in normal care delivery. For example, where a person required additional support to attend events out of county, the provider ensured they requested the support needed with as much notice as possible so that the person could be supported.

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.

- Communication needs were considered and planned into care; care records included clear detail for staff of the level of support required from staff. A person told us there had been some minor miscommunications initially which have since been resolved using pictures to assist communication.
- We discussed communication needs with the provider who told us that information could be made available in other formats if required, such as pictorial, large print, bold print and alternative languages.

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

- Staff supported with social activity which included shopping, going out for lunch and self-care treatments.
- A person told us they had a particular passion for a subject and involvement in this also supported their wellbeing. Staff attended this activity to support the person as and when required, staff told us they understood the importance to the person and were keen to support them to continue with this.

Improving care quality in response to complaints or concerns

- There had been no formal complaints at the time of the inspection. Service user guides were provided for people to keep at home, these included details on how to make a formal complaint. A person told us they knew how to make a formal complaint and felt confident to do so if needed.

- Where there had been minor issues brought to the providers attention they had managed these appropriately including discussing with staff and informing the person of outcomes.

End of life care and support

- The provider did not offer an end of life service. However, they had a good understanding of ensuring staff had access to end of life wishes such as a do not attempt cardiopulmonary resuscitation (DNACPR) records should they be in place. The provider had also ensured staff were trained in basic life support and had access to next of kin details should there be a sudden unexpected incident.

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.

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

- The provider was open and transparent throughout the inspection. They agreed to review the regulatory requirements around recruitment to improve their knowledge and ensure all previous employers were recorded in staff records.
- The provider a good understanding of the duty of candour. We saw evidence for a recorded incident where the provider had discussed the incident, apologised and discussed measures in place with the person to reduce a further incident going forward.
- The provider demonstrated a good understanding of the regulatory requirements including when and how to submit statutory notifications. For example, there was evidence of a statutory a notification submitted appropriately to inform the commission of a change of address.
- The provider maintained effective oversight of care by delivering some of the care themselves and ensuring they regularly reviewed care plans, risk assessments and care notes that staff completed. They understood the importance of ensuring a robust formal auditing schedule would need to be in place as the business grew and more people were supported to ensure they continued to maintain effective oversight of the safety and quality of the service.
- The provider ensured that staff had access to an on call staff member for support and had implemented a monitoring system to ensure there were no missed calls and staff were arriving at the agreed call times.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured people received person centred care, that met their needs and preferences. There was evidence people were included in the planning and review of their care package by involving them in documenting information in care plans for staff guidance and ensuring they were involved in team chats.
- Preferences on care delivery and preference of staff for tasks were well documented to avoid confusion and ensure staff understood people's choice.
- Staff spoke positively of the provider and told us they were well supported. One staff member said, "[Provider] makes you feel like a part of the team, keeps us updated and we are able to make suggestions and we are listened to." There were regular staff meetings to review the quality of the service and staff were

actively involved in reviewing policy and procedure to ensure they were effective and met the needs of the people using the service.

Continuous learning and improving care; Working in partnership with others

- The provider was keen to continually develop their own knowledge to maintain good quality care and drive improvements. For example, the provider was attending a local providers network where they could share ideas and ask for advice.
- Staff told us the provider encouraged them to upskill by taking advantage of a number of inhouse training courses. One staff member told us although they were not currently working with people with dementia they had completed dementia training to enhance their skills in preparation for when the service grows.
- The provider worked in partnership with other professionals including, the local authority and pharmacists to ensure people's needs were met. The provider understood the importance of working as a multidisciplinary team and referring people to other professionals such as speech and language therapists (SALT) or occupational therapists should the need arise.