

Fecund Care Providers Ltd

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Inspection report

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HU8 7SG

Tel: 07450453807

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06 February 2023

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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

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.

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 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 the information we received about 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 1 person who uses the service and 2 relatives about their experience of the care provided. We spoke with the registered manager and 2 care workers. We reviewed 1 care file and looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality. We also received information from a health care professional who had contact with the 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.

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Detailed findings

Background to this inspection

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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

- The provider had a system in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.
- People who used the service told us they were safe and happy with the care provided. One person said, "Absolutely I feel safe, I have no concerns."

Assessing risk, safety monitoring and management; Staffing and recruitment

- Risks were managed safely. Risk assessments were person centred and reviewed regularly.
- Risks associated with people's care had been identified and plans were in place to minimise risk.
- Staff knew people well and people were involved in managing risks to themselves and in making decisions about how to keep safe.
- The provider had appropriate recruitment procedures in place for the recruitment of staff. This meant only suitably qualified people were recruited by the provider.

Using medicines safely; Learning lessons when things go wrong

- The registered manager had systems and processes in place to ensure the safe management of medicines. At the time of our inspection, staff were not administering medicines to anyone using the service.
- The provider had a process in place to review all accidents and incidents. Staff knew how to report incidents and complete appropriate records.

Preventing and controlling infection

- We were assured the provider's infection prevention and control policy was up to date. Preventing the spread of infection was well managed. Staff had undertaken training and were aware of the responsibilities to protect people from the spread of infection.
- Staff told us they were provided with the appropriate personal protective equipment (PPE).

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 had their needs assessed. Care plans reflected a good understanding of how to care for people and meet their current needs.
- Care and support plans were personalised and reflected people's needs and aspirations. People, those important to them and staff reviewed plans regularly together. People told us they were regularly involved in their care and the staff would not change anything without informing them first.

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training and regular opportunities to discuss their work, training and development needs.
- Staff had access to additional training to support them in their role. A staff member told us they would be supported to complete specific training courses.
- The provider had clear procedures in place for team working and peer support that promoted good quality care and support. A staff member said, "I feel very supported by [Registered manager] and I have the right training to do my job."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Arrangements were in place to support people to eat a healthy balanced diet. People received support they required to meet their nutritional and hydration needs.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- The provider recorded relevant information about people's care in daily notes. Staff could access these notes, and this assisted in providing effective and timely care.

Staff working with other agencies to provide consistent, effective, timely care

- People were registered with a GP and received care and support from other professionals, such as district nurses and physiotherapists.
- The registered manager understood the importance of partnership working to provide consistent and effective care. A staff member said, "We do not work in isolation and we always gain consent before we arrange appointments for people."

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

- Staff sought people's consent and included them in decisions about their care.
- Staff received training and had a good understanding of working within the principles of the MCA.

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

- Staff promoted equality and diversity. Staff had received training in equality and diversity and were able to explain what this meant for people.
- People spoke positively about the care they received. Comments included, "They [staff] are lovely, kind and caring" and "[Persons name] are fantastic, it is because of their support that we are where we are now."
- People and those important to them were involved in making decisions about their care. A staff member said, "We do not use one size fits all, we work with the individual in a person-centred way."

Respecting and promoting people's privacy, dignity and independence

- People were supported to focus on their independence in all areas of their lives. One person who was not mobile when first assessed by the service, with support and encouragement from the staff is now mobilising by themselves. A relative said, "Staff will encourage and support [Persons name] to do things by themselves, they are wonderful."
- People were treated with dignity and staff ensured people received care and support as they preferred. A professional person said, "The carers went above and beyond for [Persons name] and treated her with the utmost respect."

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; Improving care quality in response to complaints or concerns

- Care plans were person centred. People's likes, dislikes and what was important to them were recorded in their care plans.
- People were happy with the support they received. A professional said, "They are a highly dedicated team, who go above and beyond for the people they care for."
- The provider had a complaints procedure and people told us they knew how to raise concerns if they needed to.

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 had been assessed and recorded in their care plans.
- Staff knew how to communicate effectively with people and information was available in different formats should people require these.

End of life care and support

- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a system in place to ensure regular audits were taking place to monitor and improve the quality and safety within the service. This enabled the registered manager to see where improvements were required and assure themselves, they were compliant with the regulations.
- The registered manager was clear about their role and responsibilities. Staff spoke very positively about the registered manager. One staff member said, "They [registered manager], always keeps in contact with you and asks if there is anything we need or any concerns, they are very supportive."
- The registered manager understood their responsibilities in relation to the duty of candour.

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

- There was a positive culture within the service, staff spoke highly of the service and each other.
- Staff told us they felt listened to and the registered manager was approachable and fair. Staff knew their responsibilities and were keen to fulfil them.
- People told us they were happy with the care they received, one person said, "They [staff], provide high quality care and I have a lot of respect for them."
- The registered manager arranged meetings to discuss the quality of the service, plan improvements and keep staff informed of relevant information.

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

- The provider engaged with people receiving care, their relatives and staff. People told us they received questionnaires to complete. One relative told us they had just completed a questionnaire about the service and care provided.
- The registered manager had regular meetings with staff where they were able express their views and discuss any issues. A staff member said, "The meetings are useful and once you have raised it, it gets resolved."
- The service worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.