

Fond of Care Ltd

# Fond of Care 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Fond of Care Ltd is a domiciliary care agency providing personal care. The service provides support to people living in their own homes in the community. 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. At the time of our inspection the service was providing personal care to 3 people.

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

People were safe using the service. Staff had received training to safeguard people from abuse and supported to report safeguarding concerns to the relevant agencies. Risks to people's safety and wellbeing had been assessed and documented in their care records. There was clear guidance for staff about how to manage these risks to keep people safe, which staff understood well.

There were enough staff to support people. Staff attended care calls on time and people were supported by regular staff so that the care they received was consistent. Staff followed infection control and hygiene practices to reduce the risk of infection when providing care and support to people. Staff made sure peoples' homes were kept clean and hygienic.

The provider carried out recruitment and criminal records checks on staff to make sure they were suitable to support people. Staff were provided with training to help them meet people's needs and were supported to continually learn and improve in their role.

Where the service was responsible for this, people were helped to eat and drink enough to meet their needs and to take their prescribed medicines. Staff understood the support people needed to manage their health and medical conditions, to stay healthy and well. Staff were observant to changes in people's health and wellbeing and sought support for people from the relevant healthcare professionals, when this was needed.

People were involved in planning and making decisions about their care and support and could state their preferences for how this was provided. Staff knew how to meet people's needs in line with their preferences.

Staff were kind and caring and treated people well. They supported people in a dignified way which helped maintain their privacy and independence. People's feedback confirmed they were happy and satisfied with the care and support provided and they spoke highly of staff.

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.

The service was managed well. The registered manager monitored the safety and quality of care and

support provided to people. They checked with people that care and support was delivered to a high standard, continuing to meet their needs and sought people's views about how the service could improve further.

There were systems in place to investigate accidents, incidents and complaints, the learning from which was used to make improvements to the quality of care and support provided. The service worked proactively with health care professionals to provide care and support that met people's needs.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 10 December 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.

#### 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 ●

# Fond of Care 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 team consisted of 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.

#### 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 we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 8 March 2023 and ended on 10 March 2023. We visited the location's office on 9 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since they were registered. 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 and 2 relatives about their experiences of using the service. We also spoke with the registered manager. The registered manager worked as part of the staff team and provided care and support to people on a daily basis. We reviewed a range of records including 2 people's care records, records relating to staffing, recruitment, training and supervision and other records relating 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 safe using the service. A relative told us, "I feel [family member] is very safe with the staff." Another relative said, "They are very mindful about keeping [family member] safe. I feel happy to leave [family member] alone with them."
- Staff received relevant training and support to help them safeguard people from abuse.
- The registered manager understood their responsibility to liaise with the relevant agencies if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- The provider managed risks to people's safety and wellbeing.
- People's records contained information about identified risks to their safety and wellbeing. There was guidance for staff on how to manage these risks to keep people safe. For example, one person needed support from staff to move and transfer and staff were provided instructions on how to do this safely, using the appropriate equipment. Their relative told us, "They use the hoist and they know how to use this properly...they are conscious when they move [family member] to make sure [family member] doesn't get knocked."
- The provider supported people to live in a safe environment at home. We saw an example of this where the registered manager helped a person seek support and resolve a pest control issue in their home.
- The registered manager checked that any equipment used to support people had been serviced and maintained to assure themselves these were safe for use by staff.
- Staff had been trained to deal with emergency situations and events in people's homes to help them take appropriate action to support people in these instances.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service.
- People told us staff attended scheduled care calls on time. A relative told us, "They are always on time. I can't fault them." Another relative said, "They are always here on time."
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure they were suitable to support people. This included checks with the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where the service was responsible for this, people received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way. Our checks of records showed people consistently received the medicines prescribed to them.
- Staff had been trained to administer medicines. The registered manager undertook audits of people's records to make sure people's medicines had been managed and administered safely.

#### Preventing and controlling infection

- The provider managed risks associated with infection control and hygiene.
- Staff had been trained to keep people safe from risks associated with poor infection control and hygiene.
- Staff used personal protective equipment (PPE) effectively and safely. A relative told us, "They are always wearing their gloves, masks and aprons."
- Staff supported people to keep their homes clean and hygienic to prevent the spread of infection. A relative told us, "They are nice about my home and they wipe their feet before they come in." Another relative said, "They clean up and tidy up and leave the place how they found it...the place is always left as they find it. Everything is put away properly."
- The provider's infection prevention and control policy was up to date. The provider had plans in place to make sure that infection outbreaks could be effectively prevented or managed.
- Staff had been trained in food hygiene to help them reduce hygiene risks to people when preparing and serving food.

#### Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents which the registered manager then investigated.
- Learning from accidents and incidents was used to reduce safety risks to people. We saw an example of this following an incident involving a person using the service. The registered manager met with the person and their family to discuss the incident and what the service could do to help reduce the risk of this happening again. The registered manager gave the person and their family information about the risks posed to them and this resulted in the person making a decision to make changes to reduce further risks to their safety.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider made sure people's care and support needs could be met by the service.
- Prior to people using the service the registered manager undertook assessments of people's needs to make sure these could be delivered in line with current practice and guidance.
- People and others involved in their care were asked for detailed information about their needs and how and when they would like care and support to be provided.
- People's choices and preferences for their care and support had been recorded in their care records. This helped to make sure staff provided support in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- Staff were provided training to help them meet the range of people's needs. A relative told us, "The staff know what they are doing."
- Staff were required to complete a period of induction prior to supporting people unsupervised. This included an assessment by the registered manager of their competency to meet people's needs.
- Staff had supervision meetings with the registered manager to support them in their role and to identify any further training or learning they might need.
- The registered manager and staff team worked closely together and had daily conversations to share information and talk through any issues or concerns they had about people and their role.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Where the provider was responsible for this, people were prompted by staff to eat and drink enough to meet their needs. The registered manager told us they made sure at the end of each care call people could easily access something to eat or drink if they needed this.
- People's records contained information for staff about their health and medical conditions and how they should be supported with these. Staff knew people well and what support people needed to stay healthy and well.
- Staff were observant to changes in people's needs or when they became unwell and sought support for this where appropriate. We saw an example of this where the registered manager noted that a person needed extra support for a health condition and with the person's consent, they sought additional support from the person's GP for this.

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.

- The provider had systems to assess people's capacity to make and consent to decisions about specific aspects of their care and support. If people should lack capacity to make specific decisions, there were processes to involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.
- Staff had received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act. They told us they sought people's consent before providing them with any care or support.

# 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 of 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 treated well by staff. A relative told us, "They are very good with [family member]. They are so patient with them and give [family member] time to receive care." Another relative said, "They are kind and caring and [family member's] always laughing and joking with the carers." Another relative described staff as, "trustworthy, reliable and friendly."
- People received support from the same staff so that the care they received was consistent. A relative told us, "I think [family member] is really happy with them. . .when we had a previous agency we had different people and [family member] hated it and I hated it. But this is so much better as we know who is coming."
- People's wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported with their needs.
- Staff received equality and diversity training as part of their role to help them make sure people were not subjected to discriminatory behaviours and practices.

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

- People had been supported to express their views and be involved in making decisions. People's care records reflected the choices and decisions they had made about how their care and support was provided. A relative told us, "I didn't know anything when we started but when we met them we could ask questions and they answered all of them."
- People's feedback was obtained by the registered manager to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who maintained their privacy and dignity when providing care and support. A relative told us, "They respect [family member's] dignity and they respect everything in every way." Another relative said, "They mind [family member's] dignity and are aware about covering them up."
- People were supported to be as independent as they could be. People's care records prompted staff to support people to undertake as much of the tasks of daily living as they could.

# 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 of 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; support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- People had choice and control over how their care and support was provided. People's records reflected their preferences and choices for how and when they received support which helped to ensure people received support that was personalised and tailored to their needs.
- People's records contained information about their hobbies and interests to help staff get to know people and meet their needs.
- Staff understood people's needs and how these should be met. A relative said, "They come and they know what needs to be done and what they have to do." The registered manager told us how they provided care and support to people in the way people preferred.
- Staff recorded the care and support they provided to people at each care call which helped the provider make sure people received the care and support planned and agreed. A relative told us, "They write in the folder every time they come."

### 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 recorded in their care records so that staff had access to information about how they should be supported with these. For example, for people who had aids to support their sight or hearing, staff were prompted to make sure these were always easily accessible to people and in good order.
- The provider had made key information available to people in accessible formats. For one person, information had been provided to them in large print to make this easier for them to read.

### Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's complaints or concerns.
- People had been provided information about how to raise a concern or make a complaint and how this would be dealt with by the provider. A relative told us, "I would know what to do if I wanted to make a complaint." Another relative said, "If I wasn't happy about something I could talk to [registered manager] and I feel she would listen and do something."
- The registered manager told us no formal complaints had been made about the service since they started

operating.

#### End of life care and support

- Staff had received end of life training to help them provide appropriate support to people if this need should arise.
- None of the people using the service required end of life care and support at the time of this inspection.

# 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 of 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service aims and values were focussed on people receiving high quality care and support. Information was provided to people when they started using the service about the standard of care and support they should expect from staff.
- The registered manager was easily accessible and available to speak with people. This was because they were 'hands on', providing care and support to people on a daily basis.
- People told us they had no problems contacting the registered manager when they needed to speak with them. A relative told us, "I just knew when I met her I would be able to talk to her and about my concerns and she would listen."
- The registered manager told us they checked with people and their relatives that they were happy with the care and support provided at every visit and asked for their feedback about how the service could be improved for them. A relative told us, "She's always checking how things are when she arrives."
- People were also sent surveys so that they could express their views and give feedback about the service.
- Staff were encouraged through supervision to give their ideas about how care and support could continually be improved for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving 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; working in partnership with others

- The service was managed well. A relative told us, "They think of everything. They are very professional. They are just so caring in everything they do with [family member]." Another relative said, "I have had bad agencies but these are one in a million...since we started using them they have been brilliant."
- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and good oversight of the service. A relative told us, "I think [registered manager] is a good manager. She is very good. And caring. She has that caring nature. She listens to us." Another relative said, "The registered manager cares, that's what really stood out."
- There were systems in place to check people received safe, high quality care and support. This included a planned programme of monitoring checks and audits of the service. The registered manager told us the outcomes from checks and audits were used to make changes people wanted and to support staff to continuously improve their working practices.

- Staff delivered good quality support consistently. People's feedback confirmed this. One person told us, "Personal care excellent in every way and treat you with dignity. Very good time keeping and respect me in every way." A relative said, "I can't recommend them highly enough. I could not say a bad word about them." Another relative told us, "My [family member] absolutely loves the team and I have peace of mind that my [family member] is being well looked after." Another relative said, "I would recommend them. It's been so nice as all my worries about using an agency have completely gone since we've been using them."
- The registered manager understood their responsibility to notify CQC of events or incidents involving people which would help us check they took appropriate action to ensure people's safety and welfare in these instances.
- The registered manager understood their duty to give honest information and suitable support, and to apply duty of candour where appropriate.
- The registered manager worked proactively with healthcare professionals involved in people's care and support. They acted on their recommendations to deliver care and support that met people's needs and supported them to stay safe and well.