

Fean Services UK Ltd

# Fean Services UK 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

Fean Services UK Ltd is a domiciliary care agency providing support with personal care to three people at the time of the inspection.

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

Systems were in place to safeguard people from the risk of abuse. There were enough staff to support people and checks had been carried out on prospective staff to ensure they were suitable to work in a care setting. Risk assessments had been carried out so that people were supported safely. Medicines were well managed, and procedures were established to reduce the risk of the spread of infection.

Assessments were carried out of people's needs to check the service was able to meet those needs. Staff received support through training and supervision to help them in their role. Where people were supported with meal preparation they were able to choose what they ate and drank. The service worked with other agencies to promote people's health, safety and wellbeing. 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. People were able to consent to the care provided.

Staff understood how to support people in a way that promoted their dignity, independence and choice. People told us staff were caring in the way they interacted with them. People's confidentiality and privacy were respected.

Care plans were in place which were personalised around the needs of individuals. Care plans included information about how to support people with their communication needs. Systems were established for dealing with complaints and people knew how to make a complaint.

People and staff spoke positively about the senior staff and told us they were accessible and helpful. Systems were in place for monitoring and improving the quality of support provided. Some of these included seeking the views of people who used the service.

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 24/07/2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on our inspection scheduling programme.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 ●

# Fean Services UK 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 Care Act 2014.

#### 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection we reviewed the information we already held about this service. This included details of its registration and feedback we received from the host local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision.

A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a person who used the service and a relative of a person by telephone. We also spoke to a staff member who was employed as a care assistant.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems had been established to safeguard people from the risk of abuse. Whistleblowing and safeguarding adults' policies were in place. The safeguarding policy made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. The registered manager told us there had not been any allegations of abuse since they commenced providing care to people and we found no evidence to contradict this.
- Staff had undertaken training about safeguarding adults. They were aware of their responsibility to report any allegations of abuse to their manager. One staff member told us, "I will report abuse to my manager and record it."

Assessing risk, safety monitoring and management

- Risk assessments were in place which included information about how to mitigate risks people faced. They covered risks associated with moving and handling, medicines, personal care and the physical environment.
- People confirmed that staff followed risk assessments. For example, the service did shopping for one person. The risk assessment stated that staff were expected to always provide a receipt for any shopping done. We spoke with the person who said staff always followed the risk assessment and provided them with a receipt.

Staffing and recruitment

- The service only had a small number of people using the service. There were enough staff to provide support to people in line with their assessed needs. The registered manager also provided support with care to people and was able to cover if staff were absent. As there was only a small number of people using the service, the registered manager told us they were able to monitor staff punctuality through regular discussions with people. People confirmed staff were punctual, a relative said, "They come on time."
- Checks were carried out on prospective staff to test their suitability to work in a care setting. Records showed these checks included criminal record checks, employment references, proof of identification and a record of staff's previous employment history.

Using medicines safely

- Where the service provided support to people with medicines, this was detailed in their care plans and risk assessments. Staff undertook training before they were able to administer medicines.
- Medicine administration records were maintained. Staff signed these each time they gave a medicine to a person so there was a clear audit trail. We checked completed medicine records and found them to be

accurate up to date. People told us staff gave them their medicines on time. One person said, "They always remember to give me my meds."

#### Preventing and controlling infection

- The service had policies in place providing guidance to staff about how to reduce the risk of the spread of infection. These covered good hand-washing technique and the use of protective clothing.
- The registered manager told us they ensured there was a good supply of protective clothing kept at people's homes for staff use. Staff confirmed this was the case.

#### Learning lessons when things go wrong

- The registered manager told us there had not been any significant accidents or incidents since they commenced providing care to people and we found no evidence to contradict this. There was a policy in place which stated accidents and incidents had to be recorded and reviewed by the manager to see if any lessons could be learnt.

# 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

- After receiving an initial referral, the registered manager carried out an assessment of the person's needs. This was to determine what their needs were and if the service was able to meet them.
- The assessment process involved meeting with the person themselves and their relatives were appropriate. This meant people were able to have a say about the care they wanted. Assessments covered needs related to personal care medicines, ethnicity, religion and moving and handling. People and relatives told us they received effective support. One relative said, "I am happy with them."

Staff support: induction, training, skills and experience

- Staff received support through training and supervision to help them in their role. The service has only been providing support since mid-July 2019 so most training to date was as part of the staff induction. This included shadowing staff to learn how to support individuals and classroom based training. Training covered medicines, personal care, moving and handling and safeguarding adults.
- The registered manager told us that if they recruited any staff who were new to the care sector, they would be expected to complete the Care Certificate. This is a training programme designed specifically for staff that are new to care. Staff told us they were happy with the training they had received. Records showed staff also had one to one supervision meetings with their line manager which gave them the opportunity to discuss matters of importance to them.

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

- Where the service supported people with meal preparation this was detailed in care plans. People told us they were able to choose what they ate and drank.

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

- Care plans included contact details of people's GPs and next of kin which meant staff were able to contact them in an emergency situation. Staff were knowledgeable about what action to take in case of a medical emergency.
- The service worked with other agencies to help meet people's health needs and promote their health, safety and wellbeing. For example, they had liaised with the local authority to arrange an assessment from occupation therapy for one person and with the GP to review the medicines of another person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us all people using the service at the time of inspection and the capacity to make decisions about their daily care. They added one person required support in making major decisions that were outside the remit of the care provided by the service, and their family provided support with this.
- People had signed consent forms to show they agreed to the provision of care in line with their assessed needs. Staff understood the need to enable people to make choices and to consent to their care. One member of staff said, "I help them to choose whatever they want. When [person] is getting dressed they will tell me what they want [to wear]."

# 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 were well treated by staff and that the care provided was in line with what they wanted. One person said, "[Staff member] is a nice person, they are polite. They knock on the door before they come in." A relative said, "Yes, they are respectful."
- The service sought to meet needs related to equality and diversity. For example, one person liked food prepared for them that was reflective of their ethnic origin. The service employed people who shared that origin and who had the skills to cook the requested food. People's ethnicity and religion were covered as part of the assessment process.

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

- Assessments, care plans and care plan reviews were all carried out with people who used the service, and where appropriate, their relatives. This meant people were involved in planning and deciding upon the care they received.
- Staff told us they supported people to make choices, for example in relation to what they ate. One person was supported to access the community and it was their choice where they went.
- Care plans included information about people's past life history. This helped staff to get to know people. The registered manager told us the same regular staff worked with the same people. This helped people and staff to build good relations.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people in a way that promoted their privacy, dignity and independence. A member of staff told us, "You lock the door, then ask them what they want. I say, 'where do you want me to wash?' I wash [person's] back and hair, some parts of their body they can do themselves." Another staff member said of providing support with personal care to a person. "They will tell me what they want and how they want it."
- The service had a policy on confidentiality. This made clear staff were not permitted to share confidential information about people without proper authorisation to do so. Staff were aware of the importance of confidentiality.
- Records relating to people held by the service were stored on password protected electronic devices and lockable cabinets. This helped to protect people's right to confidentiality.

## 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 plans were in place which set out how to meet people's assessed needs. These were person centred, based around the needs of individuals. Plans covered needs associated with personal care, shopping, mobility and medicines. The registered manager told us people were able to choose the gender of their care staff. However, this was not recorded in care plans. The registered manager told us they would ensure in future that this choice was recorded.
- Although the service had only been providing support to people since mid-July 2019, care plans had already been reviewed to reflect changes in people's needs. Daily records were also maintained. This meant it was possible to monitor that support was provided in line with people's assessed needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans covered needs associated with people's communication. They identified people's language and whether they needed assistive aids to communicate. The registered manager told us that all people who used the service spoke English as a first language.

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

- One person was supported to access the community as part of their assessed needs. This was done in line with their care plan. Staff supported them to various places in line with their wishes and preferences.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. This included timescales for responding to complaints received. However, it did not contain the correct details of who people could complain to if they were not satisfied with the response from the service. We discussed this with the registered manager who told us they would amend the policy accordingly.
- People told us they had not had to make a complaint but knew who they could complain to if needed. They had been provided with a copy of the complaint's procedure. The registered manager told us there had not been any complaints received and we found no evidence to contradict this.

## End of life care and support

- The service did not support anyone with end of life care at the time of inspection. There was a policy in place to provide guidance about this, and the registered manager said they would work with other agencies to support people with their needs.

# 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

- Care plans were person centred and people were involved in developing them. This helped to promote positive outcomes for people based on their wishes and preferences. The registered manager told us they sought to promote an open and inclusive culture. Staff told us they found the registered manager to be supportive and approachable. One staff member said of the registered manager, "They are anxious about the job in a good way. They are always interacting with me to let me know what is going on."
- People told us that the registered manager was easily accessible and helpful. One person said, "[Registered manager] came to discuss things."

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; Continuous learning and improving care

- The service responded positively when people raised concerns with them. For example, one person said they found a member of staff difficult to communicate with and steps were taken to provide them with alternative care staff.
- The registered manager told us there had not been any incidents that had required them to send a notification about it to the Care Quality Commission (CQC). However, they were knowledgeable about what issues they had a legal responsibility to notify CQC about.

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

- The service had a registered manager in place and there were clear lines of accountability, staff were aware of who they were accountable to.
- Systems were in place to monitor and review the support provided. These included a monthly audit of the care plan. This looked at each element of assessed need in the care plan, in the words of the registered manager, "To see if there are any changes needed, to see what service users think, to see if there are any training needs."

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

- The service sought the views of people and relatives, who were asked to complete feedback forms and surveys. We viewed completed forms which contained positive feedback. For example, one person had

written, "I am happy, very happy" while another wrote, "Very satisfied with the level of support in place."

- People's equality characteristics were covered in assessment and care plans and the service had policies providing guidance about equality and diversity. Good practice was followed in this regard with staff recruitment.

- The registered manager told us they worked with other organisations to develop and share best practice. For example, they were a member of a trade body that represented domiciliary care agencies in the UK and worked with local authorities to provide support to people.