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Flo's Friends

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

Flo's Friends is a domiciliary care agency providing personal care to people who live in their own homes. At the time of inspection, the service was providing care to 30 people. 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

People told us the service they received helped them to keep safe in their own homes. Staff knew how to protect people from abuse and were trained to recognise and report abuse. Risks associated with people's care was managed. Staff were recruited safely. People were supported safely with their medicines.

People's needs were assessed. Staff were trained to carry out their roles and received ongoing training to meet the needs of the people they were supporting. People's consent to care was sought. 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 and relatives told us staff treated them with kindness and compassion. People were involved in their care and their views were respected. Staff were knowledgeable about how to maintain privacy and dignity and promote people's independence.

People received care which was responsive to their needs. Care plans were reflective of people's needs and were reviewed regularly. Care was delivered by staff who understood the needs of the people they were supporting. People knew how to complain and raise concerns.

The provider had developed a person-centred culture within the team. They had a clear vision and staff demonstrated they understood the values of the provider and principles of person-centred care. Staff were supported in their roles and team meetings took place regularly. The provider understood their regulatory responsibilities and had systems in place to ensure care was safe and lessons were learnt.

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

Rating at last inspection

The last rating for this service was Good (published 20 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Flo's Friends

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 registered persons were 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 homes.

The provider had day to day responsibility for the management of the service.

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 would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider, senior care workers and care workers.

We reviewed a range of records. This included four people's care records. We looked at three 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 reviewed several documents the provider sent to us including training records and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 safeguarding policy which outlined their responsibility for ensuring people were protected from abuse. Staff told us they could access the policy online and told us they received an email to let them know when the policy had been changed or updated.
- Training records showed staff were provided with regular safeguarding training. One staff member said, "We have online training, if we have any concerns we raise it with the manager."

Assessing risk, safety monitoring and management

- People were protected from known risks associated with their care. Risk assessments were put in place to ensure staff knew how to support people safely. For example, people who were at risk of falls had a risk assessment to ensure staff knew how to reduce the risk as much as possible.
- Where people required moving and handling staff were provided with training to ensure they were moving people safely. One staff member said, "The occupational therapist will come out and show us how to do it."
- Risk assessments were reviewed regularly and updated when people's needs changed.

Staffing and recruitment

- Safe staff recruitment processes were being applied. Appropriate criminal records and reference checks were undertaken before they started providing care.
- The registered persons ensured there were enough staff to meet the needs of people they were supporting. People and relatives confirmed this and consistently said care was reliable and punctual. One person said, "Never let me down, this lot. Near enough on time every time."

Using medicines safely

- People's assessed needs for the administration of medicines were minimal. Staff encouraged people to be as independent as possible and provided support to prompt and remind people to take their medicines.
- Staff recorded on a chart when people took their medicines. The provider had a process for checking medicine administration records, to ensure people were taking their medicines.
- Staff who had been trained in the safe management of medicines, and whose competence had been assessed, administered medicines to people.

Preventing and controlling infection

- Staff were provided with single use disposable aprons and gloves to reduce the risk of spreading infection and this was confirmed by people and relatives we spoke with.
- Training records showed all staff had received infection control training.

Learning lessons when things go wrong

- Staff demonstrated they knew the process for recording and reporting accidents and incidents. One staff member said, "We record it [incident] in the person's records and phone [provider] to make her aware."
- The provider kept records of incidents and accidents and were able to show us actions taken following incidents. Learning was shared with staff in team meetings.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider carried out assessments of people's needs before they began using the service. Assessments identified people's care needs.
- People and where appropriate, their relatives were involved in assessments and their views and wishes were included.
- Care plans were developed following an assessment and provided staff with guidance about how to meet people's needs and preferences.

Staff support: induction, training, skills and experience

- People and relatives told us they thought the staff were competent and skilled. One relative told us, "They [staff] are very competent with [relative], they have informed me if there have been any issues. They told me about a red mark on [relative's] foot. They have done everything I have asked them to."
- Records showed staff were provided with induction training when they first started. Staff confirmed this, "Yes I had an induction, we had shadowing with another member of staff for as long as I needed to feel comfortable." Said one member of staff.
- Staff received regular ongoing training, one staff member told us, "I feel confident that [provider] would support me to develop my skills." A large percentage of the staff team held a nationally recognised qualification in care.

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

- People's assessed needs in relation to eating and drinking were minimal. People were responsible for providing their own food. Where staff supported people to prepare and heat up food, this was recorded in their care plan.
- Records showed staff were provided with basic food hygiene training.

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

- People's care records showed they were accessing a range of healthcare services such as the GP and district nurse. One person said, "They [Staff] would ring the doctor if I needed them to."
- The provider had developed a hospital admission pack for people to ensure healthcare professionals knew what people's needs were should they need to be admitted to hospital.
- The provider worked collaboratively with healthcare professionals to improve the care they provided. For example, one person was living with diabetes and the district nurse provided awareness training to the staff team.

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

- Records showed, and staff confirmed they had received MCA training. One staff member said, "It is about people making their own choices. If people can't, then sometimes they have someone who would be their lasting power of attorney."
- Care plans showed people had consented to receiving their care in the way they had agreed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 supported by staff who knew their needs, likes and dislikes well. One relative told us, "They [staff] are really kind. It was [relatives] birthday and one of them sent a birthday card." Another relative said, "They are all very polite and respectful, they have a laugh with [relative]. I have been very happy with them."
- Some staff told us their own relatives had been cared for by the provider. One staff member told us, "I cared for my [relative] for about five years. I wished I had help, working here has helped me realise what great care is."
- On the subject of person-centred care one staff member said, "It is about treating that person as an individual - everything you do is based on that person. Each service user is different."

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

- People told us they had been involved in developing their care plan. One person said, "I was involved in setting it up, [provider] came round and we discussed what sort of care I required and how long for."
- One relative told us about a positive experience. "They [provider] sent out a form recently and asked if we wanted care over Christmas and the New Year. My [relative's] partner decided they wouldn't need them Christmas night. I rang [provider] to tell her about the change and she was very obliging."

Respecting and promoting people's privacy, dignity and independence

- One relative told us how pleased they were with the improvement they had seen in their independence. "They [staff] motivate [relative], I shaved them in hospital and then did it when they came home. After a few days the staff told me [relative] had done half of the shave them self. They have supported me with encouraging [relative]."
- Staff were knowledgeable about how to maintain people's dignity and privacy, "We treat them as a person, talking to them when providing care, talking them through the process." Said one staff member. Another staff member said, "We close doors and curtains and give people a towel to cover themselves up."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they received care and support in a way that was flexible and responsive to their needs. Care records and plans confirmed this.
- The provider and staff team knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's needs and used this information to tailor their support. A person stated, "They send me the same two carers. The care I get is what I need, it is tailored for me."
- One relative told us how they developed their care package, they said. "[Provider] put the care plan together. [Relative] had a sore on their shin when they came out of hospital and [provider] did a plan to show how it would be treated."

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.

- People's communication needs were recorded in care plans. The provider was able to provide information in alternative formats, such as large print if required. The provider was aware of their responsibility to meet the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and who to go to if they had concerns. One person said, "I would go to [provider], not that I have ever had to."
- The provider had a complaints policy. Each person received a service user guide which described how to make a complaint and who to go to. Telephone numbers for the local government ombudsman was included so people would know who to go to if they were not satisfied with the providers response.
- Records of complaints were kept. One complaint had been received in the previous 12 months. This was responded to in line with the policy and procedure.

End of life care and support

- At the time we inspected, no one was receiving end of life care.
- Staff were provided with end of life care training. Staff demonstrated they knew how to provide good standards of care when people are at the end of their life.
- Where people did not wish to be resuscitated this information was recorded clearly in care plans. Care plans included information about people's wishes for the end of their life.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's values emerged from experience of caring for a relative, which developed into an ambition to provide high quality care to older people living in their own homes. The staff team embraced this ethos and developed a culture which was inclusive and supportive. One staff member said, "[Provider] doesn't treat us as a number. She understands us, she doesn't ask you to do anything she wouldn't do herself. 100 percent a good leader."
- The staff were providing a service to people which was person centred. This was evident from care records and talking with people and their relatives.
- The provider knew each person using the service, this ensured they were aware of how people wanted their care. People told us the service was provided in the way they wanted.

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 rating from the previous inspection was displayed on their website and in the office location.
- The provider was aware of their responsibilities to notify us of incidents they are required to by law.

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

- Regular checks were carried out to ensure the service was meeting its regulatory requirements. Records of checks were kept and where shortfalls and issues were identified, these had been added to an action plan. Records showed, and staff confirmed improving and developing the service was discussed at team meetings. The provider regularly provided care to and visited people who used the service, this ensured they kept track of improvements.
- Staff were trained, supported and valued. Staff told us they were listened to and valued. One staff member said, "[Provider] never states she knows the answer to everything, she takes our suggestions on board."

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

- People and relatives were very complimentary about the provider and the staff team. They told us they thought the service was well run and were in regular contact with the provider. One relative told us, "[Provider] has a handle on everything. Staff speak highly of her and talk respectfully and fondly of her. They

work as a close team."

- People confirmed the provider s carried out regular surveys to obtain the views of those using the service. Satisfaction levels were consistently high and those taking part in the survey were very positive about the provider, staff and the service. The provider kept records of compliments they received from people and relatives and professionals associated with the service. There were many compliments which commended the staff and the care they deliver.
- The provider kept themselves up to date with knowledge about the sector and were part of a local care association. They had also developed links with the local college which had enabled the staff team to access more specialised training.