

Folkestone Home Care Ltd

# Folkestone Home Care

## 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

Folkestone Home Care is a domiciliary care service registered to provide personal care for older people, people who live with dementia, people who have learning disabilities or autistic spectrum disorder and people who misuse drugs and alcohol. At the time of our inspection 11 people were receiving personal care.

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

People and their relatives were extremely complimentary about the staff, registered manager and the service they received. One person said, "The staff will help with anything and everything. They are outstanding at their jobs, above and beyond." A relative said, "I never have to worry, she [registered manager] goes completely above and beyond and I know I can call her any time of the day or night if I am concerned. Outstanding set up all round."

People received an individualised service with them at the centre. People received care they had chosen and took the lead role in the development of their care plan. Care plans were regularly reviewed and updated to ensure people continued to receive the care they wanted and needed.

Potential risks posed to people had been assessed with action taken to reduce the risk. People's safety within their home had been recorded, and referrals were made to the appropriate healthcare professionals to promote people's safety.

Staff knew people well and understood their specific health conditions and how they affected them. People's likes, dislikes and personal histories were recorded within their care plan. People's privacy and dignity was protected whilst encouraging people to be as independent as they were able to.

People received care from the same staff team providing people with consistency and continuity of care. Safe recruitment practices were followed to reduce the risk of unsafe staff working with people. Staff received continuous support, supervision and guidance from the registered manager.

Staff enjoyed their role and felt proud to work for the organisation. Staff's opinions and suggestions were listened to and acted on. Staff had been trained to meet people's needs including their specialist needs.

Staff worked alongside healthcare professionals to ensure people remained as healthy as possible. People were supported to maintain their nutrition and hydration. Any identified concerns were acted on quickly with appropriate referrals to healthcare professionals.

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's, staff's and relatives' views and feedback were sought and acted on. There was an ethos of continuous improvement where any concerns were acted on to improve the service. Quality assurance questionnaires were sent out to gather further feedback alongside regular reviews.

The registered manager worked as part of the care team to role model and observe best practice. There were a range of checks and audits in place to promote a high-quality service and continuously improve.

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

The service was registered with us on 20 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the timescale for unrated services.

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 ●

# Folkestone Home Care

## 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, an assistant inspector and an Expert by Experience who made telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Folkestone Home Care is a domiciliary care agency. It provides personal care to people living in their own homes.

Inspection activity started on 12 September 2019 and ended on 17 September 2019. We visited the registered office on 17 September 2019.

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

#### Notice of inspection

This inspection was announced. We gave the service five days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also needed to gain people's consent to being contacted for their feedback.

#### What we did before inspection

We reviewed information we had received about the service since the agency registered with the CQC. We sought feedback from the local authority and professionals who work with the agency. We used the

information the registered manager 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 five people who used the service and five relatives about their experience of the care provided. We spoke with the visiting GP and a visiting nurse during our inspection. We spoke with four members of staff including the registered manager, the 'staff liaison advisor' and two care staff.

We reviewed a range of records. This included three people's care plans, risk assessments, daily care records and medicines records. We looked at two staff files in relation to recruitment and staff support and supervision. We also saw a variety of records relating to the management of the agency, including a sample of audits, quality assurance surveys, accidents 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.

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

- People told us they knew the staff well and felt very safe with them. Comments included, "I feel more than safe with the carers, I feel like they're family" and "The very fact that they are so very friendly and approachable about anything and everything makes me feel safe."
- Relatives told us they felt the company always promoted their loved one's safety. Comments included, "Staff are extremely thorough and extremely competent so I therefore feel she is safe and cared for when I am not here" and "They even ask where the fuse box and stop cock is, so I feel relieved to know they are here to help and keep her safe."
- Staff understood the potential signs of abuse and had raised concerns with the registered manager and the local authority safeguarding team; these were acted on and investigated.
- Staff attended personal safety training as part of their induction. This focused on staff working at times on their own within the community and the action to take to keep safe.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place to keep people safe and reduce any potential risks. For example, risks relating to people's mobility, personal care needs and any specific health support.
- A record of people's specific equipment used within their home and the service date was listed for staff's reference. Equipment such as, a stair lift, stand aid or bath chair, this enabled the registered manager to know people and staff were using equipment that had been tested and was in good working order.

Staffing and recruitment

- People had a core staff team to support them and meet their needs. People's needs were assessed, and an allocated total of hours were supplied.
- The registered manager told us that people had a small team of care staff to provide consistency and continuity of care. Staff met with people and observed the support they needed prior to working with that person.
- Staff were recruited safely, completing checks to minimise the risk of unsuitable staff being employed. Staff completed an application form giving a full work history, references were obtained, identity checks and Disclosure and Baring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions.
- The registered manager was committed to ensuring potential staff had the value base and high standards the organisation expected. Initial telephone screening was completed prior to the invitation to complete an application form and a formal interview process.

### Using medicines safely

- People received their medicines safely from trained staff whose competency had been assessed by the registered manager. Staff followed specific guidance in relation to each person's support.
- People were assessed and supported to manage their own medicines wherever possible. Some people required verbal prompting and guidance from staff; whereas others required staff to administer their medicines.
- Medicine administration records were audited monthly to identify any errors or concerns. The registered manager took action when recording errors had been identified; staff involved received additional training, support, guidance and additional competency checks. Following this action, the recording errors reduced.

### Preventing and controlling infection

- Staff had been trained in infection control and understood the importance of using protective equipment to reduce the spread of infection.
- Each person had a supply of personal protective equipment in their house for staff to use such as, gloves and aprons. Staff carried antibacterial hand gel with them to use as a precaution.

### Learning lessons when things go wrong

- Lessons were learnt and improvements were made when things went wrong to prevent a reoccurrence. For example, following a near miss when a person nearly fell whilst using the stair lift, changes were made to the care plan and risk assessment to ensure it did not happen again.
- Accidents and incidents involving people were analysed on a monthly basis to identify any patterns or trends that had developed.

# 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

- The registered manager was committed to providing high quality care to meet people's specific needs. This started from the initial assessment where the registered manager would meet with the person and their relatives to find out the outcome they wanted from the support. To get to know people and their routine the registered manager would work alongside relatives and other care givers. One relative said, "They shadowed me for a while to see how I care for mum and I hate to say it, but I think they do a better job than me."
- The registered manager worked alongside another agency whilst assessing a person with complex health needs. This enabled the person to receive consistency in the way they supported and enabled the registered manager to understand how the person was affected by their health condition.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs, expressing sexuality and emotional support. This information was recorded within people's care plans however, staff and people confirmed each person was treated equally.

Staff support: induction, training, skills and experience

- Staff spoke highly of the training and support they received from the registered manager and the management team. Comments included, "Training is very good, really helpful", "The training was all linked to clients" and "I have never had anything like this before when I worked for other care companies it's great."
- Staff worked alongside the registered manager before using a new piece of equipment such as a stand aid, until they felt comfortable and confident. The company's ethos was 'shadowing' never stops throughout staff's employment. The management team regularly worked as part of the care team observing and role modelling best practise.
- Staff said they felt very supported in their role by the registered manager and the staff team. Staff had regular supervision meetings with their line manager, an annual appraisal where goals would be set for the forth coming year and weekly memos from the registered manager.
- All staff completed an assessment at the start of their employment which identified their specific learning style. Training was tailored to staff's specific learning style to ensure staff got the most from their training. The registered manager had developed courses using power point presentations, written text and on a one to one basis.

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

- People's needs were assessed in relation to the support they required from staff to maintain their nutrition and hydration. Staff followed guidance from dieticians and Speech and Language Therapists for people at risk of malnutrition, dehydration or specific health conditions. For example, if one person's speech became slurred they required additional fluids or salt.

- Care plans contained detailed guidance such as people using specific cutlery with their meals to aid their independence. Some people required jugs of drinks and fresh water to be left within their reach at the end of their call. Other people required staff to prepare a breakfast of their choice and hot drink.
- Staff were trained in food hygiene and understood the importance of encouraging people to eat a healthy balanced diet.

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

- Staff worked alongside health care professionals to improve people's health, mobility and well-being. For example, staff continued to complete exercises with a person that were set by the physiotherapist; because of the continued exercises at every care call the person was able to open a closed hand that was previously retracted.
- People's specific health condition support had been recorded within their care plan. Staff knew people well and enabled people to remain as healthy as possible. For example, how people's specific disorders and conditions affected them and the action staff should take if they had any concerns.

Supporting people to live healthier lives, access healthcare services and support

- People said staff looked after their health to ensure they remained as healthy as possible. One person told us how the registered manager had taken them to the hospital and stayed with them throughout the night; they said, "She truly is an amazing lady."
- Comments from people included, "If I feel unwell I only have to sniff and she's onto it immediately and gets me the right help", "I can really relax now without the worry of who will care for me and who will keep me well and healthy" and "I am so impressed by the service I can't tell you what a godsend it's been."

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.

When people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People said staff always asked for their consent prior to any task being completed. Records showed people were supported to make daily choices such as, what they wanted to eat, wear and how to spend their time.
- Staff understood the MCA and DoLS and confirmed they had received adequate training. Staff said they presented information to people in different ways to enable them to make a choice such as, visual prompts and limiting the number of choices.
- The registered manager kept a log of any person that had a Lasting Power of Attorney (LPA) in place as granted by the Court of Protection. A check was made to ensure the LPA had been legally authorised.

# 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 and relative spoke very highly of the staff team and the registered manager. Comments included, "Really really caring, the best sort of care possible" and "I can't describe to you how very caring and kind she is, wonderful from the moment I spoke to her. I don't know how she does it she is so kind and amazing" when speaking about the registered manager.
- Staff worked with people to promote their communication by reducing any barriers. Staff understood people's specific communication needs which were recorded within their care plans. For example, the use of aids to promote communication such as, hearing aids, speaking slowly and clearly and the use of audio technology.
- People's care plans included information about their background, likes and dislikes and staff were knowledgeable about these. One person said, "She wants to know and wants to listen to my life and gets to know me by listening and caring." A relative said, "They've got to know her so well and she has a prompt what to talk to her about, so they get to know her and know what she likes."

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

- People told us they were at the centre of their care and were involved in every decision about their lives. Comments from people included, "The care plan is meticulously accurate, if I need a little extra support it is simply arranged" and "The care plan is such a time saver and so clever as it has everything from the stop cock to my health in it."
- After the initial care plan had been completed the registered manager visited the person again to go through the care plan to ensure it was accurate and what the person wanted. Relatives commented, "We wrote out the care plan and then she came back on another visit to double check it and make any alterations we felt were needed" and "Very good, very thorough and very accurate care plan that is reviewed often."

Respecting and promoting people's privacy, dignity and independence

- People said staff always protected their privacy and dignity. Comments included, "I am not only treated with dignity, but I am treated like a person and not a patient" and "They don't just talk they listen and that's what counts and makes my life so much more worth living now." A relative said, "Staff speak with respect and dignity, the care is so professional too."
- People's care plans promoted their independence and informed staff what people could do for themselves and the support they required from staff. For example, staff to put the shower gel onto the sponge with the person using this to wash independently.
- People told us the staff encouraged them to do things for themselves and promoted their independence.

One person said, "They are willing to learn and ask me how things can be done better for me and they truly want to help."

- Staff were aware of the need for confidentiality and understood the importance of keeping people's personal information confidential. Information about people was always stored and kept confidential within the registered office. Electronic records were password protected which meant only people that were authorised could access them.

# 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

- People and relatives described the agency as, "extremely responsive to their needs." Comments included, "The staff really do care and you can tell by the little things they do that they don't need to but go that little bit extra, like nipping out for the milk or the papers and making my bed if I haven't" and "The care far exceeds what's required on the care plan but she doesn't mind she is not strict on timing if something needs doing then it's done."
- The registered manager was committed to ensuring people received the service they wanted with them at the centre of their care and support. Each person had been involved in the development and review of their care plan. One person said, "I do have a very thorough care plan and we go over it when we feel it prudent. If something needs changing it's changed immediately and in agreement with myself."
- Care plans were individualised and recorded every detail of what was important to the person. For example, one person liked their toast cooked to a certain colour and way; this had been recorded in detail within their care plan to ensure all staff made the toast to the persons liking. Another person enjoyed cooking however a deterioration in their health meant they were not able to cook full meals; staff enabled the person to continue their passion and become involved in the meal preparation.
- The registered manager supported one individual within their work place, when things were not going well. The registered manager supported the person to meet with their line manager to explain the concerns and agree a support strategy to enable the person to continue their employment. The person's case manager said, "They have enabled [them] rather than taken over, they have offered support in [their] work place to aid [their] employment and have spent significant amounts of time helping [them] understand [their] emotions."

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 assessed and action was taken to provide information in an accessible way. For example, one person with a visual impairment had the newsletter read out by staff and saved onto a USB stick, this enabled the person to listen to the newsletter whenever they wanted.
- The registered manager sourced a large print scrabble board on a frame to enable another person to continue playing the game they enjoyed. The person's health had declined which meant they were unable to see or use a smaller standard board.

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

- People said they knew how to make a complaint if they needed to however, they had not needed to. One person said, "I cannot envisage ever having to make a complaint on any front."
- There had not been any formal complaints however, the registered manager was committed continuously improving the service based on people's feedback. Any comments or niggles people or their relatives raised were acted on immediately and resolved with their agreement.
- The agency had received a wide range of compliments from people and their loved ones; these were in the form of cards, letters and emails. One email said, "Thank you so much also for the care both you and your lovely carers gave to both [name] and I. Some companies seem to deal with only their client and forget about the client families. Your company has gone above and beyond that so thank you very much."

#### End of life care and support

- The registered manager and staff team worked alongside the local hospice team and Admiral nurses to provide support to a person at the end of their life. This enabled the person to remain in their own home as they wished and continue to receive support from staff they knew well.
- Staff attended specific training for caring for people and their families at the end of their lives.

# 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

- People and their relatives spoke highly of the registered manager, who they said was committed to providing a high-quality service with people at the centre. One person said, "A very well led and successful service." A relative said, "Impeccably run and well led by a super woman."
- There was a shared vision and set of values that staff followed in their everyday role. This included giving people a 'flexible, efficient and professional service which was tailored to meet each person's individual needs.' Staff felt proud to work for the organisation which they said had people at the centre. One person said, "I think that the staff are extremely happy and content and proud to do such a wonderful job."
- Documents such as the 'client guide' given to people who used the service and policies and procedures emphasised the importance of providing people with person-centred care. The information emphasised the service was committed to respecting their wishes and enabling them to enjoy their home.
- The registered manager was visible working as part of the care team enabling them to observe staff's practise, values and behaviours as well as role modelling the high-quality care she expected people to receive. One person said, "Truly an angel and it makes me cry to think what a positive difference she's made to my life."
- Relatives commented, "I simply don't know how she does it, how she runs such a tight organised and happy ship. Everything is done properly, absolutely amazing" and "I really am very pleased and very impressed by the way things are run. I can't fault them."

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 registered manager understood their responsibility in line with the duty of candour. There was a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- Systems were in place to ensure that any accidents or incidents were investigated to see if any lessons could be learnt to prevent a reoccurrence.

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

- The entire management and staff team were aware of their role and responsibility to provide people with a high-quality service focused on everyone. Staff attended monthly team meetings which enabled them to be updated with any changes to their role or people they were supporting. At the end of each team meeting

there was a quiz where staff were able to refresh their knowledge about subjects relevant to their role.

- There were systems in place to monitor the quality of the service people received. A range of audits were completed by the registered manager and general manager. These audits generated action plans which were completed and monitored by the management team. Any actions were acted on quickly such as, a referral to the OT for additional equipment to aid a person's mobility.
- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or allegations of abuse.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered manager was aware of this requirement and said the rating from this inspection would be conspicuously displayed in the registered office and sent out to people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were involved in the development and review of the service. Feedback was sought through regular questionnaires and review meetings. One person said, "They listen and are willing to take into account our suggestions and wishes." A member of staff said, "I feel my opinion is quite valued, I can make suggestions to improve care plans and it is listened to."
- The registered manager used feedback from questionnaires, online reviews and from people to continuously improve the service people received. Feedback showed people, relatives and staff had been consistently positive about their experience of receiving care from or working for the service.

Working in partnership with others

- The registered manager recognised the importance of working in partnership with other agencies so people received 'joined up' support. This included liaising with the local authority, healthcare professionals and commissioners who purchased some of the care people received.
- The registered manager was part of a group of professionals and the local government to debate and review the current issues facing health and social care.