

Frontal Care Ltd

# Frontal 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

Frontal Care Ltd is a domiciliary care agency providing personal care support to four people. This includes a 'live in' care workers service (staff support people 24 hours a day, seven days a week), to both older and younger adults.

CQC only inspects where people receive a regulated activity. Frontal Care Ltd is registered to provide the regulated activities Personal Care and the Treatment of disease, disorder or injury (TDDI). At the time of our inspection there was no one receiving TDDI. Personal care 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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidance to prevent the spread of infection and gave people their medicines safely.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected. People, and their relatives were involved in making decisions on the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

Staff received training, supervision and support so that they could do their job well. Staff enjoyed working at Frontal Care Ltd and felt supported by the registered manager.

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.

Systems to monitor how well the service was running were carried out. Complaints and concerns were followed up to make sure action was taken to rectify the issue. People were asked their view of the service and action was taken to change any areas they were not happy with.

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 14 October 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration with the CQC.

### 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 ●

# Frontal Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This 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 are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also registered as the nominated individual. A nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be able to support the inspection and provide us with information we requested.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.' Inspection activity started on 29 November 2021 and ended on 08 December 2021.

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records. We looked at 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.

# 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

- Relatives told us they were assured their family members were safe with the support they received from staff. A relative said, "We don't have any concerns ... I am confident [name] is safe in my absence."
- The service had systems in place to protect people from harm. Staff had received safeguarding training as part of their induction. This would be updated when necessary.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place to guide staff. These included both environmental risk factors and individual health risk assessments.
- Staff said they had time to read people's care plans and risk assessments prior to them delivering care and support to the person. Staff told us they could access this information electronically using an app.

Staffing and recruitment

- The provider had a recruitment process to ensure staff were suitable to work for the service. Staff told us, and records showed, the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks.
- The registered manager and relatives told us there had been a change to staffing levels and that the service was currently trying to recruit new staff. Relatives told us the registered manager always provided staff cover when staff were unable to work. Relatives also told us they had been able to request staff changes if staff were not compatible with their relatives.

Using medicines safely

- People's care plans guided staff in the level of help each person needed to take their medicines. Risk assessments had been carried out for people having support with medication administration, and those people self – administering medicines without support.
- Staff confirmed that they had received training in medicine administration and had received a medicine competency assessment.

Preventing and controlling infection

- The registered manager had up to date policies and procedures in place to safeguard people and staff and reduce the risk of transmission of infection.
- The service had a plentiful supply of personal protective equipment (PPE) to prevent the spread of infection. The registered manager was also accessing support from the Local Authority to ensure they maintained a good supply of PPE.

### Learning lessons when things go wrong

- Incidents and concerns involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action to reduce the risk of these reoccurring.
- Outcomes from lessons learnt were shared with the team during 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.

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

- The registered manager met with people new to the service to assess their needs and agree the support staff at the service could offer.
- People receiving care from staff living with them over a 24-hour period were 'matched' to staff with their input. Virtual interviews were arranged by the registered manager to give people the opportunity to speak to people first and get to know people, before deciding if they felt they were a good 'match'.
- Staff worked with guidance and information from external health and social care professionals including specialist nurses, occupational therapists, social workers and GP's. This was to promote people's well-being and deliver effective care and support.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

Staff support: induction, training, skills and experience

- Staff told us they received the training needed to ensure they could deliver support safely.
- All staff had received training when they first started working for the service. Staff told us the training they attended was virtual. Staff were positive about their induction and felt it had prepared them well for starting their job.
- Staff told us the registered manager carried out competency checks to ensure they were demonstrating best practice.
- Staff members received supervision as individual meetings and could also contact either the registered manager or senior carers for support in between these meetings. Staff received a yearly appraisal.

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

- People had care plans in place which contained information regarding nutrition and fluid needs. This included relevant guidance if necessary, and people's personal preferences.

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

- Staff knew how the MCA applied to their work. Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were made in people's best interests. Staff understood the importance of giving people choice and respecting the choices which they made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and relatives made positive comments about the staff and the service they received. A person told us, "I haven't had any problems with any of the carers they are all very kind and sort me out.". A relative said; "[Staff member] is lovely. Always puts [relatives] needs first."
- People's care plans had enough guidance for staff to follow to ensure that people were well treated and supported. People's preferences and what was important to them was clearly documented in their care plan to ensure that staff understood what was important to them. For example, a care plan we reviewed stated, 'I like to have a coffee about 11 o'clock with some cake or biscuits.'
- People told us staff took the time to talk to them during their visits. One person said, "I feel very safe with them [staff], It is nice to talk to someone. I live on my own and it breaks up the day. They are very talkative."

Respecting and promoting people's privacy, dignity and independence

- People's care plans contained clear guidance on how staff were to respect and promote people's dignity and independence. People we spoke with confirmed that staff were respectful and dignified when supporting with personal care tasks, we were told, "They are very respectful, not intrusive at all."
- People were supported to remain as independent as possible. A person told us, "I do ask them if I need extra. I am too independent for my own good."
- The service kept people's information in people's homes and also stored people's personal information securely in their main office.

# 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

- Staff we spoke with understood the importance of people being given choice to meet their needs.
- Relatives told us staff supported people in a way that met their individual needs and preferences. People told us that they were given choice and control and could request changes or additional support when needed.

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 showed that people's communication needs had been considered and gave clear guidance on whether people needed support or used equipment to support their communication.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they were not happy with the care they received. Relatives told us they had raised concerns or complaints and they had been dealt with effectively. For example, one relative told us that staff had been replaced due to concerns raised. Whilst another relative also told us that a focused training regime had been put into place following concerns they had raised with the registered manager.
- The service had systems in place to deal with any concerns or complaints. Complaints had been investigated and responded to by the provider. Concerns raised by people receiving care, or by relatives were recorded and responded to appropriately. People had a complaints procedure to follow if these were raised.

End of life care and support

- Staff were not currently supporting anyone who was at the end of their life. Staff were in the process of completing end of life training online.
- Staff had documented people's end of life wishes in an advanced planning document.

# 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

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and was committed to providing a good service for people.
- Relatives told us they could contact the registered manager at any time. One relative said, "I have sent [registered manager] a message at midnight before and they have responded immediately."

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

- The registered manager used information gathered from audits, complaints, spot-checks and feedback to develop the service and make improvements.
- The registered manager had good knowledge in regard to their responsibility to report notifiable incidents or events to the Care Quality Commission and Local Authority. The registered manager had not submitted any notifications since the service opened, however assured us they knew when they were necessary.
- The registered manager demonstrated improvements they had made to the service following their own learning from events or concerns. This was acknowledged by relatives who felt there had been an improvement in service delivery, they said, "We raised our concerns and they tightened up."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the registered manager was in contact with them regularly, to request feedback on the service they were receiving. The registered manager told us that people are provided with formal feedback forms.
- Staff are given the opportunity to complete feedback, however this had not yet been taken up by staff. Regular team meetings gave staff the opportunity to feedback to both the registered manager and their colleagues. We reviewed team meeting minutes which evidenced this.

Working in partnership with others

- Staff and managers worked in partnership with other professionals and agencies, such as the GP, Occupational Therapists, Social Workers, other health care professionals and the local authority to ensure

that people received joined-up care.