

Figtree House Care Ltd

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Inspection report

207 London Road South
Lowestoft
NR33 0DS

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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

Figtree House Care Ltd is a domiciliary care service registered to provide the regulated activity 'personal care' to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 56 people receiving personal care support from the service.

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

We received positive feedback from people using the service and relatives about the care and compassion showed by the care workers and registered manager. Feedback from staff was complimentary about the registered manager and how they felt supported in their role.

The service had systems in place which were designed to keep people safe from abuse and avoidable harm. Where incidents had happened, these were learned from and actions taken to reduce them happening in the future. The management team kept the support people received with their medicines under review, which meant any shortfalls could be addressed.

There were enough care workers to undertake visits and the registered manager advised they continuously recruited care workers. There were systems in place to undertake staff recruitment safely. Care workers were provided with training to meet people's needs and their performance was monitored through feedback from people using the service, spot checks and supervision. Care workers were provided with personal protective equipment (PPE) to reduce the risks of cross infection and training in infection control.

Prior to using the service, people's needs, and risks were assessed. People's care plans included guidance for care workers on how people's needs were to be met and any risks reduced. The care plans and risk assessments were kept under review and people's views and preferences were listened to.

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.

The management team worked with other professionals involved in people's care and supported people to access health care professionals, where required. Where people required support with their dietary needs, this was included in their care plans.

The registered manager undertook a programme of audits in the service, which supported them to identify shortfalls and address them. The views of people, relatives and staff were sought and used to improve the

service. There was a complaints procedure in place and complaints were responded to and addressed in line with the procedure.

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

Rating at last inspection

This service was registered with us on 20 April 2018 and this is the first inspection.

Why we inspected

This inspection was undertaken as the service had not yet been inspected.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and telephone calls to engage with people using the service as part of this performance review and assessment.

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 ●

Figtree House 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 telephone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken 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 24 hours' notice of the inspection. This was because we needed to be sure that the service was able to share documents electronically. Inspection activity started on 1 February 2022 and ended 8 February 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. 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. Prior

to our inspection, we had received some concerns relating to management, training and support provided to care workers. We had sought assurances from the registered manager relating to these concerns. We used all 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 video and 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 took place on 1, 3, 4, 7 and 8 February 2022. During this time, we reviewed records securely sent to us by the service including the care records of six people who used the service and records relating to staff recruitment, training, complaints, policies and procedures and audits. We spoke with the registered manager and quality manager and received electronic and telephone feedback from seven people who used the service, 10 relatives and 12 staff members including care workers. We also received electronic feedback from three professionals who work with the service, including social care professionals and training provider.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were systems in place which were designed to protect people from abuse. This included the provision of safeguarding policy and procedure and staff were provided with training in safeguarding.
- Where concerns were identified, the service had reported them to the appropriate authorities, who were responsible for investigating safeguarding concerns.

Assessing risk, safety monitoring and management

- People's care records included risk assessments, which showed the risks in their lives were assessed and mitigated. These were kept under review and updated where required.
- There were policies and procedures in place relating to the safe provision of care and support.

Staffing and recruitment

- The registered manager told us there were sufficient care worker numbers to ensure planned visits were completed.
- The registered manager and management team were able to monitor when visits had taken place. The office staff were also trained in care and could undertake visits, for example, if a care worker was running late for their visits or there was a short notice absence.
- Recruitment records showed appropriate checks were undertaken on care workers prior to providing support. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where required, risk assessments were undertaken on care workers to reduce risks to people using the service, such as if there had been information recorded in their DBS.

Using medicines safely

- Where people required support with their medicines, this was included in their care plans and risk assessments. One person told us how the care workers supported them to administer creams, and the care workers were gentle when they were being provided with this support.
- Regular monitoring supported the management team to identify any shortfalls and address them to ensure people received their medicines in line with their needs and preferences.
- Care workers received training in the safe management of medicines and their competency was checked in supporting people with their medicines.

Preventing and controlling infection

- The provider had policies and procedures in place relating to infection control and COVID-19.
- Staff received training in infection control and were provided with personal protective equipment (PPE).
- The management team monitored that care workers were wearing their PPE as required, to reduce the risks of cross infection.
- There was a programme of testing for care workers, which was in line with government guidance.

Learning lessons when things go wrong

- Where incidents had happened, there were systems in place to learn from these and to reduce the risks of them happening again in the future.
- This included seeking guidance from other professionals relating to mobility equipment people used.

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

- Prior to people starting using the service, an assessment of their needs was undertaken.
- Assessments were used to inform people's care plans and risk assessments, these were kept under review with the input from people using the service and their representatives, where appropriate.
- One relative told us the service was, "In my opinion exceptional. They visited me first of all to discuss [family member's] individual needs and then developed a plan for [family member]. This plan did alter during [family member's] care and they were always ready to change things to make [family member's] life more bearable."

Staff support: induction, training, skills and experience

- Care workers were provided with training to meet people's needs. This included training relating to people diverse needs, such as alcohol misuse, equality and diversity and mental health conditions.
- Care workers received an induction including shadowing more experienced colleagues and training which was in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Care workers were provided with one to one supervision meetings, which gave them a forum to discuss their work and to receive feedback.

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

- Where people required support with their dietary and hydration needs, this was identified in their care plans and risk assessments.
- There was guidance provided to care workers in how to support people to maintain a healthy diet, where required. One person told us about the support they received, including with their meal preparation and access to drinks. They said they were satisfied with this support provided.

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

- People's records included documents which held important information about the person, which could be provided to other professionals, for example if the person required hospital admission.
- The registered manager told us how people and their representatives were supported to access health care services when needed.
- Professionals were contacted on people's behalf, to provide specific support relating to their needs, such as occupational therapists.

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

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

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

We checked whether the service was working within the principles of the MCA.

- People's records included information about their capacity to make their own decisions and how care workers should support people to make choices in their daily lives, including what they want to wear.
- People's records included documents to show people had consented to their plan of care.
- People confirmed that the care workers who supported them asked for their consent before providing any care and support.

Is the service caring?

Our findings

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

This is the first inspection 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 that their care workers treated them with respect and kindness. This was confirmed by people's relatives. One person said, "They are kind, I have some good friends who come to visit me."
- We saw several cards and letters received by the service which complimented them on the care and support provided. This included the care and compassion shown by care workers. One of the compliments related to how a person was being supported by a consistent group of care workers who understood their specific needs.
- We received feedback from staff which demonstrated the care and compassion shown. One staff member told us how a colleague had delivered meals to people without family on Christmas day, "I've never come across this much level of dedication and care." Another staff member said, "I love the way we are allowed to care for people's needs as it should be, popping to the shop if clients run out of bread or milk, making sure the clients have all their needs and more. [Registered manager] is a strong believer of going above and beyond care needs. I myself love being able to make a difference." They also stated how the registered manager supported them to shop for people who were unable to get out during the pandemic.

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

- People and relatives, where appropriate, told us they had been consulted about the care provided. One person said the care workers, "Definitely listen to me and what I want and how I want it done, I am very happy with them."
- Records of care reviews showed people had been involved in their reviews and their decisions and preferences were listened to and acted on. People's preferences were incorporated into their care plans, such as the gender of care worker they preferred and how they wanted their personal care needs to be provided.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence and privacy were respected.
- People's care records included guidance for care workers on how to respect people's privacy, dignity and independence.
- 'Dignity spot checks' were undertaken on care workers by management to ensure they were respecting people's dignity when providing personal care support.
- One person told us how the care workers respected their independence, "I can't reach to wash my back... they help me and let me do what I can myself."

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's records included care plans, which guided care workers on how their needs and preferences were to be met. This included people's diverse needs and how they were met, including specific requirements of people with sensory loss.
- People told us they were satisfied with the service they were provided with. This included flexibility of the service, for example, changing times for visits to accommodate people's appointments.
- One person told us how the service they received had been adapted to meet their changing needs and preferences, and as well as the support provided to them, they felt the care workers were also supportive of their family member.
- The registered manager told us about examples of how people's specific needs were being met and when people had previous breakdowns of care providers, they worked hard to ensure the service was responsive to their needs and respected their lifestyle choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records included information of how they communicated and guidance for care workers how to communicate with people effectively.
- Documents were provided to people in accessible formats to meet their diverse needs, such as easy read and larger print.

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

- Some people required support to access the community and social events. This was identified in their care records.
- One person's care plan identified that they were at risk of being lonely, care workers were guided to spend time speaking with the person to reduce their isolation.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, and we saw complaints were responded to and addressed in line with the procedure. The registered manager told us how they encouraged people and relatives to raise

complaints, to enable the registered manager to act on them and improve their experiences.

- One relative told us how they had raised a complaint, and this had been addressed to their satisfaction. They said they, "Did complain about a couple of carers, [registered manager] came personally and apologised and they did not visit [family member] again. So, it was all sorted and we were listened to."

End of life care and support

- Where people required end of life care and support, their preferences were recorded in their care records.
- Care workers were provided with training in end of life care.
- One relative told us how their family member was supported at the end of their life, "They [care workers] were very caring and gentle, would always have a conversation with [family member] as [family member] loved to have a joke with them. As [family member's] needs increased they would alter the plan accordingly."

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 relatives told us they were satisfied with the service provided, how the service was well-led and they would recommend the service to others. One relative said the registered manager, "Always sought to find a solution that works for everyone, both [family member] and my family. [Registered manager] is always prompt and courteous in [their] replies to me by email and by phone. I feel very trusting in the care service that [registered manager] runs and confident in how [registered manager] deals with things."
- We received feedback from staff which was complimentary about how supportive the registered manager was, how they felt proud of the care and support they provided, and the service was well-led. One staff member said, "I feel as a carer we are always kept well informed on any changes and new clients. I feel listened to, valued and respected. I am not only proud to be part of Figtree House Care I am also proud to wear the carers uniform too."

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

- There was a duty of candour policy and procedure in place and this was understood by the registered manager.
- We received feedback from a relative, which showed that the registered manager had been open and provided an explanation and apology, when they had raised a concern.

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

- The registered manager understood their role and responsibilities, this included sending us notifications, as required, of specific incidents.

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

- People and relatives told us they were asked for their views of the service and their comments were listened to.
- Records showed that people and relatives were asked for their views of the service, such as in satisfaction surveys, telephone calls and visits, and their views were valued and used to drive improvement.
- Staff told us the registered manager asked for their views and they were listened to. One care worker said, "As a carer I've always felt supported and listened to and problems are dealt with immediately the manager

is on it straight away."

Continuous learning and improving care

- The registered manager had a programme of audits which assisted them to identify any shortfalls and address them to improve the service. This included audits in care planning, incidents and medicines.
- Care worker performance was monitored in spot checks when they were supporting people and supervision. Where improvements were identified, care workers were provided with further training or guidance.
- Some staff were 'leads' in a specific area including dementia and infection control. They had received enhanced training and could provide guidance to colleagues where required.

Working in partnership with others

- We received positive feedback from social care professionals, including commissioners, relating to the service provided and how the registered manager worked well with them.
- One social care professional told us, "The carers are professional, thorough and very caring. The clients that I have worked with alongside Figtree have always had positive feedback. I find Figtree House to have good communication skills with other professionals working with the clients. My experience of working with Figtree house has certainly been a positive one."
- The management team worked in partnership with the local fire service. This included arranging for a fire prevention office to visit people, with their consent, to give guidance and advice on fire safety.