

FiNN Home Care Ltd

FiNN Homecare Ltd - Head Office

Inspection report

108 Boston House
Grove Business Park, Downsview Road
Wantage
OX12 9FF

Tel: 01235428080
Website: www.finnhomecare.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

FiNN Homecare Ltd - Head Office, referred to as FiNN Homecare in this report is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection the service supported 15 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

There was a registered manager who was supported by a care manager and a team of staff. The provider's quality assurance processes were not always evident, and the registered manager was looking at ways to formalise these. We have made a recommendation about ensuring clear records surrounding 'as required' medicines.

People received safe care from consistent staff who knew people's needs well. Risks to people's safety and wellbeing were outlined in people's records and known to staff. People told us staff adhered to good practice around infection control.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were encouraged to maintain their nutritional and healthcare needs. Staff involved external health professionals as required.

People and their relatives were positive about the care received and the caring nature of the staff. People's dignity, privacy and confidentiality were respected. Staff respected people's confidentiality.

People and their relatives commented the support received met people's needs. They praised the flexibility of the service when a change to the level of support was required. The provider welcomed complaints and used these to improve the experience for people.

The team demonstrated a positive, open and a transparent culture that put people first. Staff complimented the management and told us they were well supported and valued.

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 13 May 2020 and this is their first inspection.

Why we inspected

This was a planned inspection.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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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 completed 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. We visited the registered office location on 18 August 2021.

What we did before the inspection

We reviewed information we had received about the service. The provider was asked to complete and returned to us their Provider Information Return (PIR) 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 looked at the information we held and notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

Before our office visit, we spoke with two people and two people's relatives to seek their views. During the site office visit we met the registered manager and reviewed a range of records. This included two staff files in relation to recruitment and training, two people's electronic care records and samples of medicine records. We also view the complaints log.

After the inspection

We received feedback from four staff members. We contacted two external professionals but have not received any feedback. We continued to seek clarification from the provider to validate evidence found.

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.

Using medicines safely

- People were supported with taking their medicines as required and received these as prescribed.
- The provider used an electronic system that included medicine administration records (MAR), this meant the records were being completed by staff at the time of supporting the person with their medicines. The registered manager explained the system would flag up any concerns and an alert would be sent to the management.
- Staff received training in medicine management, and they were observed by an experienced staff member to ensure they were able to do so safely.
- Two people had been prescribed 'as required' medicines (PRN) and we found there was no written information on how often the person might need it. The registered manager explained these individuals were able to ask for their medicine when they felt it was required, so it had no impact on them. The registered manager told us he was going to address this promptly.

We recommend the provider refers to the good practice guidance around records for 'as required' medicine.

Systems and processes to safeguard people from the risk of abuse

- People were supported in a safe manner. One person said they were, "Safe, definitely safe!"
- Training provided to the staff included safeguarding vulnerable adults.
- The provider had safeguarding policy in place and was aware how to report safeguarding concerns to the local authority.

Staffing and recruitment

- There was enough staff to provide safe care to people. People told us they received rotas in advance which meant they always knew which staff member was visiting them, and experienced continuity of care. One person said, "Always punctual. It gives me a peace of mind."
- The provider did not always follow their own policy around recruitment as we found one staff file contained no evidence of the applicant's employment history. The registered manager took immediate action and following our site visit they informed us they were auditing all staff files to ensure these contained all the necessary documents.

Assessing risk, safety monitoring and management

- Staff knew people's needs well and were aware of where people could be at risk. This meant they were able to note any changes. One relative said, "(Staff) always pick up on signs if [person] is unwell."
- People told us they felt safe when staff assisted them, for example, one person told us they felt safe when staff used a hoist to assist with the transfers.
- People's care records reflected where people could be at risk. One person's care record reflected the

- equipment used and described the details of the equipment to ensure staff used it safely.
- The provider had a system to log in accidents and incidents and informed us that none occurred.

Preventing and controlling infection

- The provider had ensured sufficient stock of personal protective equipment (PPE) was available.
- Staff told us they were supported around PPE. One staff member said, "PPE is readily available and if I'm getting low, I message (care manager) and she gets whatever I need straight to me. I was trained on how to use PPE during my induction period when I was shadowing."
- People and relatives we spoke with told us staff followed safe practices. One relative said, "(Staff) wear masks, there are no infection control issues. (We put) a clean hand towel for each carer."

Learning lessons when things go wrong

- The provider signed up to external alerts, such as around medicines and also received industry related alerts to ensure they were up to date.
- The provider joined one of the local associations of care providers to benefit from linking with other independent organisations and sharing good practices.

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 provider ensured people's needs had been assessed before the commencement of the support.
- People and their relatives were involved in the assessment process. One relative told us how the management came to assess the person's needs when the person was at the hospital.
- The provider's template used to record information about people's needs including areas such as medical history, hobbies and information about other people involved with the person's care. Other areas were along the lines of the care planning system's headings and included people's mobility, social or psychological needs.

Staff support: induction, training, skills and experience

- Staff completed various training relevant to their roles, this included equality, diversity, nutrition, moving and handling. Where staff shadowed an experienced staff member this had been recorded on the rotas and the registered manager was looking at systems to demonstrate the details around the shadowing activities, such as which tasks had been observed.
- Staff told us they were well supported. One staff member said, "When I started, I shadowed (care manager) for the first two weeks so that I could meet the clients and learn their routines and how to use any equipment. This was very effective, and I have been able to speak to (care manager) if I had any questions regarding clients care needs or have needed clarification." Another staff member said, "I have received various training on a regular basis including online learning, training from Occupational Therapist and I have also sat down with (the management) to go through questions in relation to policies and procedures. They often state that if I would like training on anything, they haven't yet covered I just need to ask."
- People's relatives told us staff were skilled and knowledgeable.

Supporting people to eat and drink enough to maintain a balanced diet. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The details of any help with meeting people's nutritional and hydration needs were outlined in people's care records. One person's care plans stated staff were to offer a drink 'of choice' whilst the person's relative supported them with all meals.
- People were supported to maintain their health and well-being as staff supported them to access health services.
- People and their relatives gave us example how staff supported them to contact external health professionals. One relative said, "(Staff) involve professionals, great communication with professionals, for example with social workers for the review - (staff worked as) one 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.

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's rights to make their own decisions were respected and staff worked within the Act . One staff member told us, "When we are then in a client's home, we always discuss what we plan to do and get their permission before commencing, where capacity allows. If they decline aspects of personal care or food, drinks, medicines etc. we will not force them against their wishes and will only advise."
- People's care plans reflected the importance of ensuring people were given choices. For example, these highlighted that staff were to ask people for their opinions and choices.
- The provider's care records documentation included templates that would be used to assess people's capacity to make certain decisions where required.

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 meant people were supported and treated with dignity and respect; and involved as partners in their care.

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 relatives were complimentary about the caring culture demonstrated by the entire team. Comments included, "I am very, very happy with the care company they're wonderful" and "Delighted with the care, very professional. Never a negative feeling. They make the caring profession professional. They make the client the most important (person)."
- The feedback received from staff demonstrated the caring culture was embedded. One staff member said, "I would trust Finn Homecare to look after my parents or family members, knowing they would be well cared for and respected."
- FiNN Homecare was a family run company and the provider's aim was to 'provide the very best standard of care and support to our prospective clients and their respected families and extended care circle'. The management team emphasised their expectation about the conduct at the interview stage with potential applicants. One staff member said, "The whole approach is person centred. That was made very clear on induction."
- People's diverse needs were assessed, this included people's cultural or religious needs.

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

- People and their relatives confirmed people were listened to and their views were respected. One relative said, "Staff absolutely would respect (person's) choices. We had no concerns."
- The provider ensured people and where applicable their relatives were involved in the care planning process to ensure it met their needs.
- People's views were known to staff who understood what was important to people. One relative told us, referring to the high standard of personal care provided the person was a 'a complete package' after they received their morning assistance that ensured the person was assisted to get ready in line with their wishes.

Respecting and promoting people's privacy, dignity and independence

- The team ensured people's privacy and dignity was respected at all times. One person told us, "Staff respect my dignity, (give me a) towel or when I use a commode they go out of the room." A staff member said, "Privacy when giving personal care is maintained, blinds closed, dignity maintained by the use of clothing or towels."
- People's care plans stressed the importance of promoting people's independence. People's care plans highlighted the tasks people were able to carry out themselves. For example, "[Person] is able to wash their face and clean teeth." One staff member told us, "We always offer help and don't just 'do'. (We) support (a person) only when asked or if permission is given."

- The provider ensured people's confidentiality was promoted. Each staff member used their own login details to access the information stored electronically. Staff received training in information handling and appreciated the importance of maintaining people's confidentiality. Comments from staff included, "Any conversations are private and confidential unless there are safeguarding concerns" and "We do not discuss clients to anyone outside of the care circle, nor do I leave important information lying around."

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. 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

- People and their relatives all told us people received care that met their needs. One relative said, "They're amazing. I am quite particular, and I have to feel [person] is in the best hands. It's taken so much off the worry to have them (the company)."
- Staff were able to access people's care records via electronic devices which meant they always had access to the information about people. Staff praised this system, one staff member said, "The care plans give us a good level of detail as those of us working with the client are in regular communication to provide the best level of care and support to the client."
- Staff were committed to delivering person centred care and meeting people's needs. One staff member said, "If a client needs more support when we are on a visit, but their allocated time is up we will always stay longer until they are happy. There is no feeling of being made to rush."
- People were supported to maintain family relationships and their care records demonstrated this.
- People and relatives gave us examples how staff ensured people were supported to engage in activities of their choice. One relative told us how the staff took the person out, in their wheelchair to enable the person to see their fish pond.

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 known to staff and outlined in people's care plans. One person's care plan stated the person was known to get confused which could affect the communication. Another person's care plan highlighted the person used a hearing aid which staff needed to assist the person with to ensure good communication.
- The provider sought the information about people's preferred method of communication at the assessment stage. This included the way people chose to be contacted, for example, by email or phone.

Improving care quality in response to complaints or concerns

- The provider had a system to record and manage complaints. There was a log and we saw four complaints were received since the service started operating.
- People told us they knew how to make a complaint. One person told us, "Never needed to raise a concern. I would talk to the owner of the company (if needed)."

- The provider's complaints policy was available to people and the provider welcomed any comments. They told us about when they received a complaint from one family member questioning if the team were as proactive as they could be, they reviewed the person's needs and established further needs around the person's hobbies that had been added to their care plan. The policy could be provided in other languages and formats upon request such as large print, braille or audio cassette.

End of life care and support

- The registered manager confirmed no people received end of life support at the time of our inspection.
- The team would work closely with other external health professionals to ensure people had a dignified and a pain free death.

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 Requires Improvement. Although leaders and the culture they created supported the delivery of high-quality, person-centred care the provider's governance and quality assurance were not always effective.

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

- The team was led by the registered manager who was supported by a care manager and a team of staff. The registered manager told us the management team audited the care and medicines notes but there were no evidence of the audits taking place. This meant the recording of the provider's quality assurance systems needed improving.
- The provider's policy stated "Quality audits will be conducted on an annual basis. The registered manager is responsible for the audit in FiNN Home Care." The service was operating for just over a year and the registered manager told us they were, "Looking into having someone to help with audits, start formalising these."
- The registered manager was aware of the fact that a significant amount of quality assurance had been assured by the fact the management team were able to visit every person however this system would not remain effective either long term or if the service was to grow.

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

- People and relatives praised the service. Comments included, "Everything for us is like a dream" and "I would definitely recommend them. I would need to say they're superb."
- The provider successfully created an open culture that put people first. One relative told us, "All the things that they do they happy to do. It's about engagement too. They fully explain things to [person]. Trustworthy. Management lead by example, always willing to help. It would be hard to find another company like that."
- Staff told us there was a good teamwork and staff morale. Comments included, "No issues. Absolutely brilliant company" and "I have heard and personally experienced negativity around care providers in the past, but Finn homecare are so very different, they actually care about their clients."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. 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 provider was aware of their responsibilities in relation to duty of candour.
- People and their relatives had opportunities to provide feedback on ongoing basis as the management team worked regularly with people. The provider was about to carry out their first satisfaction survey.
- People and their relatives said there was a good communication maintained.
- Staff told us they were valued and listened to. One staff member said, "FiNN Homecare really is a fantastic

company to work for. I have worked for a few care companies but none that are as kind and thoughtful, not only to their clients but their clients, families and all their staff. Nothing is too much trouble, no one feels rushed or under pressure. We are such a small, happy team it makes going to work a joy."

Working in partnership with others

- The service worked in partnership with local health and social care professionals.
- The provider liaised with multidisciplinary teams to ensure people's needs were met.
- Staff told us they proactively involved other professionals as soon as a need arose for a person to be, for example, reassessed for a specific equipment.