

For You Healthcare Limited

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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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using For You Healthcare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 11 people receiving support at the time of our inspection.

At our last inspection the service was rated as Good; on this inspection we found the service remained Good. This report is therefore produced in a shorter format and you can find our previous reports on our website.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Risks to people's health and wellbeing were assessed before any support was provided. This was regularly reviewed to ensure people continued to be assisted in a safe manner.

The staff understood how to protect people from harm and how to report such any concerns. Some people received assistance with taking medicines and records were kept to ensure that this was undertaken safely and in line with current procedures.

There were safe recruitment procedures in place to ensure new staff were suitable to work with people. Staff were supported and trained to ensure that they had the skills to support people effectively. When people needed assistance to eat and drink, their nutrition was monitored.

People were able to make decisions about how they received their support and care. This ensured their health needs were met in personalised way. Care and support was planned and reviewed with people. The provider ensured that people's choices were followed and clearly recorded on their support plan. People's privacy and dignity was respected by the staff supporting them.

People felt comfortable with the staff they knew and satisfied with the support they received. They were comfortable raising any issues or concerns directly with staff and there were arrangements in place to deal with any complaints. Information was being reviewed to ensure this was fully accessible to all people who

used the service.

The service remained well led. Staff felt supported by the registered manager. Regular checks were completed to monitor the quality of the service and people were encouraged to comment on the service provided. People and staff were encouraged to discuss their views to consider how improvements could be made should this be needed.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remained caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered person was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Before our inspection visit we reviewed information we held about the service, we also contacted local health and social care agencies.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Following our site visit, we spoke by telephone with one person using the service. Due to communication difficulties we spoke with three relatives. We also contacted two healthcare professionals for their comments and spoke with four members of staff.

We completed a visit to the main office of the service on 13 September 2018, the inspection team consisted of a single inspector. The inspection was announced. The registered manager was given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with the registered manager. We also examined records relating to how the service was run, including visit times, staffing, training and health and safety. We looked through four support plans and additional information relating to these, such as medication sheets and daily log reports.

Is the service safe?

Our findings

The person we spoke with said that they felt safe when staff provided care or support. They added that, "Yes, I feel safe" another told us, "I never worry." Two relatives said they were sure the person receiving support would have let them know if they did not feel safe.

Records showed that staff had completed training and had received guidance in how to keep people safe, particularly from abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at any risk. They knew how to contact external agencies and said they would do so if they had any concerns that remained unresolved.

Background checks, prior to staff being employed, that the registered manager had completed before any members of staff had been appointed. Records showed that all appropriate safety checks were undertaken. These included checks with the Disclosure and Barring Service to show that the staff in question did not have criminal convictions and had not been guilty of professional misconduct.

Care plans contained risk assessments for areas such as daily living tasks, mobility and risks associated with people's specific conditions. Such risks were fully assessed to reduce such risks. Any change in a person's health or mood was noted by staff. The action taken was recorded and monitored. This ensured appropriate support was provided by other agencies if needed.

Relatives told us that people had received their medicines on time and in line with their preferences. We found records where fully completed and reviewed on a monthly basis. The registered manager also undertook spot checks on staff practice to make certain these complied with regulations.

The person we spoke with, plus relatives, told us there were enough staff to meet their needs and that any choice of staff was fully supported. They confirmed that staff always used appropriate protective clothing, such as apron and gloves, when this was required. The registered manager said that weekly protective items were issued to staff and these were monitored to ensure these were used.

There were arrangements in place for reporting and reviewing any accidents or incidents. Records showed that staff took action to prevent harm and discussed any issues with the registered manager. Staff had liaised with health professionals to fully support people and to identify if any further action was required.

Is the service effective?

Our findings

The person we spoke with told us they thought staff had the skills and knowledge they needed to meet their needs. They said, "Yes they know what help I need" a relative said, "My [relative] could not do without them, they know what to do."

We looked at training information that showed staff had undertaken regular training. This was also monitored by the registered manager for any updated training to make certain staff had the current knowledge to support people appropriately. We saw that staff had completed training in such areas as manual handling, food hygiene and safeguarding.

A healthcare professional told us that staff had a good understanding of people's conditions and what was currently happening at any time discussions were undertaken. They said that staff responded quickly and followed instructions to provide the correct care and support to maintain people's health and well-being.

Staff told us they felt supported by the registered manager and the registered provider and received regular supervision, which included observations of their working practices. The registered manager frequently worked alongside staff which enabled them to guide staff in best practice.

The person we spoke with told us that staff supported them to eat and drink a balanced diet. Food intake and fluids were recorded and staff ensured people were eating before they left. A relative told us that staff always made sure there was enough food available before they finished their visit to their family member.

People's needs were assessed prior to any contract being issued, ensuring people's needs could be met. Assessments included details about people's health and well-being, support plans showed detailed information about people's needs and choices. People told us they had been involved in developing their support plan and staff supported them to maintain their health and well-being in the way they preferred.

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 interest and as least restrictive as possible.

We checked that the service was working within the principles of the MCA. Staff demonstrated they sought consent from people before providing care and support, and supported people to make their own decisions and choices. The person we spoke with and relatives confirmed this.

Is the service caring?

Our findings

Everyone we spoke with talked positively about staff, about their positive attitude and that they provided support in a caring way. A relative said, "Things are so much better now they visit, they are so good."

The person we spoke with and relatives told us they were fully involved in the development of support plans which contained details of people's preferences, likes, dislikes and how they communicated. There were also considerations relating to people's individual characteristics, such as what people enjoyed and also their daily routines. .

Comments we received confirmed that people felt staff really cared about the people they supported. One relative said that their family member felt better after staff had visited. Another relative said, "[relative] is always happy after a visit, staff chat and laugh."

People's privacy and dignity was respected. The person we spoke with said, "Staff do think about my dignity, they know their job." A relative explained, "Staff always discuss what [relative] wants to wear. They never just take out clothes, that matters. it's important."

People were supported to identify goals and outcomes. For example, where people wished to remain as independent as possible, this was supported. Staff told us they recognised people would feel differently on various days and this was respected. Staff provided support in line with people's wishes and ensured people's needs were fully met.

Staff were aware of the need to ensure people's information was kept confidential and not disclosed to anyone without appropriate consent and authorisation. People's records and information were kept in the office, which was lockable and only accessed by staff.

Is the service responsive?

Our findings

From the sample of care plans we looked at we found information was personalised, and included people's preferences, routines and what was important to them.

Relatives told us that they had been involved in the reviews of support plans. Assessments were developed in a personal way and people's needs discussed prior to any support being provided.

The registered manager told us daily recording records were regularly reviewed and evaluated. This enabled changes to be made to the support plans to ensure individual needs are reflected. This meant systems were in place that enabled the provider to be responsive to people's changing or fluctuating needs.

People knew how to make a complaint and felt staff responded appropriately to any concerns raised. A relative said "[registered manager] would be on it straight away, I know that." The registered manager visited people if there was the slightest issue they wanted to discuss.

The Accessible Information Standards (AIS) came into effect in 2016 that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider was aware of this and in the process of developing information in more accessible formats where this was needed for people. The person we spoke with and relatives confirmed that they understood the information they had received.

People's equality and diversity was respected. We noted that support plans contained questions about personal preferences and life choices, such as sexuality and religion. Staff had training regarding equality and diversity, the policies in place also supported this.

Records showed no formal complaints had been received, however the provider's complaints policy ensured that if a complaint was made, they would be responded to appropriately. People had no worries about talking with staff or the registered manager if they had a problem.

People could discuss their wishes for the end of their lives. The registered manager accommodated people's wishes and supported people to remain in their homes for as long as they wished.

Is the service well-led?

Our findings

The person we spoke with told us they liked the registered manager and all the staff. They said that the registered manager was very approachable and always helpful, relatives also confirmed this. They told us they were very happy with the quality of the service from For You Healthcare. We were told that the registered manager telephoned and visited to make certain everyone was receiving the support as they had chosen. Relatives confirmed this and were kept updated of any issues.

Staff worked together to ensure people were supported and had all they needed. The registered manager and senior staff undertook support and visits. This meant that the quality and satisfaction of people using the service could be constantly monitored through talking directly with people. Records showed this was the case.

There were systems in place to monitor and check the quality of the service and the support that was provided. These checks included regular audits of records, spot checks on medicines records, training and risk assessments.

The provider encouraged suggestions and feedback from people using the service, from relatives and staff to continually monitor the suitability of the service provided.

The provider also undertook hands on care and support to ensure the support plan was appropriate at all times. This gave an opportunity to speak with people about the suitability of staff allocated to provide their support and care. This allowed the individual to talk about this in their own home and in a relaxed way. This routine encouraged development of open and honest conversations.

The timing of each visit to people was monitored and any issues were covered by allocated staff. This ensured people received their support at the time they needed.

Policies and procedures were in place to cover all areas of the service. Areas covered included subjects such as handling medicines, safeguarding and moving and handling. These documents were regularly reviewed and updated as required to ensure all practices reflected current practices.

The provider was aware of their responsibility to notify CQC of certain changes, events or incidents at the service. Records showed us that we had been notified appropriately when required.