

Frontline Homecare Services Ltd

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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

About the service

Frontline Homecare Services Ltd is a domiciliary care service providing personal care and support to people of all ages living in their own homes. At the time of our inspection there were two people using the service.

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

People were satisfied with the care provided and felt safe. Risks had been assessed and risk mitigation plans put in place. The provider followed safe recruitment practices to help ensure suitable people were employed. Staff received appropriate training to meet people's care needs.

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.

Care plans provided information about people's care needs and how they would like their care to be provided. People were supported by the same staff who were kind and caring.

People using the service and staff told us the managers were approachable and were involved in the day to day care and running of the service.

The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints, and quality monitoring processes were in place, to help monitor and improve service delivery.

Rating at last inspection and update

This service was registered with us on 13 March 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

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 ●

Frontline Homecare Services Ltd

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 Health and Social Care Act 2008.

Inspection team

The 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 May 2022 and ended on 9 June 2022. We visited the location's office on 26 May 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at records the provider used for managing the service, including the care records for two people who used the service, two staff files, and other records used by the provider for monitoring the quality of the service. We spoke with one person who used the service, one relative and two members of staff.

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.

Using medicines safely

- Medicines were generally managed safely, but we found an emollient cream, which can transfer from the person's skin to fabric and cause a fire hazard, did not have a risk assessment. Immediately after the inspection, the provider created a risk assessment and said they would update the person's care records to reflect this.
- Staff administered eye drops to one person and there was guidance about how to do this but there was no information about what the eye drops were for. The provider agreed to update the care plan to make the reason for the eyedrops clear.
- The provider had a medicines policy and procedure in place and staff had completed medicines training to help ensure they administered medicines correctly.
- Medicines administration records (MARs) were completed appropriately and audited to help ensure medicines were being administered as directed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse. This included policies and procedures for safeguarding adults and whistle blowing.
- People told us they felt safe and we saw evidence staff had completed safeguarding training so they could recognise when people were at risk of abuse and how to respond to help ensure people remained safe.
- No safeguarding alerts had been raised since the service had become operational. However, there were systems in place to manage these appropriately if needed. The registered manager understood their role around safeguarding and knew how to raise a safeguarding alert.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, monitored and managed. The provider assessed risks relating to people's health, nutrition, falls, mobility and risks within their home environment. Care plans were in place to help reduce potential harm to people from assessed risks.
- When a health condition put the person at risk, for example high blood pressure or Parkinson's disease, the provider also included a description of the condition, what risk indicators to look out for and an information fact sheet about the condition as further guidance for staff.

Staffing and recruitment

- There were enough staff available to support people's needs. People and relatives told us staff generally arrived on time and stayed the agreed length of time.
- People received support from the same staff which provided consistency of care.

- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- There were appropriate systems to help prevent and control infection. Staff completed training about infection prevention and control, as well as training about COVID-19.
- People said staff followed good hygiene practices and wore personal protective equipment (PPE) such as gloves and masks. The staff told us they had a good supply of PPE.
- People and staff had COVID-19 risk assessments and risk mitigation plans, and staff were supported to follow government guidance around COVID-19 testing.
- The provider undertook spot checks for care workers to help ensure they were following infection control guidelines and using PPE correctly.

Learning lessons when things go wrong

- The provider had systems in place to record safeguarding alerts and incidents. However, they had not had any to respond to yet.
- Incident reporting forms were available for care workers to complete if required.
- The registered manager explained they were a small service and maintained good relationships with people who used the service. The registered manager said they tried to be open with communication, let people know about any anticipated issues and act to resolve issues before they escalated.

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 carried out assessments of people's needs to consider if the service could support them safely. People and their relatives confirmed people's needs were assessed prior to support being agreed.
- The assessments reviewed various aspects of people's care and were used to create appropriate risk assessments and care plans.
- People's care plans were reviewed and updated when there was a change in need.

Staff support: induction, training, skills and experience

- Staff were supported to provide effective care through induction, training and supervision.
- Training records confirmed staff received training and support relevant to people's needs. Training included safeguarding adults and children, moving and handling, infection control, end of life awareness, nutrition and the Mental Capacity Act 2005 (MCA). A relative told us, "[The care worker] is well trained."
- Staff received monthly supervisions and unannounced spot checks to help ensure good practice when supporting the people they cared for. One staff member told us, "Managers come out to check what we are doing."

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

- People were supported to have enough to eat and drink. The provider completed a needs assessment in relation to any dietary needs of people. For example, one care plan recorded a glass of water and cup of tea should always be left within the person's reach.
- People received support to maintain a balanced diet. Family members looked after people's dietary needs. Where they required support with eating and drinking, this was recorded in their care records.

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

- Care plans included information and guidance about people's assessed healthcare needs. This included details of any professionals involved in the person's care, for example their GP.
- Both people lived with their families who liaised with other professionals. The provider told us this was something they would be able to do for people if required.

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 capacity to make decisions was assessed and recorded, and we saw people had consented to their care and treatment.
- Staff had completed appropriate training and told us they offered people choices when providing care.

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 were well treated and supported. Care records included people's cultural backgrounds and preferences for how they liked to receive their care.
- People received care from the same staff which meant that they were familiar with people's needs and how they liked to be cared for.
- The provider respected people's cultural needs. For example, matching people with staff who spoke the same language and shared the same religion.

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

- People were able to express their views and be involved in decisions about their care. People confirmed they were offered choices. One person told us, "[The carer worker] is really good. They listen."
- Care plans included prompts about asking people what they would like and giving them a choice of things such as what to wear or eat.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. One person said, "[The carer worker] takes proper care, closing the door [during personal care]".
- People were supported to be independent where they were able. One care worker told us, "[During personal care], I knock first. I help [the person] with the areas they need help with and stay with them when they are doing the areas they can do themselves."

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

- Care plans had information and guidance to meet people's individual needs around areas such as medical conditions and personal care, but lacked information around people's social and cultural backgrounds. However, people were supported by the same carer workers which provided consistency and helped care workers understand people's specific needs and how to support them.
- Records showed people were involved in their care.
- Daily records of care indicated care plans had been followed. The records were audited and people were asked for feedback to help ensure they received a good level of care.

Meeting people's communication needs

- People's communication needs were assessed, and care plans recorded information about these needs, including if they required assistive aids such as glasses or a hearing aid.
- At the time of the inspection, all the people using the service could understand English. However, as staff spoke different languages this helped to communicate with people in their first language.
- The registered manager told us they had the capacity to translate the service user guide into other languages and had in the past translated a care plan into a person's first language.

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

- Both people using the service lived with their families which helped to reduce their social isolation.
- Being supported by the same care workers meant people could build meaningful relationships with the staff providing care to them.
- At the time of the inspection, neither person required support around activities in the community, but the registered manager said in the past they had supported someone to go out for a walk in the local park.

Improving care quality in response to complaints or concerns

- The provider had suitable systems for addressing complaints. They had only had one complaint since they had become operational and this had been dealt with appropriately.
- The service user handbook contained information about how to make a complaint. People and relatives said they knew how to make a complaint but had not had to. One person confirmed, "I am satisfied with the care."
- Due to the small number of people being supported by the service, the registered manager had regular contact with people and their relatives and was able to address issues before they escalated.

End of life care and support

- The registered manager told us no one using the service was receiving end of life care at the time of our inspection.
- Records showed end of life care had been discussed with people so their preferences in this area were known.

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 provider created a person-centred and open culture. People and their relatives were satisfied with the service they received.
- Staff told us they were happy working for the provider and one staff member said, "They have an open door for everyone." The nominated individual told us, "We will take everyone's views into account, so the organisation's approach is collaborative and not just dogma. It is key to make sure views are heard inside and outside the organisation."

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 understood their responsibilities around duty of candour. The registered manager told us, "We should accept when things have gone wrong and learn from it."
- The provider had responded appropriately when things went wrong and were aware of the requirement to notify appropriate agencies including CQC.

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

- Managers and staff understood their roles and responsibilities. The registered manager and nominated individual were also the owners of the agency. They worked closely with staff in the day to day running of the service, which helped to ensure staff had the required support to deliver a good quality of care. There was also ongoing monitoring to inform future practice.
- Staff were positive about how the service was run and about the support they received from the registered manager. One staff member told us, "The manager is very good. They ask us how we are when we go to the office."

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

- People's views were sought through regular contact. This included care plan reviews, telephone monitoring and spot checks in people's homes.
- People's diverse needs such as language spoken were considered as part of the assessment process.
- Team meetings were held to share information and give staff the opportunity to raise any issues.

- Staff felt supported by the registered manager and told us, "I can speak with [the registered manager] about any concerns I have. They are very friendly and ready to listen anytime you talk to them."

Continuous learning and improving care

- The provider had quality assurance checks in place to help monitor the quality of service and make improvements. The provider acted when necessary, and we saw evidence poor staff performance was addressed through supervisions.
- The registered manager carried out unannounced spot checks on staff to help ensure care was provided to people appropriately and safely. They also spoke with the people using the service and their relatives to check if they had any concerns.
- The provider had a business continuity plan that provided guidance for a number of events that could impact on the continuity of care, and a sperate plan for how to respond to COVID-19.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals to help ensure people had appropriate support.
- The nominated individual told us they attended a provider forum run by the local authority. This helped to keep them up to date with current guidance and practice.
- They had also made links with other care providers to share information and best practice.