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A Familys Best Friend

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 inspection visit took place on 10 August 2016 and was announced.

This was the services first inspection since its re- registration with the Care Quality Commission (CQC). This was because the service had moved premises.

A Family's Best Friend is a domiciliary care provider for children, young people and adults with disabilities. This may be through domiciliary care in the home or supporting the service user to leisure and extended educational activities out in the community. At the time of our inspection visit A Family's Best Friend provided services to 38 people.

We were unable to speak to young people supported by the service because of their age, language or communication difficulties. Feedback about the service was received from young people's parents.

The registered provider was an individual who also managed the service on a day to day basis. Registered providers 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.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with told us their recruitment had been thorough and professional.

We found staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support young people with their care and support needs. The parent of one young person told us they couldn't be happier with the service provided. The parent said, "The carer supporting [relative] has a beautiful rapport with them. [Relative] gets so excited when carer visits."

Staff knew the young people they supported and provided a personalised service. Care plans were in place detailing how young people and their family members wished their care and support to be delivered. The parents of three young people told us they had been involved in making decisions about the care provided.

The parents of the three young people we spoke with said staff supporting their relatives were polite, reliable and professional in their approach to their work. One parent said, "[Relative] can be a real handful. Our carer has been an absolute god send for us. [Relative] loves them."

The three parents we spoke with told us they had every confidence their relatives were safely supported by the services carers. One parent said, "As a parent I have 100% confidence that [relative] is safe and protected as a vulnerable young person when supported by carer. Everything is spot on and I can't wait for their next visit."

The registered provider had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered provider understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to young people during the delivery of their care and recreational support. These had been kept under review and were relevant to the care and support provided.

Staff responsible for assisting young people with their medicines had received training to ensure they had the competency and skills required. The parents of three young people told us they were happy with the support their [relatives] received with their medicines.

Staff supported young people with their dietary and fluid intake. The parent of one young person said, "Our carer supports [relative] with breakfast preparation. They know exactly what [relative] likes and wants."

We spoke with the parents of three young people about the services complaints procedure. They told us they knew who to contact if they had any concerns.

The registered provider used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks and care reviews. We found people were satisfied with the service they received.

The registered provider and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to young people in their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Good ●

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered provider consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Good ●

A Family's Best Friend

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 checked whether the provider is 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.

This inspection visit took place on 10 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to young people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on 10 August 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we spoke with the parents of three young people supported by the service. We also went to the A Family's Best Friend office and spoke with a range of people about the service. They included the registered provider and three staff members.

We looked at the care records of two young people, recruitment records of one new staff member, the services training matrix and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We looked at recruitment procedures the service had in place. We found relevant checks had been made before one new staff member commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We spoke with the parents of three young people supported by the service. They told us their [relatives] were supported by the same group of staff and they were familiar with their needs and preferences. Comments received included, "The carer supporting [relative] has a beautiful rapport with them. [Relative] gets so excited when carer visits." And, "As a parent I have 100% confidence that [relative] is safe and protected as a vulnerable young person when supported by carer. Everything is spot on and I can't wait for their next visit."

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support young people in their care. We looked at the services duty rota, spoke with staff and the parents of three young people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of young people who used the service. Staffing levels were determined by the number of young people supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide the support young people required. One staff member said, "My visits are well managed and individually balanced to meet each young person's needs. We know the young people we support will need additional support during school holidays for recreational activities."

When we undertook this inspection visit there had been no safeguarding concerns raised with the local authority about staff working for the service. Discussion with the registered provider confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered provider was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

Records seen confirmed staff had received safeguarding training. Staff members we spoke with understood what types of abuse and examples of poor care young people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and young people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. For example we saw information about how to manage specific behaviours for each young person where they presented behaviour that challenged. This included detailed information for staff about the use of distraction methods.

We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting young people. Where potential risks had been identified the action taken by the service had been recorded.

The staff members we spoke with confirmed guidance was given to ensure they provided safe and appropriate care. One staff member said, "We receive health and safety training which is superb. The risk assessments completed by [provider] are very thorough and easy to follow. I am confident the young people in my care are safe."

We looked at the procedures the service had in place for assisting young people with their medicines. Records we checked were complete and staff had recorded support they had provided young people to take their medicines.

Staff employed by the service received medication training during their induction. Discussion with three staff members confirmed they had been trained and assessed as competent to support young people to take their medicines. We spoke with the parents of three young people about the management of their relatives medicines. They told us they were happy with medication arrangements and their relatives received their medicines when they needed them.

Is the service effective?

Our findings

Young people supported by the service received effective care because they had an established and trained staff team who had a good understanding of their needs. The parents of three young people told us staff understood their relative's needs and said they were happy with the care and support they provided. Comments received included, "Excellent service. The staff who support [relative] are fantastic and they are very much appreciated." And, "I would really struggle to find any fault with the service. They never fail to deliver what was promised."

We spoke with three staff members, looked at individual training records and the services training matrix. Staff told us training they received was provided at a professional level. Comments received from staff included, "I joined the agency recently and had no previous experience in care. I thought the training I received was professional and pitched at the right level for me. I feel confident and competent to support my clients." And, "I love all the training which is provided both in-house and externally. They all do an excellent job."

Records seen confirmed staff training covered a range subjects including safeguarding, Mental Capacity Act (MCA) 2005, moving and handling, epilepsy and challenging behaviour. Staff had received medication training. We saw they had been assessed following the training to ensure they were competent to support people with their medicines. Discussion with staff confirmed they were provided with opportunities to access training to develop their skills. The staff we spoke with said this helped them to provide a better service for young people they supported. Most had achieved or were working towards national care qualifications.

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.

The registered provider demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered provider confirmed she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

Records seen and staff spoken with confirmed regular supervision and annual appraisals were in place. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. One staff member said, "I have to say I receive excellent support from [provider]."

Care plans seen confirmed young people's dietary needs had been assessed and any support they required with their meals documented. Staff told us young people decided the meals they wanted. Staff spoken with

during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. The three parents we spoke with said their relative's general health care needs were co-ordinated by themselves. However, staff were available to support young people to access healthcare appointments if needed. We saw on one young person's care records how the staff member supporting them had responded to an emergency medical situation. The records were detailed and descriptive providing a clear picture about the action taken by the staff member and the eventual outcome for the young person. We saw following the incident the young person's care records had been reviewed and amended to reflect the changing needs of the young person.

Is the service caring?

Our findings

We spoke with the parents of three young people supported by the service. They told us their relatives were treated with kindness by caring and attentive staff. Comments received included, "I cannot praise the care [relative] receives highly enough. The staff are fantastic." And, "I have complete peace of mind that [relative] is receiving great care from wonderful staff. The reception they receive from [relative] when they arrive speaks for itself."

We looked at the care records of two young people and found a person centred culture which encouraged the parents of the young people to express their views. We saw evidence the parents of the young people had been involved in developing the care plans. This demonstrated they were encouraged to express their views about how their relatives care and support was delivered. The plans contained information about young people's current needs as well as their wishes and preferences. We saw evidence care plans were reviewed with their parents and updated as required.

All staff carried company mobile phones from which they were able to access care plans of the young people they supported. They were able to log on to the services system and complete daily notes confirming the support provided for the young person in their care. Where care plans had been reviewed and amended by the registered provider, this information would be immediately available to the staff member when they logged onto the system. This ensured the information staff had about young people's needs reflected the support and care they required. The registered provider told us the phones were password protected ensuring information held about young people remained confidential.

The parents spoken with told us they were satisfied staff who supported their relative had up to date information about their relative's needs. They told us staff listened to them and their relatives care was delivered in the way they had requested. One parent we spoke with said, "Without the support we receive [relative] would not have the quality of life being achieved. Our carers are wonderful caring people who bring a lot of joy to [relatives] life."

Staff spoken with knew the individual communication skills, abilities and preferences of young people they supported. They had received training to enable them to communicate with young people who experienced speech and language difficulties. This included Makaton which is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. One staff member we spoke with said, "I really enjoyed the Makaton training. It does help with communication and takes away the frustration of people not being able tell you how they feel."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority. We were told they had received no information of concern about the service.

Is the service responsive?

Our findings

We found assessments had been undertaken to identify young people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw the service had supported and encouraged the parents of young people to express their views and wishes about their relatives care. The parent told us they felt fully involved in their relatives care. This enabled them to make informed choices and decisions about their relatives care and support.

Care plans seen confirmed the parents of young people had expressed when, how and by whom they wanted their relatives support provided. For example they had been encouraged to specify the preferred gender of staff they wanted to support their relative. We also saw they had expressed their choices and preferences about visit times and the level of support they required. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or provide support with recreational activities.

We looked at care records of two young people. We found they were informative and enabled us to identify how staff supported them with their daily routines and personal care needs. Care plans were flexible and had been regularly reviewed for their effectiveness. The service had responded to the changing needs of people by updating care records. Personal care tasks had been recorded along with fluid and nutritional intake where required. Discussion with staff confirmed they were informed promptly when changes to young people's care had been required. This ensured they had up to date information about the care needs of young people they support.

The parents of three young people supported by the service told us they found the registered provider was responsive in changing the times and length of their visits when required. The parent of one young person supported by the service said, "The service we receive is great. They are very flexible and able to increase our visits during school holidays. It's such a relief to know the support is there for me."

The service had a complaints procedure which was made available to young people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

The parents we spoke with told us they were happy with the service they received and had no complaints. One parent said, "I have no concerns about anything. They provide a reliable and friendly service and I am very happy with them."

Is the service well-led?

Our findings

The service had a registered provider who understood their responsibilities. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

We found the service had clear lines of responsibility and accountability. The registered provider was supported by a deputy manager who shared managerial responsibilities including staff recruitment and training. The three staff members we spoke with told us they enjoyed working for the service and felt well supported by the registered provider. One staff member said, [Registered provider] is superb, she makes a positive difference to everyone she has contact with. She is great in dealing with emergencies. I enjoy working for the service."

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of young people they support and parents through satisfaction surveys. The parents of young people supported were asked a number of questions. These included asking if they were happy with the service provided and if staff were well matched to meet their relative's needs. We noted the responses received were generally positive. Where concerns had been raised these had been followed up by the service. For example one parent had commented they were unable to read the staff rota sent by email informing them which staff were visiting their relative and when. The registered provider responded by sending a printed copy by post. This showed the service listened and responded to the views of the people they supported and their family members.

Comments received on surveys included, 'All staff show a keen interest in the care and welfare of [relative].'
And, 'We have excellent input in [relatives] care and support.'

Spot checks were undertaken by the registered provider whilst staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care, medication and financial records were also monitored during the visits.

Regular staff meetings were held and records confirmed these were well attended. Staff spoken with told us the team meetings were held on a regular basis. They said these were a good forum for information sharing and learning.

We found regular audits had been completed by the service. These included medication, safeguarding incidents, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and lessons learnt to improve the service.