

Fusco Browne Healthcare 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

This inspection took place on 13 June 2018 and was announced. The registered provider was given short notice of our inspection. We did this because the service is small and the manager was sometimes out of the office and we needed to be sure that they would be available.

Fusco Browne is a small domiciliary care service registered to provide personal care for people living in their own homes in the community. At time of the inspection the service was providing a home care service to 13 people.

There was a manager at the service who was registered with CQC, but they had recently left the service. They were in the process of cancelling their registration. A new manager had been appointed and had been working at the service for approximately a month. 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.

We saw there was sufficient staff to provide regular care workers to people using the service. People received care from the same group of care workers. People we spoke with were satisfied with the quality of care they had received and made positive comments about the staff.

Relatives we spoke with were satisfied with the quality of care their family member had received. Relatives also made positive comments about the staff and the senior managers.

Staff had undertaken safeguarding training and so they understood their role and responsibilities in keeping people safe from harm.

We saw people were cared for by suitably qualified staff who had been assessed as safe to work with people.

There were systems in place to ensure people received medicines at the time they needed them.

People had risk assessments in place, to ensure that potential risks to people were managed and minimised whilst still promoting independence.

The service had a process in place for staff to record accidents and untoward occurrences. The nominated individual told us the occurrences were monitored to identify any trends and prevent recurrences where possible.

We saw the service was in the process of reviewing their care planning documentation. We saw the level of detail varied in people's care plans. We saw some care plans were very detailed and person centred.

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

Staff were supported to deliver care and treatment safely and to an appropriate standard. Staff had undertaken relevant training to ensure they had the skills and knowledge to carry out their roles.

We saw there was a robust complaints process in place at the service. Concerns were recorded, responded to and action taken to address those concerns.

The leadership and culture of the service promoted the delivery of high quality care.

People and relatives we spoke highly of the staff and the service as a whole.

There were regular checks completed by senior staff to assess and improve the quality of the service provided.

The service sought the views of people and their representatives to continuously improve the service.

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.

People we spoke with told us they felt "safe" and had no worries or concerns.

We found there were arrangements in place to ensure people received medicines at the right time.

We found there was sufficient staff to meet people's needs.

Staff had undertaken safeguarding training.

Is the service effective?

Good ●

The service was effective.

Relatives made positive comments about the care their family member had received.

Staff had undertaken training to ensure they had the skills and knowledge to support people effectively.

We saw staff received appropriate support to enable them to carry out their duties.

Is the service caring?

Good ●

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

Relatives made positive comments about the staff and told us their family member was treated with dignity and respect.

Staff enjoyed working at the service. Staff told us they always asked people for consent prior to supporting them.

Is the service responsive?

Good ●

People were supported with their health and dietary needs, where this was part of their plan of care.

Care staff were able to describe the steps they would take if a person became unwell to ensure they received medical assistance if needed.

People and relatives were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken.

The service had a robust complaints process in place.

Is the service well-led?

The service was well-led.

People and relatives made positive comments about how the service was run.

There was clear leadership in place.

There were processes in place to ensure the quality and safety of the service was monitored.

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 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 took place on 13 June 2018. The manager was given short notice of our inspection. We did this because the manager was sometimes out of the office and we needed to be sure that they would be available. The inspection team was made up of two adult social care inspectors.

We gathered information from Commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to inspection two people's relatives had contacted the Care Quality Service to share positive feedback about the service. We had also received positive feedback about the service from a social worker working at the local authority.

During the inspection, we spoke with the nominated individual, the manager, a care coordinator, and two care staff. We visited two people using the service with their permission. We also contacted two people using the service by telephone. We spoke with three relatives during the inspection. We looked at a variety of records including four people's care plans, topical medication administration records and people's daily records in their home. We also reviewed three staff recruitment files, staff training and supervision records. We also reviewed the checks that had been completed by senior staff and other records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with did not express any worries or concerns about their safety and told us they felt 'safe'. Staff wore an identity badge and a uniform so they could be formally identified when required. People told us they received support from regular care workers who came at the right time. One person said, "Really helpful, polite always on time, but I know when they are coming, never later than ten minutes."

The service was in the process of transferring the planning of people's visits on to an electronic system. The nominated individual and manager told us they wanted to make sure they had the right system in place before it was fully implemented. Care staff spoken with told us they received their rota on time.

All the people and relatives we spoke with did not have any concerns about staffing levels. Relatives we spoke with confirmed their family member was supported by regular care staff. One relative said, "They [staff] are very good, always on time. We get the same two people, it's the best service we've had."

The service had a process in place to respond to and record safeguarding concerns. We saw that the service had a copy of the local authority safeguarding adult's protocols. Staff had undertaken safeguarding training. Staff were clear whom they would report any concerns to and were confident action would be taken to address their concerns.

The service had a whistleblowing policy and procedure. Whistleblowing usually refers to situations where a worker raises a concern about something they have witnessed at their workplace. Workers are more likely to raise concerns at an early stage if they are aware that there is a whistleblowing procedure.

People had risk assessments in place, to ensure that potential risks to people were managed and minimised whilst still promoting independence.

The service had a process in place for staff to record accidents and untoward occurrences. The nominated individual told us the occurrences were monitored to identify any trends and prevent recurrences where possible.

The manager told us a few people who had recently started using the service would be receiving a shopping service. Staff would use a financial transaction sheet to record any purchases for the person, a receipt would be retained and the person would be asked to sign the sheet. These records would be collected on a regular basis to be checked by senior member of staff. These checks help keep people safe from financial abuse.

We saw a recruitment policy was in place, but it needed to be reviewed so it fully reflected the associated regulation. We spoke with the nominated individual and they assured us this would be completed.

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, interview records, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal

records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

At the time of the inspection only a few people were being supported with medicines and some of those people had only just started using the service. We spoke with a relative whose family member was being supported with medicines. They confirmed their family member had received their medication at the right time. The manager confirmed that people's medication administration records (MAR) would be collected on a regular basis from their homes. This meant the senior staff could complete regular audits of people's MAR's, to look for gaps or errors and to make sure full and safe procedures had been adhered to.

Care staff had undertaken training in the administration of medication and their competency had been checked.

Relatives and people we spoke with did not raise any concerns about infection control. Care staff had completed infection control training and were given a supply of gloves and aprons to use where required.

Is the service effective?

Our findings

All the people we spoke with told us they were satisfied with the quality of care they had received. One person described the staff as polite and friendly and told us they were very pleased with the support they had been provided.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan. People were supported with their dietary needs, where this was part of their plan of care.

All the relatives we spoke with were satisfied with the quality of care their family member had received. Comments included, "The help and care from Fusco Browne is really good" and "Staff work well together."

Care staff told us they had the opportunity to read people's care plans. One care staff member told us that by reading the person's care plan they got to know the person really well, even before they met them.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Care staff we spoke with were able to describe how they involved people in making decisions about their care. They told us they always sought people's consent prior to supporting them. Feedback received from relatives and people told us people were being supported to have maximum choice and control over their lives.

All the people and relatives we spoke with felt the staff were well trained and able to meet their needs or their family member's needs. Staff told us new staff worked alongside another member of staff before supporting people on their own. This gave them the opportunity to be introduced to people using the service. Staff told us they received blended training to enable them to perform their roles and were able to improve and develop new skills. For example, some training was online using a computer and some training sessions were completed with a trainer. This was evidenced in individual staff training records. We saw some staff had undertaken specialist training to improve their knowledge. For example, one staff member had completed training in supporting people who had behaviour that could challenge and epilepsy training.

Staff who had not worked in care before completed Care Certificate training. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum

standards that should be covered as part of induction training of new care staff since April 2015.

We saw staff working at the service received supervision. The nominated individual told us some staff would be receiving an appraisal shortly, as they would have been working at the service for a year. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

We saw evidence in staff files that spot checks were undertaken to observe staff practice. Spot checks are visits, which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported. We also saw at these visits that feedback was obtained from the person being supported and/or their relative.

Is the service caring?

Our findings

People we spoke were consistently positive about the caring attitude of the staff. People told us they were treated with dignity and respect.

People made very positive comments about the staff and the senior managers. Comments included, "Lovely jolly staff that care. They cheer you up" and "Absolutely lovely. I have a favourite [name of care worker]. Always got a smile on her face."

Relatives we spoke with told us their family member was treated with dignity and respect. Relatives made positive comments about the staff and the senior managers. Comments included, "They [staff] are very respectful" and "Some people do it because it is a job, they [staff] do it because they want to and put their hearts into it."

It was clear from our discussions with the nominated individual, the manager and the care coordinator, that they knew people who used the service really well and were able to describe each person's individual needs. The nominated individual and manager monitored the quality of care provided to ensure it was meeting people's needs.

Staff were issued with an employee handbook when they started working for the service. This handbook included a range of topics including maintaining confidentiality and the use of social media. Staff signed to confirm they had received a copy.

All the staff spoken with told us they enjoyed working at the service. Staff had enough time to enable them to understand people's care and support needs, wishes and choices. We saw staff had the right skills to make sure people using the service received compassionate support.

Each person using the service had been given a service user guide. We saw it included information about advocacy services that people could contact. An advocate is a person who would support and speak up for a person who does not have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

The service's main office was open five days a week from 9am to 5pm. The service operated an on call service in the evening and at the weekends. We did not receive any concerns from people, relatives and staff about the on call service.

People and relatives we spoke with told us the communication they received from office based staff was good; any calls were responded to promptly and effectively by staff. One relative told us that staff adapted and responded to their family member's needs. They commented, "Fusco Browne work around the person, friendly and smiley people. They're brilliant."

We saw the service was in the process of reviewing their care planning documentation. We saw the level of detail varied in people's care plans. We saw some care plans were very detailed and person centred. They contained personal preferences and instructed staff on how to encourage the person to maintain their independence. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. We saw some care plans would benefit from containing more information specific to the individual so they were more person centred. We shared this feedback with the nominated individual and manager.

Relatives we spoke with told us they were fully involved in their family member's care planning. They told us they were kept fully informed by staff.

We saw the service has responded well to people's change in needs. We saw examples where the service had informed the local authority assessment and care management team about any concerns about a person's wellbeing or change of needs. For example, a person's wellbeing had deteriorated and they needed more assistance from staff. Records also showed that staff had responded when people had become unwell and required medical attention.

At the time of the inspection no one was being cared for at the end of his or her life. The nominated individual told us care staff were undertaking the Gold Standards Framework (GSF) end of life training. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the standard of the best. Therefore, if the service was approached to care for a person who was at the end of their life they would work with other healthcare professionals to ensure the person had a comfortable and dignified death.

The service promoted people's wellbeing by supporting people to go out into the community, where this was part of their plan of care.

One relative described how well staff had learnt to communicate with their family member who did not use verbal communication. They also said staff used their own initiative to entertain and encourage their family member.

The nominated individual told us that people's communication care plan identified whether they required information in a different format to aid communication. For example, some of the care records we reviewed were produced in large print. We saw the service would benefit from having more documentation available in different formats. For example, an easy read service user guide for potential service users with learning disabilities. We shared this feedback with the nominated individual.

The registered provider had a complaint's policy and process in place. A copy of the complaints process and complaints form was included in people's care records. We reviewed the service complaints records. We saw the service had not received any formal complaints, but we saw any concerns had been recorded, responded to and action taken to address any concerns. We saw examples where changes had been made to service delivery due to a concern being raised. For example, the system in place to ensure staff had an accurate date for the commencement of calls.

People and relatives we spoke with told us any concerns or complaints they had were responded to positively and effectively by senior staff.

Is the service well-led?

Our findings

The registered manager had recently left the service and was in the process of cancelling their registration. A new manager had been appointed at the service and they had been working at the service for approximately a month. The nominated individual was actively involved in the management of the service. They were knowledgeable about the people the service supported and the staff.

All the people and relatives we spoke with made positive comments about the service. The feedback we received showed the service was consistently well managed and well led. The leadership and culture of the service promoted the delivery of high quality care. We saw the nominated individual and manager genuinely welcomed feedback and we saw there was a strong focus on continuous learning at all levels within the service.

Accidents and untoward occurrences were monitored by the manager and nominated individual to ensure any trends were identified. We saw the planned and regular checks completed by senior members of staff had monitored the quality of support provided to people using the service and staff performance. Records showed the previous manager had obtained feedback from the person and/or their relatives during spots checks on staff. During these checks, the previous manager had reviewed the person's care records to identify if any improvements were required. For example, we saw a review of a person's topical medication records and staff entries in their records. We also saw the service had used any concerns raised by people and or their representatives to make improvements to service delivery.

The number of people using the service had recently increased and the manager and nominated individual were aware that additional quality assurance processes would need to be put in place. For example, a few people using the service required support with shopping, so regular checks of people's financial records would need to be completed.

We saw the service had completed regular staff surveys and as a result of the feedback had made changes to the service. The service regularly held whole staff meetings. If a staff member was not able to attend the meeting, a copy of the minutes were sent to them. We saw that a range of topics were discussed including, care plans and risk assessments, any concerns, policies and procedures.

The service also held regular senior staff meetings. We saw these meetings were used to review any concerns and untoward incidents. They were also used to monitor staff training, supervision and appraisals. The meeting records also included an action log. Regular staff meetings help services to improve the quality of support provided and to underline vision and values.

We saw the service had been working in partnership with other agencies within the community to support service development and to share information. Senior managers had attended a Somali Community Health Awareness Day and given a talk. The service was also working with a local charitable organisation in the city whose aim is to provide a voice and quality services on behalf of African Caribbean Communities within the city. The organisation runs a Day Centre for elderly people for this community. The service had provided

training to staff working in the day centre.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. The nominated individual and manager were aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.