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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

A Familys Best Friend is a domiciliary care service which provides personal care, babysitting and recreational services to children and adults with disabilities in Lancaster and Morecambe.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection visit we found the service remained good.

Why the service is rated good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People continued to receive personalised care which was responsive to individual need. Staff had an excellent understanding of people's individual needs so care could be provided with support which was individual to them. Services were flexible and people and their families could decide how and when their care was provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent to care and treatment was actively sought.

Systems, processes and practices were embedded to safeguard people from abuse and risk of harm. Good practice guidance had been followed to keep people safe.

People continued to receive support from a reliable staff team. We were told staff were always punctual and reliable.

The registered provider understood the importance of using technology to ensure effective and responsive care was provided. Technology was used to ensure care plans and associated documents were up to date and reflective of people's care needs.

People and relatives told us staff were empathetic and motivated to provide compassionate care. There was an emphasis on privacy, dignity and human rights.

The registered provider was responsive in seeking feedback from people and relatives to ensure people were happy with the service provided. At the time of our inspection visit people and relatives told us they had no complaints about the service.

People and relatives and all agreed the service was well managed. Everyone praised the skills of the registered provider.

People and relatives praised the way in which safety and risk was managed.

Staff said they enjoyed working for A Familys Best Friend. They told us the registered provider was approachable, knowledgeable and committed to their work.

People received care which was regularly reviewed and support was based around good practice evidence. Staff were supported with continuous learning to ensure they had the correct skills to provide effective person-centred care.

Governance was embedded within the service and was based upon good practice guidance.

The registered provider understood the importance of providing holistic health care. We saw there was an emphasis on promoting independence and increasing community presence.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 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 comprehensive inspection took place between 19 December 2018 and 14 January 2019. The inspection was announced. We gave the registered provider 48 hours' notice as the service is small and we needed to be sure someone would be at the office to assist us with the inspection process.

The inspection was carried out by one adult social care inspector.

Before the inspection took place, we spoke with the local authority contracts teams, we received no information of concern.

At the time of the inspection visit 16 people were receiving regulated activity.

As part of the inspection process we reviewed information held upon our database regarding the service. This included notifications submitted by the registered provider relating to incidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

We spoke with four people and four relatives to seek their views on how the service was managed. Additionally, we reviewed written feedback provided by a further four relatives and four people who used the service.

We also spoke with the registered provider, and three members of staff who were responsible for providing care and support to people.

To gather information, we visited one person at their home and attended a Saturday club where young people were receiving support. We did this so we could observe interactions between people and staff.

Additionally, we looked at a variety of records. This included care plan records relating to three people who used the service and recruitment records of two staff members. We also looked at other information related to the management of the service. This included health and safety certification, policies and procedures and accidents and incidents records.

Is the service safe?

Our findings

People and relatives told us they were assured individuals were safe when receiving a service from A Familys Best Friend. Feedback included, "I feel safe." And, "I have all the confidence in them [delivering a safe service.]"

We found systems and processes continued to be embedded to keep people safe. The registered provider had a safeguarding policy which reflected local authority guidance. Processes were in place to ensure safeguarding of people who used the service was a priority. Staff told us they received regular safeguarding training and could explain reporting procedures. They told us they would not be afraid to challenge poor practice.

Processes to ensure safe recruitment of staff continued. The registered provider carried out pre-employment checks on each applicant to ensure they were suitable for working with vulnerable groups.

Systems were in place to manage risk and ensure people's safety. Staff were unable to work with people unless they had been briefed about safety and people's individual needs. Risk assessments viewed were person centred and individualised for each person who used the service. These were stored electronically and staff had access to up to date risk assessments for the people they were supporting. Staff said if they identified any new risks, information was passed back to the registered provider so amendments could be made.

We saw accidents and incidents were documented and reviewed by the registered provider to ensure lessons could be learned and risk assessments amended to promote safety.

People and relatives told us staff continued to be reliable and said they were supported by staff who knew them well. One relative had recorded within their written feedback, 'Having the same reliable employers working with my family has helped immensely.' No-one we spoke with had ever experienced any missed visits. The registered provider used call monitoring technology to ensure staff were deployed in line with people's requirements. The technology allowed for any missed or late visits to be alerted to the registered provider. Staff told us they had sufficient time to carry out all tasks and said they had time to develop relationships with the people they were supporting.

The registered provider continued to ensure medicines were administered in line with good practice guidance. Staff told us they received regular training to keep their skills up to date. Medicines administration records (MARS) were maintained by the registered provider electronically which meant any changes to medicines could be made and stored within the care record immediately. The registered provider had access to these and would be alerted to any missed medicines in the event of error. We reviewed medicines administration records, (MAR) to ensure people were receiving the right medicines at the right time. When people needed 'as and when required' medicines there was clear direction for staff to follow. We noted no concerns within the MAR records we viewed. This indicated medicines were being administered as directed.

Good practice guidance was followed to ensure infection prevention and control processes were implemented. Staff had access to personal protective equipment (PPE) and were aware of the need to use this. The registered provider told us they carried out spot checks on staff to ensure infection prevention control processes were consistently implemented.

Is the service effective?

Our findings

Relatives told us they continued to receive effective care from A Familys Best Friend. Feedback included, "[Family member] has come a long way [since receiving support.]" And, "Thanks to this service my [family member] is getting the support they need now."

Relatives praised the way in which people's holistic health care needs were addressed and managed by the registered provider. One relative told us they had selected an activity for their family member to carry out which addressed a number of their health needs. The relative praised the success of the staff in meeting their family member's needs. They said, "What we have set out to achieve has been achieved." Another relative told us the registered provider was very good at understanding people to provide effective care. They told us the registered provider had assessed their family members needs and identified a medical condition the person had. They said this allowed the staff to provide more effective care based around good practice guidelines.

We attended a Saturday club where young people were being encouraged to discuss their thoughts and feelings. The young people had been provided with a picture thermometer to help them understand the way they managed their behaviours in challenging situations. The thermometer acted as a visual cue to help the young people understand how they were feeling and acted as a prompt to help them de-escalate situations. Staff encouraged people to discuss their stress reactions and how they could manage them more effectively. We spoke with a relative of one of the young people, they praised the way in which their family member had been supported to develop self-management skills.

The registered provider worked innovatively to meet people's dietary needs. One relative told us their family member was a reluctant eater and would only eat some limited items of food. They said the registered provider had worked with the person taking them out for meals and offering them a different variety of foods. This enabled them to build on experience and what foods the person would eat. They said this had been successful and their family member was now eating an increased variety of foods to meet their nutritional needs.

Good practice guidance was considered when meeting the health needs of people. For example, we saw good practice guidance in relation to working with young people had been used and considered to develop care plans for each young person in the service. This included ensuring people were provided with advice and opportunities to live healthy lives.

We viewed care plans and saw consideration was taken to ensure people were encouraged to live a healthy life. This included considering a healthy diet and exercise. Care plans showed people's preferences and any associated risks related to eating and drinking.

The registered provider was working within the principles of the Mental Capacity Act. We discussed the principles of the MCA with the registered provider. They demonstrated a good understanding of the process and how this applied within the service when working with adults. We saw evidence of plans being made to

consult with one person who was transitioning from children's' to adult's services. The registered provider was aware of the need to consult with the person when the person legally became an adult so their views could be considered.

People continued to receive care and support from a competent staff team. Staff were described as, "excellent," and "knowledgeable." One relative told us, "I would usually say everyone can improve with more training, but I can say they most definitely have all the knowledge they need." Another relative said, "Staff are spot on."

We saw evidence of a rigorous induction system to equip staff with the necessary skills. Staff confirmed they received appropriate training and support to carry out their roles and were happy with this. They told us the registered provider carried out regular supervisions and said the registered provider could be approached at any time if they had any concerns.

Is the service caring?

Our findings

People and relatives told us the care provided continued to be good. One relative told us, "There should be more services like this."

Relatives told us staff were sensitive and provided care and support when they were in need. We were repeatedly told positive relationships had been formed and staff were sometimes considered as family members. One relative told us, "They work with such enthusiasm, they feel like a friend."

Written feedback from relatives and people showed us staff were considered as kind and caring. Feedback included, "All staff are friendly, happy patient and understanding." And, "[Person] absolutely adores [staff member]. They are like part of the family."

The service continued to have a strong visible person-centred culture. Staff had a good understanding of each person they supported and their needs and wishes. Relatives told us person centred care was always delivered and said dignity was embedded throughout the service.

As part of the inspection process we carried out observations and reviewed interactions between people who used the service. We observed staff enquiring about people's welfare and responding when people showed signs of anxiety. We observed one young person being supported to participate in an activity. The young person was encouraged to take time out of the activity when they started to become anxious. This showed us the staff were empathetic and understood the person's needs.

We observed staff talking respectfully to people whilst at the same time motivating people to carry out tasks. For example, one person was being supported to clean their personal space. The member of staff used a light-hearted manner, sharing their own personal experiences of organising their home to motivate the person to carry out the task.

We observed staff listening to people and engaging in conversation. One young person showed staff gifts they had received at Christmas. Staff showed a genuine interest in what the person was showing them and asking questions about the items which generated further discussion.

We noted there was a light-hearted atmosphere with people looking comfortable, laughing and joking. For example, one young person told us the care was good but the registered provider cheated when playing games.

People and relatives told us staff were respectful when staff visited them within their own home. One person said that when they asked for privacy staff respected their wishes.

The registered provider understood the importance of ensuring equality and diversity was embedded within the service. The registered provider could provide us with examples of when they had worked flexibly to meet peoples cultural and religious needs. For example, they told us staff member had worn a burkini when

supporting one person to attend swimming to respect their culture and beliefs.

Is the service responsive?

Our findings

All the relatives we spoke with told us the service provided by A Familys Best Friend continued to be flexible, responsive and tailored to people's individual needs.

Relatives told us they were offered opportunities to be involved in planning their young person's care. We saw care was planned to meet people's individual needs. One relative told us they had chosen an activity for their family member to take part in. The activity focused on key skills they believed their family member needed to develop. The relative told us they were over the moon at how their family member had progressed since carrying out the activity with support from A Familys Best Friend.

There was a focus on empowerment. One person who used the service had just transitioned into adulthood. We saw evidence the registered provider was going to meet with the person to review their care package. They told us they needed to speak with the person to ensure the care provided was in line with their wants and needs. The registered provider explained there was a need to meet with the person now they were an adult so their views could be considered and the care plan adapted.

People were encouraged to be independent and be active members of their community. One person told us they were supported to go to the gym. Relatives provided us with various examples of people being involved in activities within their community. For example, visiting the swimming baths, trampolining and going for meals out. This showed us the registered provider was working within the principles of registering the right support.

We noted play was innovatively used to develop individual skills of each young person. For example, we observed young people playing at a Saturday club. The young people were playing a game of 'pick up sticks.' The registered provider said this was used to develop concentration, encourage turn taking and develop fine motor skills. The young people joined in enthusiastically, smiling and laughing.

The registered provider continued to understand the importance of effective communication. When asked, they could tell us about different ways of promoting and developing communication. For example, some young people sometimes displayed limited communication so the registered provider used Picture Exchange Communication Systems (PEC's). One relative told us their family member had limited communication before receiving a service from A Familys Best Friend. They told us the registered provider introduced story cubes to the family which could be used to generate conversation. The relative proudly told us how their family member's communication skills had increased since the dice were introduced. They said, "We can now have full conversations with [family member.]"

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw information was provided in a variety of formats for people

to understand and use. For example, quality questionnaires were available in an easy read format for people to complete.

We spoke with people who used the service and their relatives about complaints. At the time of the inspection visit no one had any complaints. We received only positive feedback about the service. Relatives were aware of their right to complain and the process to follow. One relative said they had raised some minor concerns when their support package first started. They said they were impressed on how the concerns were handled and action taken by the registered provider.

We looked at how people at the end of their life were supported. Because of the nature of the service, the registered provider said this was not something they provided at present. They said however if this was required they would develop and implement a policy and provide the required training and support to staff.

Is the service well-led?

Our findings

People and relatives told us A Familys Best Friend continued to be a well-led service. Feedback included, "The service is perfect. I wouldn't change a thing." And, "It's fantastic. Nothing they could do better."

The management and staff continued to have a good understanding of the importance of person centred care and how this impacted upon the happiness of people. We saw person-centred care was considered within all aspects of care and support. This had enabled the service to continue being effective; promoting positive outcomes for people using the service.

Oversight of the service continued to be good. The registered provider also delivered hands on care to ensure care and support was appropriate to people's needs. Technology was used so the registered provider could have oversight on all care being provided in real time. Additionally, alerts were sent to the registered provider when staff had not carried out the required tasks as set within the care plan. They could therefore monitor care provision and react when required in a timely manner.

Audits continued to be effective to ensure high quality care was provided. The registered provider told us they reviewed all daily care logs recorded on the system every two days as minimum. The registered provider also carried out spot checks on staff whilst working to ensure they were working safely in line with good practice and the service's policies.

The registered provider continued to maintain links with other providers including health and social care professionals, community groups and key stakeholders to develop and improve the service. They told us they had good relationships with professionals who could be referred to for advice and guidance.

People and relatives were actively consulted with. The registered provider had sent out questionnaires to people who used the service and relatives to find out their views about the service provision. This included asking for suggestions where improvements could be made. We reviewed the completed questionnaires and saw feedback about the service was overwhelmingly positive.

Staff told us the registered provider continued to be supportive, kind and caring. We were told they could be approached at any time for advice and support. During the inspection visit we observed this was the case when a member of staff contacted the registered provider for advice and guidance about a person's medicines.

Staff told us teamwork was good. They said they were regularly communicated with through telephone calls and team meetings. Staff told us they could contribute to team meetings and have a say in which the service was run. Regular team meetings had taken place. Minutes from each meeting were gathered and available to staff for future reference.

The registered provider understood the importance of keeping their skills up to date. They told us they subscribed to a number of websites to keep their skills and knowledge up to date. Additionally, they

attended training and conferences which allowed them to network and share good practice with other individuals. When asked, the registered provider could provide us with examples of how care delivery had been improved because of this networking.

The registered provider continued to understand their roles and responsibilities. The registered provider was aware of the need to submit statutory notifications for specific incidents and their responsibilities for ensuring they were compliant with the regulations. We saw the registered provider was meeting their personal responsibility in displaying their ratings assessment.