

Folson Care Ltd

# Folson Care Ltd

## Inspection report

Unit 4 155a Bolton Road  
Ashton-in-makerfield  
Wigan  
WN4 8AE

Tel: 01942272233

Date of inspection visit:  
09 December 2021  
20 December 2021

Date of publication:  
06 January 2022

### 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

Folson Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults with various needs including, physical disabilities, mental health conditions, and people living with dementia. At the time of this inspection one person was using the service. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in safeguarding people. Risks associated with people's care had been identified and care plans provided staff with the information they needed to manage the identified risk. People received their medicines as prescribed. Staff received training in infection prevention and control and told us Personal Protective Equipment (PPE) was readily available to them. Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults

Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. People's needs were assessed prior to starting with the service and care plans were developed according to people's 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.

Staff had received training in equality and diversity and they were committed to ensuring people were treated well. People's views and decisions about care were incorporated when their care packages were devised. People were treated with dignity and respect. People's independency was encouraged where possible.

Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. People's communication needs were met. The service had not received any complaints.

Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. Governance systems were in place to monitor the standard of care people received. Staff praised the registered manager and wider management team and they felt supported in their roles. The registered manager worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 03/11/2020 and this is the first inspection.

#### Why we inspected

This was the service's first inspection since it was registered with us on 03/11/2020.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Folson Care 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 Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### 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 09 December 2021 and ended on 20 December 2021. We visited the office location on 09 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We were unable to speak to the person receiving support, however, we spoke to their relative about their experience of the care provided. We spoke with three members of staff including the provider, registered manager, and a care worker.

We reviewed a range of records. This included one person's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. A relative told us, "Yes [person is safe], we have no concerns with the care."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I would report the concerns to my manager or the directors if needed. I am aware that I can contact the local authority too."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. A relative told us, "They [staff] are meeting [person's] needs, [person] interact regularly with the carers."
- No accidents or incidents had occurred since the service registered with the CQC; however, systems were in place for recording when required.

Using medicines safely

- People received their medicines as prescribed. A relative told us, "Staff work well with the medication."
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely. One staff member told us, "I am trained to administer medication and I had an observation in this."

Preventing and controlling infection

- Staff received training in infection prevention and control and told us Personal Protective Equipment (PPE) was readily available to them. A staff member commented, "I can access to PPE and collect PPE from the office." A relative added, "The carers wear PPE, they have the full kit."

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Appropriate staff were recruited and matched to meet people's needs. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staff rotas confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure people received their visits. A relative told us, "We see regular carers."

# 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.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I had an induction when I started, it was very useful and gave me all the information I needed. I had various training and did shadow shifts [observing experienced members of staff]."
- Staff had regular training and opportunities for supervision. A staff member commented, "I have regular supervisions which is useful." A relative added, "Yes [staff have the necessary skills and knowledge] and some staff have got personal knowledge, [Staff name] has a disable youngster themselves. [Provider] visited [person], who was previously a district nurse and an orthopaedic nurse."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and relatives were involved in their care planning, which was reviewed regularly or when people's needs changed. A relative told us, "We are asked to be involved in the care planning and reviews." A staff member added, "[Person's] care is looked at monthly and reviewed regularly, [person] and their family are involved."
- Where people required support with their food, the level of support was agreed and documented in their care plan. A staff member told us, "We offer people regular and frequent meals and drinks [to reduce any risks of malnutrition or dehydration]."

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

- People were accompanied when accessing healthcare services if required. Staff worked in collaboration with people, their relatives and professionals involved in people's care. A relative told us, "They [staff] attend [person's] medical appointments where it is appropriate, and staff can be helpful."
- Timely care was provided. Relatives told us staff were on time for their visits and if on an occasion staff were delayed, they were informed via telephone or text.

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 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 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.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "[MCA is about] making sure the client can make decisions and understands the decision being made."
- Mental capacity assessments and best interest decisions were considered. People's care plan contained detailed information about people's cognition, however, there was no specific mental capacity assessment in place. There was no evidence that people had been negatively impacted. The provider implemented mental capacity assessments during the inspection process.

# 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

- Staff had received training in equality and diversity and they were committed to ensuring people were treated well. Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. A relative told us, "The carers are kind and caring. The carers would find it difficult to interact with [person] if they were not of that disposition."

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

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. A relative told us, "The carers have a good and friendly relationship with [person]. We have to say [person] will make their own [day to day] decisions."
- Relatives told us people were involved in making decisions about their day to day care. A staff member commented, "I offer choices and make sure [person] is happy with what we are doing."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A relative told us, "The carers treat [person] with respect and dignity." A staff member added, "I am respectful to [person's] needs and when they are having a wash, I make sure I cover [person] up and close the curtains and door."
- People's independency was encouraged where possible. A staff member told us, "[Person] needs a lot of support. However, I give [person] choices to maintain their independency and ask them questions to give them a say."

# 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 were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans. People and relatives were involved in reviews. A relative told us, we discuss with them [staff] and they identify anything [that needs changing in the care plan] and what needs addressing is done."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records. A staff member told us, "[Person] has a communication board. We communicate with the board, with facial expressions and body languages. The communication board is also used during reviews and when discussing care plans [with person]."

Improving care quality in response to complaints or concerns

- No formal or informal complaints had been made. There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon. A relative told us, "We are happy to approach the managers and report concerns. We have had no concerns."

End of life care and support

- End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required. End of life wishes could be documented as part of people's care planning if people wished to do so.

# 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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A relative told us, "The staff that we have had understand [person] and their needs. The skills that they [staff] bring are great. They give [person] the ability to break away from mum and dad and the home environment."
- The culture was open and inclusive. Staff said they enjoyed their roles and the culture between staff and people was positive. A staff member told us, "It is a really good company, a friendly and small company, but it is close knit. There is person centred for the clients and we get to know people really well. I really like it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems were in place to monitor the standard of care people received. The registered manager and provider had regular contact with people and completed care visits themselves. During the visits care records were also examined. Medicine audits were in place. The provider informed us, as the service grows they would be implementing more auditing systems. During the inspection process the provided had implemented and completed care plan and staff file audits; no concerns were identified.
- Staff praised the registered manager and wider management team, they felt supported in their roles. A staff member told us, "I think the service is well-led and I would recommend the service. The managers are always available. If I message or ring, they always get back to me. There are good relationships between us all."

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; Working in partnership with others

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The registered manager worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service. For example, the service built relationships with local community organisations that people could access.

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

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were pleased with the service.
- Staff views were sought through regular meetings and supervisions. The provider told us they would be implementing staff surveys as the service and staff team grows.