

Frontisti Services Limited

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Inspection report

18 Ellerton Road
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RM9 4HX

Date of inspection visit:
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Frontisti Services Limited provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements, the accommodation was provided by a separate landlord. At the time of this inspection there was one person whom received support with personal care. CQC does not regulate premises used for supported living.

The service also provides domiciliary care to people in their own homes. 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 positive with the care provided by Frontisti Services Limited. People were involved in making decisions about their care.

There were systems in place to safeguard people from abuse. Risks to people were assessed and monitored. Recruitment processes were robust and there were enough staff working at the service to support people safely. Medicines were managed safely. Staff were provided with personal protective equipment (PPE) to protect people from the risk of cross infection.

Incidents or accidents systems were in place to ensure lessons were learned when things went wrong.

People's needs were assessed before they began using the service so the provider knew they could meet their needs. Staff received inductions before starting work, so they knew what to do when they started working with people.

Care plans were person centred and staff knew what people liked. People's communication needs were met. People were supported with their health care needs and staff communicated with each other to ensure people received effective care.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective.

People and staff were positive with how the service was managed. The provider and service were new and still adapting on how they worked. Management were open to change and improvement and wanted what was best for people. The registered manager knew about their duty of care and regulatory requirements. People were able to engage with the service and provide feedback about the care. Staff could provide input into the service through meetings and supervision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 27 October 2021 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service using our monitoring system and will inspect when this is indicated.

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 ●

Frontisti Services Limited

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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is also 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 24 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.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who work with the service. We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We reviewed care records and staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with one person, one staff and the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and risk assessments. We spoke with one staff to ask them questions about their roles and to confirm information we had received about them during our inspection.

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

- The provider had safeguarding and whistleblowing policy and procedures in place. People told us they felt safe whilst being supported by staff. One person said, "Yes, I do feel safe."
- People were protected from abuse as staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- There had been no safeguarding concerns raised since the service started. However, the registered manager was able to tell us what they would do if there were safeguarding incidents. They would follow their own policy, raise the concern with the local authority and notify the Care Quality Commission.
- Staff were aware of whistleblowing policy and knew how to raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed on areas such as medicines, personal care, fire and alcohol and drugs abuse.
- Risk assessments gave staff clear guidance on how to support people safely. For example, people who were at risk due to their physical health or their medical conditions, they had a risk assessment in place. Risk assessments were reviewed regularly to ensure they were accurate.
- Individuals' risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risk to them.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- Staff were recruited safely. Pre-employment checks were completed to help ensure staff employed were suitable for their roles. These checks included conducting an interview, completing a criminal record checks and obtaining references.
- The provider had plans to employ more staff should they start providing a service to more people.

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
- Staff had been trained in medicine administration and followed the provider's medicines policy. Staff also

completed medicines competency assessment.

- Medicines Administration Records (MAR) were completed appropriately. They were signed by staff and were given as prescribed.
- Regular checks and audits of the medicines management and administration were carried out to ensure medicines continued to be managed in a safe way.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks. Staff were also familiar with policy on infection prevention and control and the registered manager carried out relevant audits related to this.
- Staff were tested for COVID-19 and there was a COVID-19 management policy in place which followed national guidance.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents. The registered manager investigated any incidents and accidents and put steps in place to prevent them from happening again.
- Accidents and incidents were shared with staff. Lessons learnt were discussed with staff during handovers and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before using the service. The registered manager carried out an assessment of people's needs to determine if they can meet people's needs or not.
- Assessments included information obtained from people and their relatives about their needs and preferences and how they would like to be supported. Information was also obtained from the placing authority. The care plans reflected people's needs, including aspects of their life which were important to them.

Staff support: induction, training, skills and experience

- Staff undertook training to support them in their role. Staff told us they had a lot of training, including on mental capacity, safeguarding adults, medicines and moving and handling. Records confirmed this. One staff member said, "Yes, training is good here, it helps with my day to day role."
- The service had an induction programme for all new staff. The induction covered a number of areas, which included staff roles and responsibilities and key policies and procedures. Staff would shadow an experienced member of staff until they were confident to work on their own.
- Staff received regular one to one supervision with the registered manager. They told us that they found those meetings very helpful. This helped the registered manager to continually monitor and review staff performance and attitude towards people using the service.
- People told us staff understood their needs and had the ability to carry out their job. One person said, "Yes, they are well trained."

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

- People were assisted to have enough to eat and drink where this was part of their care needs. Care plans included people's preferences and the support they may require with meals. Staff were trained in food hygiene.

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

- People were supported with their healthcare needs. Care plans and risk assessment contained information relating to different medical needs, and people's health and wellbeing were regularly assessed.
- One person had complex health concerns and received support from a range of health care professionals. The provider-maintained communication with these professionals where required and followed their instruction where necessary.
- The service recorded relevant information about people's care in daily notes. Staff could access these

notes and this assisted in providing effective and timely care.

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.

- The registered manager and staff sought people's consent before carrying out any tasks for example when assisting them with personal care.
- The registered manager and staff understood the importance of people having the right to make their own decisions. They were aware of what to do to ensure people's rights were protected.
- The provider had an appropriate process in place for assessing people's mental capacity. They understood the need to work with appropriate professionals and others, such as relatives, to make decisions in someone's best interests if they lacked capacity.
- One person did not have the capacity to have full control over their finances. Their finances were managed by the local authority. However, the person was given a weekly allowance which they were able to spend as they chose, to minimise the restrictions they faced.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff. One person said, "The staff are kind and caring."
- The registered manager knew people's day to day needs and had developed good relationships with them.
- We observed staff treated people in a kind, caring and respectful way. Staff recognised when people became anxious and offered them emotional support. Staff spoke with people in calm, firm voice to give them assurances, speaking to people at their levels.
- People's equality and diversity needs were covered in their care plans and staff had undertaken training in this area. The provider sought to promote people's equality and diversity. For example, people were supported to engage in activities and eat food that reflected their culture.
- Staff understood how to treat people in a respectful way. A member of staff told us they got to know people as people, not just as a job to do. They said, "We get to know the person by having a conversation with them and ask how they are doing."

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

- People were involved in decisions about their care. Care plans were signed by people to ensure they agreed with the support they received.
- Staff knew people well. They were aware of their wishes and preferences. This helped them to ensure people's individual needs were met.
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- At the time of the inspection the service was small, and the provider sought direct feedback regularly. They told us they would endeavour to maintain this personal interaction should the service grow. They felt it would be possible to do so through phone calls and spot checks. This meant people would be able to provide their views on the service regularly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff ensured told us they explained what they were doing and sought people's consent when offering support. One staff member said, "Before going to their room, I will knock on their door. I will seek their [people] permission before I start on personal care. I will maintain their privacy and dignity."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Staff completed training on privacy and dignity.

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

- People and professionals were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff.
- The registered manager assessed people's care needs. This included what they would like to gain from the service and their desired outcomes. A person-centred care and support plan was devised from the assessment and agreed with people.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including communication, medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.

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 recorded in their care plans. Where people had limited verbal communication, staff knew how to communicate with them, for example, by using simple sentences in a clear voice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained information about what activities people liked to do. People were able to take part in activities and lived their lives how they wanted.
- Staff supported people to access local communities such as going shopping. They also encouraged people to keep in touch with their relatives. People were supported by staff to remain active and do things they enjoyed.

Improving care quality in response to complaints or concerns

- People were able to complain should they need to. The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The provider told us they would follow their policy

should they receive a complaint and would view it positively as a means by which to improve the service.

- The provider told us there had not been any complaints received in the past year and we saw no evidence to contradict this. One person knew who they could complain to if they wished to. One person said us, "I would talk to (registered manager)."

End of life care and support

- The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had developed a very positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Staff confirmed they were happy working for the service. One staff member said, "We are like a family here. Registered manager is caring and they [provider] listens to us."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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

- The registered manager was aware of their duty of candour responsibility. The registered manager had been open and transparent with people when incidents occurred where the duty of candour applied. A complaints procedure was in place to address concerns raised by relevant persons and the accidents and incidents procedure detailed how the provider would review and learn from any incidents that occurred.
- The registered manager was clear about their role and responsibilities. The registered manager understood the regulatory requirements of their role and will notified the CQC when required of events and incidents that had occurred at the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

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

- The provider had systems in place for people and professionals to give feedback about their experiences of using the service. The registered manager acknowledged good practice and addressed any areas of improvement where needed.
- The provider sought feedback to improve the service. People and staff were asked to complete a feedback and the provider used this feedback and to continuously develop the service.
- Staff received regular supervision and there were staff meetings which covered priorities such as training,

PPE, and safeguarding.

- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.
- The provider considered people's and staff's equality characteristics. For example, equality characteristics were covered in people's care plans and staff recruitment was carried out in line with good practice in regard to equality and diversity.

Continuous learning and improving care

- There were quality assurance processes in place. Various audits were carried out by the registered manager, including audits of care plans and risk assessments, health and safety and staff training.
- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service. The registered manager also had regular one to one meetings with people to seek their views about how the service could improve.

Working in partnership with others

- The provider was open to working in partnership with others. The service was small and had begun operating during the COVID-19 pandemic. This had limited some of the networking opportunities available. The provider had liaised with local authorities and had attended online webinars and training. They had plans to further engage with provider networks and forums.