

Mr Jonathan Charles Gaynor

# FUN Domiciliary Care Agency

## 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

FUN DCA provides a domiciliary care service for adults with a learning disability in three bungalows in Hadleigh. We call this type of service 'supported living'. At the time of the inspection nine people were being supported by the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People continued to receive a good service. People were kept safe from harm by appropriately recruited and trained staff. Risks to people's health and wellbeing were addressed and mitigated.

People were supported with their medicines and to maintain cleanliness within their homes. Staff were well trained and supported by the management team. Staff worked well with other health and social care professionals to enable good outcomes for people. People were supported to maintain a healthy and balanced diet.

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.

People were cared for by staff who treated them with kindness, dignity and respect. People were supported to maintain caring relationships with people who knew them well. People's independence was respected and encouraged as far as possible. People received care which was person-centred and responsive to their needs.

People knew how to make a complaint and felt confident they would be listened to. Regular audits took place to measure the success of the service and to continue to develop it. People, staff and the registered manager described a culture which focussed on people and ensuring they received good care.

Staff worked well with other health and social care professionals to support people. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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: The last rating for this service was Good (published February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# FUN Domiciliary Care

## Agency

### **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 three 'supported living' settings, 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.

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.

We gave the service 24 hours' notice of the inspection. This was because the service is small, people are often out, and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. A Provider Information return was not requested. 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 this information to plan our inspection.

During the inspection-

We spoke with one person who used the service and observed care and support being provided. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included three people's care record and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we spoke with four relatives of people who used the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility around safeguarding and knew how to recognise abuse. Appropriate safeguarding notifications were made.
- Relatives told us that their family member was kept safe by the service and they had no concerns in this area.
- The service safeguarding policy was discussed at regular staff meetings to keep staff up to date.

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- Care records had up-to-date and appropriate risk assessments that were personalised for each person.
- Staff support people in line with the care plans and staff were able to tell us about risks to each person.
- Risk management supported people with their independence. For example, one person had been supported to access the community independently. They had initially been supported to go out walking on their own and then to use a bus. They now went out walking and used the bus independently with appropriate risk control measures in place.

Staffing and recruitment

- There were sufficient trained staff to provide the care and support that met people's needs.
- A relative told us that their relative benefitted because they were supported by a consistent staff team. Although they did say that sometimes a staff member of their relative's preferred gender was not always available.
- The manager told us how staffing levels were adjusted when people's needs changed. This included a recent example of a person who had been discharged from hospital and required extra support.
- Appropriate pre-employment checks continued to be carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- Systems to manage medicines were well organised, and ensured safe and timely administration of medicines to people.
- Staff followed safe protocols for the receipt, storage and disposal of medicines.
- Where appropriate people were supported to administer their own medicines or participate in the procedure of taking their medicines.

### Learning lessons when things go wrong

- Lessons had been learnt following analysis of incidents.
- The registered manager kept a record of accidents and incidents. There was a clear description of the incident, actions taken, and lessons learnt.
- The registered manager told us how they reviewed accidents and incidents regularly to look for any trends and patterns.



# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 and choices were met in line with national guidance and best practice, including registering the right support. People had care plans in place which promoted their independence and choice.
- People and their relatives were invited to be involved when care plans were reviewed. A relative told us, "Yes I am involved in [relative] care plan reviews."
- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people and supported them to have a good quality of life. A staff member told us they had recently had epilepsy training including how to administer the specialist medicine.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- Staff felt the training they received had equipped them well for their role. One staff member told us, "We have some training on-line and some face to face. It is all good."
- Training records showed us staff were able to attend specialist face to face training sessions breakaway training.
- All staff had a comprehensive induction at the start of their employment and did not work unsupervised until confident to do so.
- Staff had ongoing support through supervision and appraisals. A staff member told us, "I have regular supervisions and appraisals. I can raise things in supervision but I can raise anything between supervisions."

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

- People were supported to have balanced diet and could exercise genuine choice with meals.
- In the shared houses there was a rota for people to cook the meal for others in the house. Care staff supported the person to cook the meal giving as much support as the individual required.
- The menu was discussed at regular house meetings.
- Staff showed understanding of people's dietary needs and these were clearly documented in care records. For example, one person's record stated that they needed guidance on portion size.

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

- Staff worked collaboratively with other health and social care professionals to understand and meet

people's needs.

- One person had been in hospital recently and the registered manager told us how the staff had worked with the hospital to support this person to be discharged back to FUN DCA as they were finding the hospital environment very challenging.
- Care records showed staff made appropriate referrals to external agencies when appropriate; details of any advice was recorded and passed on to staff supporting the person.

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.

- Our previous inspection in February 2107 found that the service was not making correct applications under the MCA. At this inspection we found that this had been addressed and the MCA was being applied appropriately.
- Staff demonstrated a good understanding of the principles of the MCA and we saw people were supported to make their own decisions during the activities of daily living. A staff member gave us an example of supporting a person with their money.

# Is the service caring?

## Our findings

### Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. 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 treated with dignity and respect and staff had meaningful relationships with people.
- People's relatives told us how caring staff were towards their family member. A relative, said [Person] says he has two homes, mine and there [FUN DCA]."
- One member of care staff told us how they enjoyed getting to know people as individuals. Speaking about supporting people in the community a member of care staff said, "It is nice to see people in different circumstances."
- We saw kind and caring interactions between staff and people when visiting one of the bungalows.

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

- People were involved in making everyday decisions and choices about how they lived their lives.
- People living in each service had monthly tenants' meetings. Issues discussed included, whether to replace the fish in the fish tank in the communal living room, where to go on holiday and the menu for the coming week.

### Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and treated as individuals. Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.
- People were supported to be as independent as possible. The registered manager gave us an example of a person who had recently started employment locally.
- Each person had their own bedroom. A relative told us how their family member had decorated it to their own taste.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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's care and support plans were person-centred and included preferences, interests and dislikes as well as their physical and emotional well-being.
- The care and support plans were being reviewed during our inspection and the registered manager said people were involved in writing them. They told us one person had sat with key worker and wrote some of it themselves. Another person wanted pictures of how their manual handling was done in his care plan. We saw that this was in progress.
- Staff knew people well when we spoke with them. A member of care staff said, "I take one person sailing on a Monday. He has gained a qualification and can sail on his own. We then go and have lunch or go swimming." Another member of staff said, "We get to know tenants. Get to know routines, likes and dislikes, what makes them happy."
- Staff responded to people's needs. We were given an example of one person who after attending a day centre told staff they found it boring. Staff worked with them to become more independent and find an activity which challenged and developed them.

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

- Staff identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard and could meet identified needs.
- Staff had been trained to use MAKATON, a form of language using signs.
- Where one person had a sight impairment they had an app on their tablet which they used regularly.
- We saw staff communicate with people in line with their needs.

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

- People were supported to live full and active lives and to maintain relationships with people important to them.
- People were supported to access a variety of activities in the community. A relative said, "[Person] has a varied social life, better than mine." Activities engaged in were varied, including horse riding, swimming, sailing and going to the cinema.
- We were given an example of a person who, before moving into the service, had attended their local

church with their family. Since moving into the service, they had been supported to access a church local to the service. They had developed new social networks since attending the local church.

#### Improving care quality in response to complaints or concerns

- Relatives told us that they had not needed to make a formal complaint but were happy to approach the manager with any small concerns. We were given examples of when they had done this, and their concern had been addressed.
- The registered manager told us that they knew families well and felt that if there were concerns they would pick up the phone and speak with them.
- The service had a formal complaints policy.

#### End of life care and support

- The service was not currently supporting anybody at the end of their life.
- Care plans did not record people's end of life wishes. We discussed this with the registered manager who told us that this was an area they were exploring because of a recent incident in the service.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Relatives, staff and the registered manager described a culture which focussed on people and ensuring they received good care.
- Staff we spoke with clearly put people at the centre of the service.
- The provider and registered manager were visible in the service. Staff described them as supportive and approachable. One member of staff said, "They look after staff as well as tenants. I feel like the directors care for the staff as well the tenants. Anything I felt needed improving we have discussed."

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

- The provider and registered manager were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- Staff were clear what their individual and team responsibilities were.
- There were monthly staff meetings to discuss the day to day events and address any concerns that may have arisen. A service policy, such as safeguarding was discussed each month.
- The registered manager understood their responsibilities of registration with us. They ensured we received notifications about important events so that we could check they had taken appropriate action.
- Regular audits took place to measure the success of the service and to continue to develop it. These included medicines audits, care plan reviews and general cleanliness and hygiene of the environment.

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

- People were involved in the running of the service. Regular house meetings attended by staff and people ensured people could express their views.
- Relatives spoken with told us they could be involved with the service as much as they wanted.
- The registered manager told us that as this was a small service, much of the feedback was informal and occurred at events such as barbeques.
- There were strong links with the community. People attended the church and local day centre. People

regularly attended activities in the community.

Working in partnership with others

- The staff worked well with other health and social care professionals to support development and provide joined-up care for people.
- The registered manager attended care forum meetings with other managers to share good practice.