

Figtree Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 7 and 11 July 2016. We gave short notice before the first day of the inspection because the manager was often out of the office supporting staff. We needed to be sure that they would be available to speak with us.

Figtree Care Services Limited provides personal care and support to people who are living in their own home. At the time of the inspection the service was providing support to 15 people, in the Dartford area. The service is able to provide a range of visits to people, from one visit a day, up to several visits per day. Support is primarily given to older people who are receiving continuing health care. The support provided aims to enable people to live as comfortably as possible.

The registered manager had recently left in June 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. A new manager had been employed, but had worked at the agency for less than two weeks when we inspected. The manager said she was in the process of completing an application to become the registered manager.

The service had recruitment practices in place. However, improvement was needed for example, checking validity of references, checking any gaps in employment history, ensuring return of DBS check and providing all staff with a contract of employment.

The manager had started to implement individual risk assessments for each person and the environment in which they lived on the second day of our visit, but further improvement was needed. Care was planned and agreed between the staff and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

Management involved people in planning their care by assessing their needs on their first visit to the person, and then by asking people if they were happy with the care they received. There was an emphasis on person centred care. People were supported to plan their support and they received a service that was based on their personal needs and wishes. However, no care plan records were seen on the first day of the inspection visit and the manager on the second day of the inspection had started to address this issue. The service was flexible and responded positively to changes in people's needs. People were able to express their opinions and views and they were encouraged and supported to have their voices heard.

The service had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in relation to the whistleblowing policy. Staff were confident that they could raise any matters of concern with the provider, the manager, or the local authority safeguarding team. Staff were trained in how to respond in an emergency (such as a fire, or if the person collapsed) to protect people from harm.

Staff were trained in the Mental Capacity Act 2005. Staff understood the processes to follow and knew who to contact, if they felt a person's normal freedoms and rights were being significantly restricted.

All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding people and infection control. They worked alongside experienced staff and had their competency assessed by the manager. Refresher training was provided at regular intervals. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

People were supported with meal planning, preparation and eating and drinking. People had positive relationships with staff who knew them well. There were enough staff available to meet people's needs. Staff supported people, by contacting the office to alert management, to any identified health needs so that their doctor or nurse could be informed.

The manager told us that currently staff did not assist people with the taking of medicines.

People said that they knew they could contact the management at any time, and they felt confident about raising any concerns or other issues. The manager carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the manager and an opportunity to share any concerns.

The service had processes in place to monitor the delivery of the service. As well as talking to the manager at spot checks, people could phone the office at any time, or speak to the person on duty for out of hours calls. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs, by carrying out a yearly survey.

Incidents and accidents were recorded and checked by the provider or manager to see what steps could be taken to prevent these happening again. Risks were assessed and the steps taken to minimise them were understood by staff. However, the records in place to manage risks needed improvement, both for the person and the environment in which they lived.

The manager ensured that they had planned for foreseeable emergencies, so that should they happen, people's care needs would continue to be met.

Quality assurance systems were not effective in recognising shortfalls in the service. Action had not been taken and recorded to make sure people received a quality service. The manager had however, on starting at the service had a quality assurance and service review undertaken, and was addressing firstly issues that required urgent action.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People told us that they experienced safe care.

The records being implemented to manage risks needed improvement, both for the person and the environment in which they lived.

Staffing levels were flexible and determined by people's needs.

Recruitment procedures needed improvement to ensure people were only supported by staff that had been deemed suitable and safe to work with them.

The manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their manager to discuss their work performance and staff receiving on-going training to attain the skills they required to carry out their role.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

The service was not always responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

People's care plans had not been completed, which meant they may not receive the support they needed.

People told us they were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was no registered manager at the service. The new manager was in the process of completing an application to become the registered manager.

There was an open and positive culture which focused on people. The provider and manager sought people's feedback.

Quality assurance systems were not effective in recognising shortfalls in the service. Action had not been taken and recorded to make sure people received a quality service.

Records relating to people's care and the management of the service were not well organised or adequately maintained.

Requires Improvement ●

Figtree Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 11 July 2016, and was announced. 48 hours' notice of the inspection was given because the service was small and the manager was often out of the office supporting staff. We needed them to be available during the inspection. The inspection team consisted of one inspector and an expert by experience who made telephone calls to people or relatives of people who used services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We obtained feedback from one person and three relatives of people who used the service; and we contacted three health and social care professionals. We spoke with the manager, the business manager and four care staff to gain their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at five people's care files, four staff record files, the staff training programme, and the staff rota.

This was the first inspection since registration as Figtree Care Services Limited, in April 2015.

Is the service safe?

Our findings

People said they felt safe receiving care from the staff. People who used services or their relatives told us that they felt safe with their support staff and had no cause for concern regarding their safety or the manner in which they were treated by staff. People said, "Yes, they (the staff) are very sweet and knowledgeable", and "They (staff) are very helpful and very respectable. They are in the right profession. They sing and make us more cheerful".

Recruitment practices were not always safe. A quality assurance and service review report carried out by an external independent quality assurance assessor on the 4 July 2016 stated, 'Robust recruitment system in place, though improvement required'. It noted that it was good practice to confirm the authenticity of references on receipt, and that all gaps in employment history must be accounted for. We looked at four staff files and found there to be an order to the files with a staff record checklist at the front. In three of the staff files an adult first check had been carried out but there was no record of the Disclosure and Barring Service (DBS) check having been returned completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The manager confirmed that as all calls were attended by two members of staff, new members of staff were always supervised. Staff files did not contain a contract of employment. On the second day of the visit the manager showed us the new contract of employment and said that these were now being sent through from head office. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained. Successful applicants were provided with a copy of the staff handbook. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

The provider failed to ensure adequate recruitment checks were carried out. This was a breach of Regulation 19 (1) (a) (2) (a) (3) (a) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risk involved in delivering people's care had visually been assessed to keep people safe, but no risk assessment records had been completed. There were no risk assessment records either for the individual person or their surrounding environment to ensure that people's safety was being maintained. On the second day of the inspection the manager was in the process of completing this documentation for each individual, and said that she would carry out environmental risk assessments for each person as soon as possible. In this way people could be supported safely and staff would understand the risk assessments and the action they needed to take when caring for people.

The provider had failed to adequately risk assess people and their environment. This was a breach of Regulation 12(1) (2)(a)(b)(d)(e)(h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a clear policy (although all policies currently were generic) for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and

how to report it. It also included contact details for other organisations that can provide advice and support. Staff had received training in safeguarding. Staff we spoke with understood what action they needed to take to keep people safe. Staff told us they were confident to report abuse to management or outside agencies, if this was needed. Staff also knew how to blow the whistle on poor practice to agencies outside the organisation. This meant that people were protected from the risks of harm and abuse.

The manager planned in advance to ensure people's care could be delivered. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had a policy in place to reduce the risk of people not receiving a service in the event of inclement weather. Staff who lived nearby people's homes were made available to cover if required. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The provider and manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed. The staffing levels were determined by the number of people using the service and their needs. The manager told us that staff worked in teams of two. Currently there were enough staff to cover all calls and staffing numbers were planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased as required. Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times.

The manager said that currently staff did not support people to manage their medicines.

Is the service effective?

Our findings

People told us staff were trained and attentive to their needs. People said, "There has never been a time when they have not been able to do everything", "They are very keen to listen and open to anything you say", and "Different staff come and they are all very nice".

People benefited from staff who got to know their needs well. People told us they had regular carers, whom they knew well and people said they got on well with the carers that visited them. We were told that people can always contact the office and discuss the support that was needed with the office staff. People's needs were assessed and communicated to staff effectively. The staff followed instructions to meet individual needs.

All new staff completed an induction when they started in their role. Learning and development included face to face training courses, eLearning, and on the job coaching. The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005. Staff were given other relevant training and on the second day of the visit we were told that five staff had completed an awareness session about end of life care. Another training session was to be held at the weekend. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities. This meant that staff understood how to maintain people's health and well-being.

The manager told us that all staff had been enrolled to undertake a vocational qualification in health and social care at level three. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. Records seen supported this. The manager said that she was going to introduce a staff supervision plan to show that supervision of staff was booked regularly throughout the year. This was a recommendation made in the quality assurance and service review report. Spot checks of staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care support. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that staff were doing things properly. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes.

People were always asked to give their consent to their care, treatment and support. People's care was planned and delivered to maintain their health and well-being. People were supported to maintain a balanced diet. Records showed that people were referred to appropriate professionals if there were concerns about their food and fluid intake or if they had lost weight.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the manager, who then contacted their GP, community nurse, or other health professionals. Each person had a record of their medical history in their care assessment, and details of their health needs. Records showed that staff worked closely with health professionals such as community nurses in regards to people's health needs.

Is the service caring?

Our findings

People told us the staff were friendly and caring. People said, "Yes very much so. I look forward to them turning up which is a surprise as I was worried about carers coming around", "The people are very friendly and helpful. Everyone has been really good, everyone is nice", and "I tell them how to do something or what my wishes are and they do it for me".

People told us that staff communicated with them and told us about staff chatting and talking to them, letting them know what was happening during care delivery. Staff had developed positive relationships with people. The staff were organised in teams of two, to ensure that people received the support they needed. People valued their relationships with the staff team. Staff listened to people and respected their wishes. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. One member of staff said, "People tell us what to do, and we ask all the time how they feel". This showed that staff provided caring and considerate support.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, staff told us about morning routines they supported people with such as washing and dressing. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their care needs. Information was given to people about how their care would be provided. People received a statement setting out what care the service would provide for them and the time of their visits by staff.

Staff maintained people's privacy and dignity. One relative told us, "Yes, they (staff) are very pleasant. They do what is expected. They respect her privacy and are discreet. They are very good". Staff communicated effectively with each person using the service, no matter how complex their needs.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People described their staff as being 'supportive' and 'caring'. People told us, "If staff are running late in traffic they give us a call", "No complaints, they have been really nice people", and "I have been able to speak to the office staff when I have needed to".

People received personalised care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met. We looked at five people's personal records. In each there was an NHS assessment and support plan as all the people who received a service also received regular visits from NHS nurses. None of the five files contained a care plan that set out the needs of the person and how staff were to meet the person's needs. On the second day of the visit, the manager showed us a care plan that she was in the process of completing and said that she was working to provide an individual care plan for each of the people using the service.

A quality assurance and service review report carried out by an external independent quality assurance assessor on the 4 July 2016, stated 'No care plan seen'. It went on to say that staff interviewed were not familiar with care plans and its uses.

The staff recorded daily the care and support given to each person. However, the records seen were poorly written and gave insufficient information about the support provided. For example, 'We bring him bed', no other information was provided in the daily record entry for this visit.

Staff said they were informed about the people they supported, as information was verbally passed on. This was particularly helpful for staff assisting new people, or for staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced. However, there was insufficient recorded information.

The provider had failed to adequately assess people's needs. This was a breach of Regulation 9 (1) (2)(3) (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was flexible and responsive to people's individual needs and preferences. Relatives told us that the service was flexible and had regularly provided additional support to respond to urgent changes in need. Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full.

There was a policy about dealing with complaints that the staff and manager followed. The complaints procedure was clearly detailed for people. The complaints policy showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally. Relatives told us that they felt confident they would be listened to if they made a complaint. One person said, "I would ring Figtree and then have a chat with them. They said it would be

absolutely fine if I did that".

A quality assurance and service review report carried out by an external independent quality assurance assessor on the 4 July 2016, reported that the complaint form needed improvement to indicate the lesson learned from concerns and complaints. The manager having only been at the service for less than two weeks was aware that records needed improvement and was in the process of updating records as quickly as possible.

Compliments records were maintained. These records contained letters and cards from people and their relatives. One relative had commented, 'The care which your team gave to him for over three weeks was very good and much appreciated. I could not have managed without them. The carers were always courteous and kind'.

The service kept a log of any missed calls. Missed calls were taken very seriously and records showed that once alerted, action had been taken to cover any missed call.

Is the service well-led?

Our findings

People and their relatives were positive about the service they received.

There was no registered manager at the service. The new manager said that she was in the process of completing application forms to become the registered manager.

The manager told us that on starting work for the service she arranged for the quality assurance and service review report to be carried out, as she was aware that there were shortfalls. A quality assurance and service review report carried out by an external independent quality assurance assessor on the 4 July 2016, stated that the service user guide was generic and needed to be tailored to the service. The policies and procedures were also generic, and needed to be tailored to the specific needs of the service. The manager was addressing these issues.

The provider had not had audit systems in place since the service started operating in 2015, to pick up the issues we found during the inspection in relation to staff recruitment records, care plan records, and risk assessment records. All of these issues had been picked up by the external quality assurance and service review report. The manager had not worked at the service for sufficient time to address all of the issues raised.

Records were not always accurate and complete, for example there were no detailed care plan for each individual person, and some of the spot check records had not been fully completed.

The provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (1) (2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A quality assurance and service review report carried out by an external independent quality assurance assessor on the 4 July 2016, reported that a copy of the Statement of Purpose for the provider, was kept on file. A copy held by CQC states, 'Figtree Care Services operates in a way that promotes a confident but friendly and approachable staff team that empowers and respects the individual goals and aspirations of our service users. Our duty is to act in the best interest of the service users at all times ensuring they are always protected from harm'.

The management team included the provider, the manager, the business manager, and a newly appointed care co-ordinator. The provider was familiar with their responsibilities and conditions of registration. The provider or manager kept CQC informed of formal notifications and other changes.

The provider and manager were developing a sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff said they felt they could speak with the manager if they had any concerns. Staff said they liked working for the service. Our discussions with people, their relatives, the manager, and staff showed us that there was an open and

positive culture that focused on people. Staff told us that the provider and manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. Staff told us there was good teamwork amongst staff.

People were invited to share their views about the service through meetings, and included phone calls from the manager, the business manager and the care co-ordinator. The management team ensured the staff values and behaviours were maintained through these regular spot checks.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The manager was currently updating the staff training records to ensure that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

Staff knew they were accountable to the provider and manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

People were invited to share their views about the service through quality assurance processes, which included phone calls, and spot checks for the staff who supported people. These spot checks monitored staff behaviours and ensured they displayed the values of the service. Questionnaires were sent out to people who used services, relatives and staff. People had commented, 'I am very happy with my care', 'No concerns to date', and 'We are very happy with the care services provided by Figtree. The staff who attend are exceedingly helpful and always attentive and adaptive. Indeed we are very grateful as they offer assistance over and above their remit'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Records of care and treatment had not been maintained Regulation 9 (1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not established proper and safe systems for the management of risks to people Regulation 12 (1)(2)(a)(b)(d)(e)(h)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate an effective quality assurance system Regulation 17 (1)(2)(a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not established and operated effective recruitment procedures Regulation 19 (1)(a)(2)(a)(3)(a)

