Fosse Healthcare Limited

Fosse Healthcare - Sheffield

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

The inspection took place on 15 January 2019. The registered provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies.

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

At the time of our inspection there were 30 people who used the service. The Care Quality commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided.

This was the first inspection of the service since it was registered in January 2018.

The service was managed by the registered manager. 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 2008 and associated Regulations about how the service is run.

People were safe. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed. Infection, prevention and control procedures were in place and staff followed these.

Staffing levels were maintained to ensure that people's care and support needs continued to be met safely and there were safe recruitment processes in place. However, there was lack of consistency in staff providing support to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's needs and choices were assessed and mental capacity assessments were undertaken.

Most people we spoke with were happy with the care and support provided. However, some said they did not always receive the care required and staff recorded incorrectly in the daily notes. The people we spoke with did not want the specific details raising with the service, although we discussed this in general with the registered manager who agreed to discuss with staff the need to follow care plans and record accurately what care and support was provided.

The provider had a complaints procedure that was given to all people who used the service in the statement of purpose. Most people we spoke with said they were listened to and any complaints received were dealt

with following the providers complaints policy and procedure.

Most staff we spoke with told us they enjoyed their work and received regular supervision, appraisals and training. Some staff felt supported to carry out their work. However, some commented that some members of the team did not speak to them appropriately and on occasions were rude and abrupt. The registered manager agreed to look into this.

A system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. Some people made their views known through direct discussion with the service manager and staff or through the complaint and quality monitoring systems, others although raised issues with us had not chosen to bring them to the attention of the registered manager. People's privacy and confidentiality were maintained as records were held securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe?

Risk were identified and managed. People were safe. Medicines were managed to ensure people received their medications as prescribed. Infection control policies were followed by staff.

There was enough suitable and sufficient staff however, there were some staff who frequently picked up additional shifts to ensure people's needs were met.

Is the service effective?

Good

The service was effective.

There was a system in place to ensure staff were trained and training needs were identified and staff were suitably supported.

People were supported by staff who had been trained in the Mental Capacity Act and applied its principles in their work.

People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring. People were respected and had their dignity maintained.

Is the service responsive?

Good

The service was responsive.

People's needs had been fully assessed and people were involved in planning their care.

There were arrangements in place to respond and learn from feedback from people, relatives and staff.

People and their relatives were confident they were listened to however had not always raised concerns. They told us they knew

how to complain if they wished to.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and a management team to support the care delivery.

The service shared learning and looked for continuous improvement.

The registered provider had systems in place to ensure the service operated to an expected standard.

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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.'

The inspection included a visit to the agency's office on 15 January. The registered manager was given short notice of our inspection, in line with our current methodology for inspecting domiciliary care agencies.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting 30 people who wished to retain their independence and continue living in their own home.

The inspection team consisted of two inspectors.

On 15 January 2019 we visited the agency office and spoke with the registered manager, the service manager, the training officer and a care coordinator. On 15 January 2019 we also visited a person in their own home to obtain their views on the service provided. During the visit we looked at care records and medicine administration. We visited the person with a member of staff who had delivered their care.

When we visited the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included peoples care records, staff training, support and employment records and quality assurance audits.

On 16 and 17 January 2019 we spoke with four people who used the service, two relatives and four care staff by telephone to obtain some feedback on how they found the service provision.

Good

Is the service safe?

Our findings

All the people we spoke with felt the care provided was safe. Relatives also felt the staff maintained people's safety.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff we spoke with were aware of the signs of possible abuse and what to look for. They were aware of the action to take and who to speak to if they were concerned. The provider had a robust safeguarding procedure including local procedures. We had been notified of possible safeguarding and the provider had responded appropriately to safeguard people.

We looked at peoples care plans and found risks to people were identified and most were well managed and reviewed. However, we found more detail was required in risk assessments where people were moved using a hoist. The registered manger implemented this immediately and sent us confirmation by email.

We saw where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of choking and had been assessed by a speech and language therapist. The risk assessment was very detailed to ensure staff had the appropriate information to meet the person's needs safely.

Environmental risk assessments had also been completed to ensure the safety of staff.

There was sufficient staff available to meet people's needs. However, when staff had sickness or were unable to cover a shift staff were requested to pick up extra visits. Staff told us this happened regularly and felt pressurised by the office to pick up extra. We discussed this with the registered manager who told us all the shifts were covered when the rotas were sent out, but staff could have child care issues or sickness and this meant other staff would be requested to pick up extra. They explained this would be in the short term as they were recruiting additional staff.

Staff we spoke with told us there were insufficient staff to ensure calls were on time. All staff felt people's needs were met but on occasions they could be late or early depending on what calls had been added to the rota. Predominantly people we spoke with told us staff met their needs and were good but confirmed what staff told us there was not always consistency with the times of calls. However, the recruitment of additional staff would resolve this.

This registered manager had ensured that they had obtained all the pre-employment checks. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

People were receiving their prescribed medicines by competent staff. We looked at people's care records and found that the documentation included a section about people's medicines and how they should be

taken. We saw the medication administration records (MAR) were in place in people's homes for staff to complete. The provider had identified some issues in a medication audit and was addressing this with staff to ensure all systems and procedures were followed.

People were protected from the risks of infections. Staff were encouraged to use personal protective equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care. We received one concern regarding this which was fed back to the registered manager who agreed to look into the issue and has confirmed since our inspection what action had been taken. We saw from the information sent the registered manager had dealt with it appropriately.

Systems were in place to ensure accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes.

Good

Is the service effective?

Our findings

Most people we spoke with told us their regular care staff were good. One person said, "I have one member of staff who is very good, I am always pleased when it is them who turn up."

We saw a detailed needs assessment took place that included any cultural and spiritual expression, diet, and sexuality. This enabled a detailed care and support plan which reflected people wishes, needs and preferences. People who were able and wanted to be were involved in the development of these plans and they detailed information about friends, family, activities and communication styles. One person said, "I know about my care plan and staff follow my plan." However, another person said, "My care plan is very detailed but on occasions staff do not follow it." When we discussed this further with the person they explained they had not raised this with the office staff and didn't want to. We did discuss the issue in general with the registered manager and they agreed to discuss with the staff the need to follow all care plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us that staff had completed training in this subject and staff we spoke with confirmed this. Most of the staff we spoke with had good knowledge of the MCA. However, some were not as confident but told us they would seek advice from the office staff if required.

We found care records contained information in relation to people's capacity to consent. We saw people had signed to say they agreed with their care plans and had been involved in writing them.

We also found where people lacked capacity best interests had been considered however, these had not always been documented formally. The registered manager agreed to ensure this was carried out to ensure all staff were aware of what decisions had been made in people's best interests. The registered manager sent us confirmation this had been completed after our inspection.

Staff supported people with diet and people spoken with were positive about the support staff provided regarding food and drink. Staff told us how they offered support to assist people to prepare meals, drinks and snacks and how they ensured people received a balanced nutritious diet that supported their health and well-being whilst respecting their rights to make decisions. We also saw where people were at risk of poor nutritional intake the provider implemented a food chart to be able to monitor and review to ensure people's needs were met.

We saw from records and talking with people that staff sought advice from health care professionals to ensure the correct support was provided.

All the staff we spoke with confirmed they had received the necessary training to be able to fulfil their role

and responsibilities. Most staff said they felt supported and received regular supervision. However, some felt they could be better supported. From records we saw staff did receive regular supervision and appraisal. Although appraisals had only just commenced as the location had only been registered a year. Therefore, many staff had not yet worked a year for the service. We also saw management did regular spot checks and medication checks to ensure staff were meeting people's needs and had the correct training and support to fulfil their roles and responsibilities.

The records we saw did not reflect what staff told us as it showed staff were supported. The registered manager agreed to discuss this at a staff meeting to ensure if staff had any concerns they could arrange a supervision to discuss in confidence.

The registered manager told us new staff completed an induction which included training that was tailored to meet their individual needs. The staff we spoke with confirmed this. Staff we spoke with said the training was good. Staff confirmed they completed all training with Fosse. Then shadowed a more experienced person, one explained, "It was a mixture of assessing competence and getting to know people and routines, I felt well supported to do the job." Staff also told us the training was linked to 'Care Certificate'. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to ensure staff were given the right skills and training after completing their induction.

Good

Is the service caring?

Our findings

The people we spoke with and their relatives all told us the staff were kind. People told us staff always treated them respectfully and maintained their dignity. However, people told us they did not always have the same staff. One person said, "It's alright, but you keep getting changes in staff. They're always leaving. It means you're always having to get used to the different staff." Another person said, "Some girls [care staff] are very nice, but some don't bother much. They rush and try to get out as quickly as possible. That's hard when you're wanting to go to toilet." This was not the opinion of all the people we spoke with. Another person said, "The care staff are lovely. I look forward to them coming." Another commented, "The staff are very kind and caring, I can't fault them."

People and their relatives said mostly they felt listened to and felt involved in making decisions about their day to day care. Others did not but had not raised this with office staff.

We discussed the differing views with the registered manager of the people we spoke with. They told us it would be very difficult to dealt with it comprehensively without people's details, but they did not want their details disclosing. However, they explained they were sending out a quality questionnaire and would encourage people to submit their actual views. They also said they would sent a memo to staff to reiterate the need to not change shifts at the last minute unless it was extenuating circumstances. They also said they had a computerised system for logging in when they arrived at a call and the same when they had finished and left. Therefore, they could review the times staff stayed and so could identify where staff were not staying the allocated time. From this they would be able to try to address why some people thought staff were rushed.

The care records completed daily by staff detailed support was provided in line with their needs and wishes. We saw staff supported people to be as independent as possible by encouraging them to do as much for themselves as they possibly could. Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality. Staff told us how they would ensure people's privacy and dignity. For example, ensuring all curtains and doors were closed when providing personal care.

We visited one person in their home and observed staff were kind, considerate and polite. Staff knocked on doors before entering and introduced themselves. From speaking with the staff member who was supporting the person it was obvious they knew the person very well, they understood how to communicate with them and identify when they required support.

People and their relatives were involved in planning their own care. An initial assessment of need was completed. The care plan showed what was important to people and how best to support people with various tasks.

Good

Is the service responsive?

Our findings

People and their relatives, that we spoke with had mixed views on the care provided. Some told us the care was personalised and was extremely responsive to the needs of the people who used the service. The care plans we reviewed were person-centred and detailed. Information about people's likes, dislikes, routines personalities and personal choices and preferences were recorded.

However, some people felt the care and support was not consistent. One person said, "It's alright, but I keep getting changes in staff." It was difficult for the provider to respond to this as the people we spoke with told us they had reviews with office staff but had not raised any concerns. Therefore, the provider was not aware of the concerns that were raised with us.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. Some records were also recorded on a company phone, which was password protected. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. These records were regularly returned to the office for auditing.

The plans reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. For example, race, gender, disability, age and religion or belief. Staff we spoke with were knowledgeable on equality, diversity and human rights.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of the communication needs of the people they supported from the information in the person's care plan.

The provider had a complaints procedure in place. People told us they would speak with the staff if they had any concerns they wished to raise. We saw that where complaints had been received directly by the service these were recorded, investigated and responded to in line with the complaints procedure. The provider was looking at ways to improve the communication with people. A quality questionnaire was being sent out at the time of our inspection. Most people we spoke with told us they were listened to and had any issues resolved. Others who were not happy told us they had not raised the issues with the service and did not want us to, so it was very difficult for the provider to respond appropriately.

At the time of our inspection the service was not supporting anyone who was at end of life. The staff told us they were fully aware of what was required should the need arise and had received training to ensure they could meet people's needs who were at the end of their lives.

Good

Is the service well-led?

Our findings

There were clear lines of responsibility and accountability within the service. There was a registered manager, who was also the regional manager and a service manager. The service manager was based at this location and had day to day oversight of the service and told us they would eventually register with CQC. There was also a training officer and a care coordinator.

The service had effective systems to quality monitor the service. The systems had identified the issues we have raised in this report. For example, lack of consistent staff as some staff had late sickness, child care responsibilities or dropped calls from their rota for no reason. Therefore, a small group of staff were continually picking up shifts. The registered manager told us some of the care staff were on contracted hours but the majority were on zero hours contract. This was by choice so if they dropped a shift or a call they were limited in the action they could take. They explained that the provider was in the process of looking at how they could transfer staff onto guaranteed hours contracts and phase out zero hours contracts. This would ensure staff knew what hours they were required to do each week to prevent late cancellation.

The registered manager also explained that they followed the company procedures in terms of absence. They completed back to work interviews following each absence or handback of work. In some instances, they had failed care staffs' probation period because of this. The company procedure was to request four weeks' notice to change availability, however, staff were not always adhering to this.

The registered manager did acknowledge that it was often the same care staff that picked up extra shifts but they had not received any complaints regarding this. They felt very frustrated that staff told us the issues but had not raised it with them. They assured us this would be covered in staff meetings and supervision sessions.

We found systems were in place for managing safeguarding concerns and incidents and accidents. The registered manager had systems in place to learn from any such events, which included putting measures in place which would mean they were less likely to happen again.

Some staff did not feel listened to. They raised some concerns about specific staff members but had not discussed this with the registered manager. We feedback some of the concerns and the registered manager agreed to look into these and address them appropriately.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Policies and procedures to guide care staff were in place and had been routinely updated when required.

The provider monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. A quality review form was being sent out at the time of our

inspection. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. However, they also told us the issues they raised with us they had not shared with the staff or registered manager.

Regular audits of the quality and safety of the service had been devised and implemented. This enabled the service to evidence continual improvement by developing and regularly reviewing an improvement action plan. For example, the audits had identified shortfalls in the documentation medication administration and this was being actioned to improve the systems.

The registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events in line with the requirements of the provider's registration. Records were kept securely and confidentially, in line with the legal requirements.