

Fern Care Services Limited

# Fern Care Services Limited

## 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

### About the service:

The service is based in the London Borough of Barking & Dagenham. The service provided personal care to adults living in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 28 adults used the service and there were 21 staff.

### People's experience of using this service:

- Since the last inspection, we found a number of improvements had been made.
- Most risks had been identified and assessed, which provided information to staff on how to reduce these risks to keep people safe.
- Quality assurance and monitoring systems had been introduced since our last inspection to make continuous improvements.
- Assessments for people who may lack capacity had not always been carried using the principles of the Mental Capacity Act 2005. We made a recommendation in this area.
- There were sufficient staffing levels to support people. Staff had been trained in safeguarding vulnerable adults and knew how to keep people safe.
- There was a safe recruitment process in place to ensure staff were suitable to support people.
- Staff had the knowledge, training and skills to care for people effectively.
- Staff received supervision and support to carry out their roles.
- Staff knew what to do if people were not feeling well.
- People needs and choices were being assessed regularly through review meetings to achieve effective outcomes.
- People told us that staff were friendly and caring.
- People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.
- People had been involved with making decisions about their care.
- Care plans were person centred and included clear information on how to support people.
- People were aware of how to make complaints if they wanted to and staff knew how to manage complaints.
- Staff felt well supported by the management team.
- The service met the characteristics for a rating of 'Good' in all the key questions we inspected. Therefore, our overall rating for the service after the this inspection was 'Good'.
- More information is in our full report.

### Rating at last inspection:

- At the last inspection on 19 February 2018 the service was rated 'Requires Improvement'. Our last report was published on 24 March 2018. We identified two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to risk assessments, medicine management and good governance.

Why we inspected:

- This was a planned inspection based on the rating of the last inspection. The inspection was part of our scheduled plan of visiting services to check if improvements had been made and the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Fern Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

This service is a domiciliary care agency. At the time of the inspection, the services provided personal care to adults living in their own homes. 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:

Our inspection was announced. We gave the provider notice as we needed to be sure someone would be available to support us with the inspection.

#### What we did:

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and the action plan that was subsequently sent after the inspection to ensure concerns we found at the last inspection had been addressed.

We requested the service completes a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We sought feedback from professionals that the service was involved with.

During the inspection we spoke with the registered manager, recruitment manager and the care coordinator. We reviewed documents and records that related to people's care and the management of the service. We reviewed five people's care plans, which included risk assessments, and five staff files, which included pre-employment checks. We looked at other documents such as medicine, training and quality assurance records.

After the inspection, we spoke to five people receiving care from the service, six relatives and five staff members.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection on 19 February 2018, this key question was rated 'Require Improvement'. We found that risk assessments were not in place to ensure people were safe at all times and medicines were not being managed safely. At this inspection, we found the service had taken steps to improve medicine management and risk management.

### Assessing risk, safety monitoring and management

- At our last inspection, we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As we found risks were not always robustly managed. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks. This placed people at risk of not being supported in a safe way at all times.
- During this inspection, we found improvements had been made to risk assessments. Most risk assessments were carried out and were specific to people's individual needs.
- There were risk assessments in place for moving and handling, falls, skin integrity, catheter care and the environment.
- However, some people's specific health conditions had not been robustly risk assessed.
- People with a history of strokes and urinary tract infections (UTIs) lacked risk assessments. One person also used a Non-Invasive Ventilation (NIV) mask, which had not been risk assessed.
- Staff were able to give us assurance that they understood risks associated with these areas. One staff member told us "If a person was to have a stroke then they may lose sense in the face or become dizzy. I would call 999 quickly if I suspected this."
- The registered manager confirmed that staff had received training in these areas and assured us that they would ensure risk assessments were put in place.

### Using medicines safely

- At our last inspection, we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not being managed safely. We found people were not receiving their medicines at prescribed times and the dosage and frequency had not been recorded. This had been addressed at this inspection.
- Some people required complex medicine administration procedures, for example via a percutaneous endoscopic gastrostomy (PEG) tube. PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, as a means of feeding or medicine administration. At the last inspection, staff had not been trained to support people with medicines via a PEG. At this inspection, we found staff had been trained to use a PEG.
- People and relatives had no concerns with medicine management. A relative told us, "Medicines, food, everything. Happy with that."
- Staff had been trained on medicine management and were confident with managing medicines. A staff

member told us, "I am confident. We have a continuous training programme in place."

- Staff were able to tell us what they would do if an error was made with medicines such as checking if the person was ok, letting the management team know and if required contact the GP.
- We checked Medicine Administration Chart (MAR) for people that the service supported with medicines and found that people had received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that people felt safe when staff supported them. One person told us, "Safe, very safe."
- Staff had received safeguarding training and were able to explain how to recognise abuse and knew who to report abuse to, such as the management team or the local authority. A staff member told us, "If person is at risk. Like there is physical, emotional, verbal, financial and emotional abuse. If this happens, then I will let the manager know. If nothing happens, then I will have to let CQC know."
- There was a safeguarding and whistleblowing policy in place, which staff could access.

Staffing and recruitment

- Most people and relatives provided positive comments about staff deployment. A relative told us, "Very punctual." Another relative commented, "Yes, most of the time. If late, they usually inform me."
- Staff were also positive about staff deployment. A staff member told us, "I am always there on time."
- Systems were in place to monitor staff time-keeping and attendance to ensure staff were not late and missed calls were minimised.
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. We saw rotas that showed staff were given time to travel in between appointments to minimise lateness.
- Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely. We checked records of five staff.
- Three staff had been recruited since the last inspection and these showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff had been trained on infection control.
- Staff confirmed they had access to Personal Protective Equipment (PPE).
- People and relatives confirmed that staff used PPE when supporting people with personal care.

Learning lessons when things go wrong

- Systems were in place to manage incidents and used this to learn from lessons.
- The registered manager and staff were aware of what to do if accidents or incidents occurred. A staff member told us, "Incidents are taken seriously. If an incident was to happen, I will make sure client is ok and then record it and let the manager know so he can look into it."
- The registered manager told us that incidents were taken seriously and were reviewed to identify if lessons can be learnt. This would ensure the risk of re-occurrence was minimised.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection on 19 February 2018, this key question was rated 'Require Improvement'. We found that staff had not received specialist training to ensure they could perform their roles effectively, reviews did not identify people's changing needs and pre-assessments had not been carried out for some people to determine their support needs. At this inspection, we found the service had taken steps to address the concerns. Therefore, the rating for this key question has improved to 'Good'.

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

- During our last inspection, we found pre-assessments had not been carried out for two people to determine their support needs. Reviews were not effective to identify people's change in circumstances to ensure their support could be tailored. The deputy manager told us that this would be reviewed and an audit mechanism introduced to ensure the concerns were addressed. During this inspection, we found improvements had been made.
- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them. Using this information and the people's level of dependency, care plans were developed.
- The service assessed people's needs and choices through regular reviews. Where changes had been identified, this was then reflected on the care plan.
- This meant that people's needs and choices were being assessed to achieve effective outcomes for their care.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were suitably skilled to support people. A relative told us, "Very happy. Carers are good, caring. No fault."
- Staff had received an induction, which involved shadowing experienced care staff, looking at care plans and meeting people and their relatives. A staff member told us, "Induction was helpful, yes."
- Staff participated in mandatory training and refresher courses to perform their roles effectively. This was in accordance to the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life.
- There was a personal development plan for staff that identified staff training needs and listed the training staff had completed. Staff were positive about the training. A staff member told us, "Training is really good."
- At our last inspection, records showed that the service provided specialist care for people that required feeding through PEGs and also supported people with catheter care. However, specialist training had not been provided to staff in supporting people in these areas. During this inspection, we found staff had received training in this area.
- Supervision and appraisals were carried out, which included discussions on time keeping, medicine

management, issues and training needs.

- Staff told us they were supported in their roles. A staff member told us, "They [management] do support me."

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

- People were given choices with meals when supported by staff. Information in care plan included that people should choose their meals. A person told us, "They give me breakfast, and frozen meal for lunch and dinner. I choose it and can eat it myself."
- Care plans included the level of support people would require with meals or drinks such as for people with swallowing difficulties. Information included that they should be given soft and fork mashable meals.
- Some people required their meals through a PEG. Staff had been trained on how to use a PEG and there was information available on how to support people with meals via a PEG.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency. A staff member told us, "I will know if someone was not well like they would be quiet, maybe not want to do much or would want to stay in bed. If that happens, I will try to talk to them to find out what is wrong. If I am concerned, then I would call GP."

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. We checked whether the service was working within the principles of the MCA.

- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "Yes, of course. I have to ask for permission or get consent." A person commented, "They always ask if there is anything different."
- We found one person who had dementia and may lack capacity to make certain decisions. The registered manager told us the person may lack capacity. However, assessments using the MCA principles had not been carried out to determine if they had capacity to make specific decisions. The registered manager told us, this would be carried out.

We recommend the service follows best practice guidance on MCA assessments and principles.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were caring. A person told us, "They are all nice."
- Staff told us they used care plans to find out about people in order to get to know the person and build positive relations with them. A staff member told us, "I will look at their care plans and just find out about them so when I help them I will talk about their interests. It helps us get along."
- People and relatives confirmed that staff had a good relationship with people. One person told us, "They get to know me very well and do what I want." A relative commented, "They get to know [person]."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- People and relatives confirmed they were involved in making decisions about the care and support people received. A relative told us when asked if they were involved in decision about their relative's care, "All the time, me or my daughter."
- Staff told us they let people make decisions when supporting them. A staff member told us, "We have to see what their decision is; like some people may want a full shower or half shower."
- Care plans included instructions to ensure people were involved with decision making and choices. Information on one care plan included, "Carers would not only wait for [person] requests but ask [person] if [person] wanted anything" and, "Dressed with clothes of choice."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that people's privacy and dignity was respected when staff supported people.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "The person I support with shower, I will make sure door is shut and close the window for privacy."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. A staff member told us, "We involve them what we are doing for them. We will see if they can do some things and let them decide and choose and support them when needed."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

At our last inspection on 19 February 2018, this key question was rated 'Require Improvement'. We found that care plans were inconsistent and some care plans did not include accurate information to ensure people received person centred care and complaints had not been responded in a timely manner. At this inspection, we found the service had taken steps to address the concerns. Therefore, the rating for this key question has increased to 'Good'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A relative told us, "Very good. Everything is family orientated. They [staff] put on a party for [person] and Christmas present. Especially the morning girls, [name of staff member] is brilliant."
- Care plans included people's personal information, people's routines and support needs. They were up to date and reviews took place regularly with people. A staff member told us, "Care plans are really clear and simple."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts. This meant that people received continuity of care.
- However, for one person that required re-positioning when in bed to minimise the risk of skin complications there were no records on the daily notes to evidence that this was being done. We spoke about this to the registered manager, who informed a repositioning chart would be created to evidence repositioning.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. In one care plan, information included, "Speech not clear, carers need to be patient and use communication board if needed." Another person had requested a carer be allocated that spoke a specific language and a carer was allocated based on their request.
- Materials such as picture exchange communication were used to communicate with people that had communication difficulties to ensure people had access to information.

Improving care quality in response to complaints or concerns

- At the last inspection, we made a recommendation that the provider responds to complaint in a timely manner as we found a response to a complaint had not been sent within the timescale detailed on the providers complaints policy. At this inspection, we found improvements had been made.
- There was an appropriate complaints management system in place. Complaints were handled in the correct way and a response was sent in a timely manner.
- A complaints register was in place that included details of the complaint and action taken, which provided oversight to the management team.

- Staff were aware of how to manage complaints. They told us that the management team took complaints seriously and this would be reviewed and investigated.
- People and relatives told us they knew how to raise complaints. A relative told us, ""Don't have any complaints. If not happy would ring Fern Care.""

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 19 February 2018, this key question was rated 'Require Improvement'. We found that systems used to ensure good governance of the service required improvements as this had not identified the number of shortfalls we found at the inspection. At this inspection, we found the service had taken steps to improve the governance of people's care to ensure quality outcomes. Therefore, the rating for this key question has increased to 'Good'.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Since our last inspection, the service had implemented a system of audits to monitor safety, quality and make improvements when needed to ensure people received person centred care.
- The audit covered medicine management and daily records. We found staff were reminded to complete MAR and daily records accurately. We found that most daily records and MAR charts had been completed accurately, which was a concern at our last inspection.
- We spoke to the registered manager about the shortfalls we found with risk assessments as this had not been identified at the audit stage. The registered manager told us that they had introduced a lot of changes to address the concerns found at our last inspection and would now focus on ensuring risk assessments were robust. The registered manager told us the information within care plans would be reviewed and information included to ensure people were safe at all times.
- The registered manager showed us evidence that he was introducing an audit on people's records such as ensuring people's feedback were sought regularly and another check by a member of the management team on care plans, risk assessments and medicine records. The audit would also include staffing, such as ensuring training and supervision were carried out regularly. This was to ensure any gaps in the systems could be identified resulting in people receiving high quality person centred care.

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

- Staff told us the service was well led. A staff member told us, "[Registered manager] is good. He is supportive."
- Staff were clear about their roles and were positive about the management of the service and felt they could approach the management team with concerns and this would be dealt with.
- The registered manager told us that their business plans were to expand the service and understood the risks and regulatory requirements as part of this expansion. The registered manager informed us that a deputy manager would be recruited as part of this and consideration would be given to sourcing resources, such as digital care plans and an electronic staff monitoring system.

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

- Most people and relatives were happy with the service. A person told us, "Very happy. Good caring, no fault."
- People's and relatives' feedback was sought through telephone and also through surveys. This focused on staff time keeping, approach, engagement and if people were happy with the care. Records showed that the results of the survey was analysed to identify if actions was required to make improvements to the service.
- Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. A staff member told us, "Meetings are good. We can talk about our concerns and ways to resolve them and also the support we need from office." This meant that staff were able to discuss any ideas or areas of improvements as a team, to ensure people received high quality support and care.

Continuous learning and improving care

- Quarterly visits were carried out on people's homes by office staff to obtain feedback from people and check the environment, equipment's, medicine management and safety. development.
- Spot checks were carried out to check staff performance on service delivery and approach when supporting people. Outcomes of spot checks were discussed with staff along with further learning and development.
- This meant that there were systems in place to ensure there was a culture of continuous learning and people received good care at all times.