Fern Care Services Limited

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Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. At our last inspection on the 25 April 2013 we found the service met all the regulations we checked.

Fern Care Services Limited provides personal care to people in their own homes. At the time of the inspection the service was providing care to 43 people. The service provided support to a variety of people which included older people, people with physical disabilities, people with learning disabilities, people with sensory disabilities and people under the age of 18.

Summary of findings

There was a registered manager at the service who was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Some staff felt they could be supported more and we noted that appraisals were not taking place once a year. This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The action we have asked the provider to take can be found at the back of this report.

The majority of staff told us they felt supported in their induction and ongoing training so they could

provide effective care and had specialist skills and knowledge needed when caring for people.

People and their relatives commented positively about the relationships formed with the service and care staff. Relatives said that care staff were very kind to their family members and treated them with respect.

The service made and maintained good relationships with people and their relatives. People spoke positively about how safe they were using the service. People told us that the service was very “hands on” and people felt comforted that they could contact the managers at any time of the day, as an out of hours telephone line was provided.

People were involved in their care planning and they were asked the type of care they wanted when they joined the service. This was reviewed when changes were needed. People said they were happy with the care plans and said that care staff did the tasks they were supposed to when visiting their home. People were also supported to maintain contact with health professionals and the documentation was kept on changes to people’s health needs.

Management were always available at the service and care staff and people who used the service confirmed this. They said they could always speak to the manager, deputy or somebody at the office if they had anything they wished to discuss. The service also carried out audits to ensure the service people received was of a high standard. People’s comments in questionnaires and spot checks showed they were pleased with the care given to them.

Summary of findings

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. Care staff had been trained in safeguarding, infection control and safe medicines management.

People and relatives told us they felt safe with the service and that there were enough staff. People told us if they did not feel safe they could easily contact the manager with their concerns if necessary.

Good

Is the service effective?
The service was not always effective. Annual appraisals were not being performed which meant care staff were not being formally appraised for the quality of their work.

People's care plans were detailed and people told us they were followed by care staff. Care staff told us they received regular training and supervision which further monitored whether people were getting effective care.

Requires Improvement

Is the service caring?
The service was caring. People told us care staff treated them with kindness and asked them how they were and did not rush them. Relatives said their family members were treated like additional family members by care staff and that they were very caring.

Good

Is the service responsive?
The service was responsive. People told us how the service acted quickly when any changes were needed to their care or where, for example, particular equipment needed fixing the service would contact the relevant organisations. Care staff knew people's needs and how care should be given to people they worked with.

Good

Is the service well-led?
The service was well-led. People and care staff knew the managers and said the service was well run. They monitored people's care packages through regular reviews and through questionnaires and spot checks so they could make improvements to the service.

Good

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Detailed findings

Background to this inspection

The inspection was carried out by a single inspector who was supported by 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.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 spoke to the registered manager, deputy manager and four care staff. We spoke to 13 people who used the service. We reviewed five people's records which included their care plans, risk assessments and daily records. We also looked at an overall training matrix for all staff and four staff training and recruitment records.

Is the service safe?

Our findings

People told us they felt safe, secure and well cared by the care staff who looked after them and the management at the office they spoke to. One person said, "There have been no problems and I feel confident about my safety with the agency, I have a good rapport with the agency."

Staff had up to date training in safeguarding adults and whistleblowing. We saw that this training was part of their induction. We spoke to four care staff and they explained what abuse was and the people within the service and external agencies they should contact which included the Local Authority, Care Quality Commission and the Police.

The service carried out comprehensive risk assessments of people's home environments to ensure it was safe for people to move about freely in their home and for the carer's to perform their duties.

In case of emergencies people were informed they could contact the service at any time and the deputy manager told us about their out of hours telephone number. We saw this in the service guide which people received when they signed up to the service. One person using the service was reassured by this and said, "If I was worried I would contact the agency, there is an out of hour's line and there is always someone there." Another person using the service told us the dedicated phone line was a great comfort in case of an emergency but they had never had to use it. They said, "I would recommend the agency, the [telephone] line is a big weight off my mind."

Staff explained to us how they would respond in an emergency as they had been trained in first aid. One care staff gave an example of how they would ensure the safety and prevent further injury of someone they cared for who fell in their home. They said "I would not move [person] as I don't want to cause a fracture, I would check their breathing and call for an ambulance."

We found there were sufficient staff to provide care at the agency after viewing the rota records and staff were flexible to attend to people. The agency told us they were always recruiting staff as they did not want to be 'left short.'

We asked the management of the service about staff training in the Mental Capacity Act 2005 and whether there was a policy regarding this. Staff were not trained in the Mental Capacity Act 2005 (MCA) and there was no active MCA policy. However we spoke to four care staff and two were able to explain what the MCA meant in their day to day work. Care staff said they would observe people's ability to make their own decisions. The two care staff told us they had received MCA training outside of the service. The service needed to make improvements in this area.

The service followed proper infection control and food hygiene procedures to protect people from acquiring an infection. We saw that the service provided staff with a uniform, protective equipment which included gloves, aprons, masks, plastic footwear and hand sanitizer. Care staff told us it was their responsibility to keep their uniform clean at all times and some had two uniforms.

We were told by the deputy manager when a staff member was ill, they were not to attend to people until they had been well for 48 hours. This helped protect people who were vulnerable to illnesses.

Medicine training was given to care staff by the service and this was up to date. However, we found that medicines were mainly administered by people's family. Where people were given medicine by the care staff this was recorded on the medication administration record.

Is the service effective?

Our findings

People told us they thought staff knew what they were doing, were well trained and efficient at their role. One relative said "They are caring and considerate."

Appraisals for care staff had not taken place once a year. Staff were not monitored on their performance or overall development with the service to check good practice was developed and how well staff worked with people over the course of the year. This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The action we have asked the provider to take can be found at the back of this report.

Care staff told us they completed an induction that lasted three and a half days before they worked with people and the deputy manager confirmed this. During induction, care staff told us they were given the opportunity to read and discuss policies and procedures, and their contract and terms and conditions of employment. Specific training for carers who worked with people with particular needs was provided, For example percutaneous endoscopic gastroscopy (PEG) tube feeding, a method of introducing food, fluid and medicine directly into the stomach through a tube. People were protected as they received effective care from staff who had received this training.

Mandatory training was also provided for all care staff. This included manual handling, health and safety, first aid and safeguarding adults. Care staff were also given the opportunity to shadow more experienced members of staff before lone working or when two care staff were required.

Staff said that training was regularly offered. However one member of staff stated they were concerned they could not always attend training due to the day it was scheduled. This made this one member of staff feel like they were not well supported as alternative days were not offered to them.

The deputy and the manager of the service told us about their arrangements for supervisions and appraisals. There was no formal policy around how often they took place, however they told us that supervisions with care staff happened twice a year. Care staff told us they met with a supervisor or the deputy and we saw evidence of this in staff files. Work practice and any training issues were discussed during supervision between care staff and the supervisor. One member of staff said, "The deputy is very helpful and gives directions if I need it."

Care staff were required to have level two national vocational qualification in care or be working towards it as a minimum.

People were supported to maintain and access health care services. In people's care plans contact details for people's GP were provided as were their social workers and other health professionals. The service constantly monitored people's health as care staff documented the care given in care diaries and informed the office if they had any concerns regarding people's health. During handovers care staff told us, "We discuss any changes in people's health with the next care staff and tell the agency." This meant the service could follow up with the relevant health professionals.

The service worked with people and their families to ensure people were given a balanced diet and when necessary the agency sought the advice of a dietician if they had concerns about people's fluid and nutrition intake. Care staff told us they followed the care plan where people were on a special diet to make sure they were receiving nutrition to meet their needs. One care staff said, "I give them pureed food and thick drinks."

Is the service caring?

Our findings

We spoke to 13 people who used the service. Everyone we spoke to gave positive feedback on how kind the care staff were to them. People told us how caring the management and care staff at the service were. One person said, "I could not ask for more. The lady from the agency rings me up to ensure everything is ok." We read written comments in cards that were sent to the service. People had said, "Thank you for your kindness, consideration and help while [relative] needed hoisting" and "Thank you for going the second mile with her cooking."

Management told us that care was very personalised and gave examples of how they treated people like their 'own parents' by giving them a high level of care and respect. A relative said, "They [care staff] treat her like their own mother." The relative felt reassured and said they observed staff being kind and gentle to their family member which confirmed what management had told us. We also saw in care plans how people's preferences were acknowledged. Where people had expressed that they wanted a male or female carer this was documented.

People were involved in making decisions about their care, treatment and support to further ensure care was individual to that person. Many people who used the service did not speak English and the service made an effort to employ carers who spoke people's language. The registered manager and deputy manager told us they tried to recruit care staff who spoke people's language so that communication needs were met.

At each visit the carer asked people how they were feeling and whether everything was ok with them. Caring relationships were being formed as people felt that care staff were interested about them and not just there to perform tasks. One care staff said, "I sometimes ask how are [person's] children". Another member of care staff said, "I give emotional support and listen to [person], [person] always says thank you". Management told us that their care staff were encouraged to spend time being warm and friendly at each visit to ensure people were comfortable and relaxed in their own home while receiving care.

During staff one to one meetings with the manager privacy and dignity was discussed and reinforced. Care staff told us they always closed people doors and covered people while giving personal care. Care staff told us they respected people's decision if they said they did not need assistance in a particular area of personal care. Care staff also told us that other family members were not present during personal care unless permission was given so as to protect people's dignity and privacy.

We were told that the management of the service acted swiftly where a carer did not display a caring attitude towards people. One person using the service had explained how they had taken a dislike to a carer and the service responded quickly and replaced them which they said they appreciated.

Is the service responsive?

Our findings

Care plans showed that people were initially assessed by the service to make sure they received personalised care. The care plans were detailed and showed they were individual to each person using the service. People had their needs identified and individual goals that they wanted to achieve were set. People were asked questions about the type of care they wanted and it was an interactive process involving relatives. For example, people said; "I want my needs met", "be able to live independently" and "have regular health checks to avoid further deterioration."

People told us that management at the service were very 'hands on' and confirmed that they were involved at all stages of their care from when they first started to use the service through to any changes that may occur. People said that the service wanted to know how they felt and what their needs were at all times. One relative gave an example of how they were grateful the deputy manager listened to their concerns and tried to get things done which helped [their relative] to stay in their home and live independently. They said "I have told [manager] about problems with a lift in my house that does not work, also the bed machine, the [manager] is speaking to Social Services." A person who had used the service for seven years told us their care plan was regularly filled in. They told us if things were not good, they would contact the service straight away, but "in all these years" had not felt the need to.

Staff knew the people they cared for well and gave us examples of how people liked things to be done in their home. Care staff told us the care plan contained all the information and advice to follow. We saw in one care plan how staff were reminded to report faults in equipment to the office and guidance was given on how to mobilise people from their bed to a recliner chair. One care staff said people guided her on how they wanted things done. This showed how the service listened to people's preferences.

We saw that care plan reviews had taken place and where there was no change it was documented in people's care plans. People told us that their care needs were reviewed at least once a year. People said if there was any problem with their care, care reviews were held more frequently. This showed the service was quick to respond to people's changing needs as they arose. We saw that care plans were up to date and review dates had not passed. We did note that some background personal information about people which was important to how care was delivered had now changed but this was not documented in the care plan. For example, peoples' age or that they now had a family. Care staff and the manager were aware of the new details, but it meant that any new care staff would not be aware of the change in circumstances. Improvements were needed in this area.

The service ensured that all care staff were aware when people moved between different health services. We saw a written notification that was sent to all carers which advised them when someone had been discharged from respite care. This put carers on notice that care needed to resume for that person.

The deputy manager told us they always listened to people's complaints and would telephone people's family with an update and final response. There was a complaints procedure that was also referred to in people's 'service user guide.' We saw that complaints had been logged and that the manager did discuss people's concerns and advise them of the action taken to prevent it happening in the future.

Is the service well-led?

Our findings

The service had a registered manager in post and they were supported by a deputy manager. People and staff commented to us that the managers were always available which they were happy about. A relative said to us, "I would recommend this agency for its efficiency and dependability."

Care staff told us the managers were very good and that the culture at the agency was very open and positive. Care staff said they felt that the managers did as much as they could to ensure they got the support and training they needed. Comments from care staff also included, "They always ask me how things are", "She [manager] always tells me everything that is going on" and "They [service] are very transparent and open."

The service had a clear procedure they followed if someone using the service felt unhappy with any aspect of care. The deputy told us that they would formally log the concern and would also visit people to resolve the issue. The deputy said, "We are very hands on." The service also used spot checks (a method of randomly checking that carer's are performing their duties) to further protect people's safety as care was delivered in people's homes. The deputy told us they had increased the number of spot checks to check people received care on time and to identify any issues. We were told by a person who used the service how the service had acted very quickly to dismiss a carer who had not been attending in the afternoon. This showed the service followed their processes to keep people safe.

The managers at the service contacted people in order to improve the service individuals received. They did this by carrying out questionnaires, physical spot checks and telephone calls. We saw in peoples files how the service had written to thank people for letting them into their home to carry out spot checks. This demonstrated how the agency were person centred, inclusive and open as people were made to feel part of how their care was being monitored .

Best practice was implemented through memos, team meetings and management meetings. For example, we saw a memo from January 2014 on how staff were advised to follow proper procedures when requesting a shift change. This was important so people were informed of a change to their carer. However we noted the people we spoke to had not had an issue with the care worker being changed unannounced.

We reviewed two management meetings and saw evidence that staff training needs were discussed. They also discussed when supervisions should be completed by. We saw that records needed to be up dated in particular background information about people where it had changed. Improvements were needed in this area. The managers had also acknowledged that records needed to improve. This was being worked on through more monitoring of people's care at their home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The registered person did not have suitable arrangements in place to ensure persons employed received appropriate appraisal.**