

Dream Care Norwich Ltd

Fuchsia Homecare Norwich

Inspection report

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18 January 2023

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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

Fuchsia Homecare Norwich is a domiciliary care service providing care and support to people living in their own homes. The service provides support to younger and older adults some of whom may be living with dementia, a physical disability or a sensory impairment. At the time of our inspection there were 18 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us the service provided a consistently good quality service that met their individual needs that resulted in positive outcomes for them. They told us the staff who supported them were kind, caring and compassionate and that they felt respected and listened to. People saw the same dedicated staff group meaning they had continuity of care and were able to develop trusting and meaningful relationships with the staff that supported them. People spoke of staff who provided support in a cheerful, respectful manner that included humour but also professionalism.

The registered manager demonstrated a good knowledge of regulations and understood their role and responsibilities well. They nurtured a culture that was positive, reflective, kind and supportive that benefitted those people that used the service. Staff had been robustly recruited and were well supported to achieve their potential and ensure their skills and abilities were improved and regularly assessed. They were encouraged to participate in the improvement of the service as were those people who used the service, and their relatives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Person-centred care that maintained people's dignity, offered choice and encouraged independence was delivered.

An effective system of governance processes had ensured people received a consistently good quality service. These included auditing different aspects of the service, seeking regular feedback from people, using reflective practice to analyse incidents and ensuring staff felt supported and able to perform their roles.

All the people we spoke with told us they would recommend the service, that it consistently performed well and that there was little they felt needed improving. They cited compassionate and respectful staff as a strength and told us how positive the support made them feel; one person described the care as, 'amazing'.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 June 2019 and this is the first performance review and assessment.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Fuchsia Homecare Norwich

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The performance review and assessment was carried out by one inspector. Two Expert by Experiences telephoned people who used the service, and their relatives, to seek feedback. 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. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

Prior to our performance review and assessment, a person had applied to be registered as manager. During this performance review and assessment, the application was processed and concluded resulting in the person being registered as the manager.

Notice of inspection

We gave the service 48 hours' notice of the performance review and assessment. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the process.

Inspection activity started on 05 January 2023 and ended on 18 January 2023.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls, emails and the 'Give feedback on care' facility on our website to enable us to engage with people using the service, their relatives and staff, and electronic file sharing to enable us to review documentation. The performance review and assessment commenced on 05 January 2023 with feedback being provided to the registered manager on 18 January 2023.

During the performance review and assessment, we spoke with 5 people who used the service and 10 relatives; a further 2 relatives provided written feedback. We spoke with the registered manager and received feedback from 6 care staff including care support workers and office-based staff.

We assessed the care and medication records for 3 people who used the service. Several governance records were also assessed including the staff recruitment files for 2 staff members, training, induction and competency assessment records for staff, policies and procedures, quality assurance records, accident and incident records and information relating to safeguarding.

Is the service safe?

Our findings

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

This is the first performance review and assessment of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Where support was required, people received their medicines safely and as prescribed. The people who used the service, and their relatives, told us staff were effective at medication management and they had confidence in their associated abilities.
- Staff had been trained in medicines administration and had their competency to administer medicines regularly reviewed.
- Staff used medicines administration record (MAR) charts to record medicines administration and these followed best practice guidance.
- Where people required medicines on an 'as required' (PRN) basis, guidance to ensure these medicines were administered safely was available for staff.
- When staff were administering medicinal transdermal patches to people, they understood rotation of application site was required and this was recorded in the care notes. However, best practice would be to record this on a specialist MAR chart. This was acknowledged by the registered manager who took immediate action to address this.

Systems and processes to safeguard people from the risk of abuse

- Process were in place to help protect people from the risk of abuse and improper treatment. Staff had received training in safeguarding and understood their responsibilities in helping to protect people.
- The people who used the service told us they felt safe when receiving care and support and their relatives agreed. One person who used the service told us, "I feel completely safe with the staff. They're extra friendly and very helpful."
- We saw that safeguarding concerns had been referred to the local authority as required and robustly recorded. A safeguarding log was in place to analyse incidents and ensure oversight.

Assessing risk, safety monitoring and management

- The individual risks to people that used the service had been identified, mitigated, managed and reviewed. Risks to staff, such as any associated with attending people's homes, had also been identified and managed.
- People told us they felt staff had the skills and abilities to keep them safe. Where one person required the assistance of a hoist to transfer, they told us this was always completed by 2 staff.
- Relatives agreed that the risks to people were well managed by the service. One relative told us, "Staff look after [relative's] needs and I have no issues to think they are unsafe in staff's care."
- A regularly reviewed business continuity plan was in place in the event of any adverse incidents such as an infectious outbreak, utilities failure or severe staff shortage.

Staffing and recruitment

- Staff had been safely recruited with robust records kept demonstrating this. Assessments of good character had been thorough including the completion of a Disclosure and Barring Service (DBS) check which helps employers make safer recruitment decisions.
- People who used the service told us they saw the same group of staff which ensured continuity of care, and that the service was flexible in meeting their needs. This meant the service altered people's calls times should they have a medical appointment to attend, for example.
- The service had no missed calls and a record was kept of those calls that were made late, which were few. People accepted calls may be late occasionally and most people told us they were kept well-informed when this was likely.

Preventing and controlling infection

- There were procedures in place to protect people from the risks associated with infections.
- People who used the service told us staff always used personal protective equipment (PPE) as required. One relative of a person who had experienced COVID-19 told us, "Staff went in with full PPE and kept [relative] up to date with COVID-19 information."
- All staff had received training in infection prevention and control (IPC) and one staff member had received enhanced training to become a champion for IPC.
- Staff told us they had been supported to keep themselves, and the people who used the service, safe throughout the COVID-19 pandemic. One staff member said, "The management team has done things in such a way so that we, and the people we support, could be as safe as possible."
- The risks associated with COVID-19 had been identified, mitigated and reviewed and the provider had an up to date IPC policy in place.

Learning lessons when things go wrong

- The staff used reflective practice to improve the quality of the service delivery. This included openly discussing incidents with the aim of learning lessons and mitigating reoccurrence.
- Incidents were recorded and analysed to ensure learning and improvement.

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.

This is the first performance review and assessment of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to commencing the service to ensure they could be met.
- People's needs had been further assessed at the start of the service and regularly thereafter. These had been assessed holistically and included people's physical and emotional needs.
- Care had been delivered in line with best practice guidance and standards. For example, nationally recognised risk assessing tools were used and medicines had been administered in line with associated best practice guidance.

Staff support: induction, training, skills and experience

- People benefitted from receiving care and support from staff who had been thoroughly inducted, well-trained and regularly supported.
- People who used the service, and their relatives, told us they had confidence in the staff's abilities to provide effective care. They described the staff as efficient and capable of performing their roles. One relative said, "All of the staff are well trained and work well as a team."
- Staff told us they felt consistently well supported and received regular supervisions, spot checks, competency assessments, team meetings and appraisals and records confirmed this.

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

- People's nutritional needs had been assessed where required and care plans were in place to address those needs; people told us their associated needs were met.
- Staff had received training in fluids, nutrition and food safety to ensure they had the knowledge to support people with food and drink.

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

- The service liaised with other stakeholders to ensure people received consistent and cooperative care, raising concerns as necessary.
- Where people needed support to access healthcare services, the service provided this.
- We saw that the service had received positive feedback from a health professional regarding the care and support they provided to a person who used the service.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service did not support anyone where an application had been made to the Court of Protection.
- Staff had received training in MCA and the registered manager demonstrated a good level of knowledge of how this impacted on the service delivery.
- There was a staff member in place who lead on MCA (a 'champion') and who had received enhanced training in the subject.

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.

This is the first performance review and assessment of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service, and their relatives, told us staff were consistently kind, caring and compassionate towards them.
- One person who used the service said, "Of course the staff are kind and caring. I have always found them to be polite and respectful to me. I can't think of any examples, but they're always very nice."
- One relative told us about the compassionate care the registered manager had shown in helping them understand the health needs of their loved one who used the service. They described this care as understanding, helpful and reassuring adding, "I know I can call Fuchsia homecare at any time for help."
- Another relative said, "[Family member] has dementia so I often sing nursery rhymes to them. I recently heard one of the carers singing with [family member] and it was really sweet. I could hear the carer had learnt it from me. It was really nice."

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

- Although not everyone was able to confirm they had been involved in their formal care plan, all said they were involved in their care at the point of delivery and that it met their needs.
- Records we viewed showed people, or their representatives as appropriate, had been involved in their care plan with signed and appropriate consent in place.
- Staff told us care plans were accurate and that they were updated when required, including when they, or the people who used the service or their relatives, raised concerns about changing needs.

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us staff consistently showed respect towards them, maintained their dignity and encouraged their independence; records confirmed this.
- We asked one person if staff maintained their dignity when supporting them and they told us, "Yes, definitely, 100%. They always cover me up when they wash me and when they are rolling me. They always cover me up when I use the hoist."
- The relatives we spoke with agreed. One said all care and support was, 'Done with dignity' whilst another told us how staff interacted with their relative in a playful but professional manner maintaining dignity at all times.
- Staff were able to tell us how they maintained people's dignity and encouraged independence and choice. Care plans considered these aspects of care and ensured staff focused on what people could do, not what they could not. One relative told us staff 'respected' their family member's need to be independent.

Is the service responsive?

Our findings

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

This is the first performance review and assessment of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their needs were met in a person-centred, caring and thoughtful manner.
- One person who used the service told us how the support they received made them feel. They said, "Staff always do my hair, and they know I always like a little perfume, so they do that. Every morning they get my clean clothes ready. They all coordinate. It makes me feel better."
- Relatives agreed with one telling us, "Staff encourage [family member] to hold onto the bed and exercise their feet because they still cannot walk. Staff encourage [family member] to reach their target towards walking again."
- Care plans we viewed were person-centred and considered people's individual needs. We saw that they had been regularly reviewed and updated as required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans considered how best to support people with their communication needs. For example, for one person who lived with dementia, the care plan recorded how the person communicated best with gestures, rather than verbal communication.
- The service provided information in other formats as required such as large print, Braille and easy read.

Improving care quality in response to complaints or concerns

- People, and their relatives, told us they felt comfortable in raising concerns and that they would be actioned. One person who had previously raised a concern told us they were satisfied with how this was managed and that it had been rectified quickly.
- The service had a positive approach to complaints and saw them as opportunities to improve the care delivered. A log was in place to record complaints which demonstrated appropriate action had been taken and that they had been taken seriously. This ensured there was oversight of complaints and that any trends or patterns could be easily identified.

End of life care and support

- The service monitored people's health and palliative risk assessments were completed which directed the

service to any action they needed to take to ensure people were comfortable and well cared for. End of life care plans were then completed when the need arose.

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.

This is the first performance review and assessment of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service met their person-centred needs, was of a consistently good quality and that they would recommend it to others.
- Staff demonstrated a commitment to providing a quality service that impacted positively on the people who used it. One relative we spoke with said of the staff, "They go above and beyond with my [family member]."
- The registered manager demonstrated a responsibility to ensuring people received an individual service that was flexible and provided people with choice, dignity and independence.
- People benefitted from receiving a service that understood the importance of staff training, support, skills and monitoring competency. This ensured people received a consistently good quality service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour requirement and told us it focused on being open and honest when things went wrong and providing an apology.

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

- The manager was registered with CQC, in a separate process, during this performance review and assessment and demonstrated a strong knowledge of their role and responsibilities.
- There was a good support network in place for all who worked for Fuchsia Homecare Norwich and they had a collective objective to deliver a good quality service at all times, that was continuing to improve and learn lessons.
- Staff were clear on their responsibilities and there were systems in place to ensure accountability. We saw the provider take appropriate action with staff, through their disciplinary process, when they failed to meet the required standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The people who used the service, their relatives and staff told us they felt involved in the service and the care being delivered.
- We saw from minutes from staff meetings that these were used as open arenas to discuss the quality of

the service, seek views and impart knowledge and training.

- For the people who used the service, they were given opportunities, and in differing formats, to provide feedback on the service. This included via face to face meetings, telephone reviews and through written surveys.
- The registered manager demonstrated an understanding of the importance of confidentiality when managing concerns raised by staff. They understood the need for full investigations and an open and honest culture that encouraged staff to challenge and question.

Continuous learning and improving care

- There was a quality assurance system in place that had been effective at ensuring a consistently good quality service was delivered.
- However, the provider had not completed regular or recent oversight audits which would help to ensure any deterioration in the service was quickly identified and rectified, mitigating the risk of people receiving a reduced service.