

Fountain of Health Ltd

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Inspection report

40 Westbury Road
Ipswich
Suffolk
IP4 4RF

Tel: 01473871289

Website: www.fountainofhealthltd.co.uk

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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

Fountain of Health Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 25 September 2018 there were 16 people who used the personal care service. We gave the service 24 hours' notice of the inspection to make sure that someone was available to see us.

This service was registered in July 2017 and this was their first inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were systems in place designed to provide people with safe care. Risks to people were managed, including risks from abuse and in their daily lives. There were enough care workers to ensure that all planned visit for people were completed. Care workers were recruited safely. People did not receive any support with their medicines, other than reminding people to take them. However, care plans identified the medicines they took and care workers had received training in medicines. There were infection control procedures in place to reduce the risks of cross infection.

There were systems in place to provide people with an effective service. Care workers were trained and supported to meet people's needs. The service was up to date with the requirements of the Mental Capacity Act 2005. People were asked for their consent before any care was provided and their choices were documented. Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

People received a caring service. People told us they had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People were provided with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. This included people's end of care needs and choices. A complaints procedure was in place and people's concerns were addressed.

There were systems in place to monitor and assess the service provided. People were asked for their views and these were listened to and valued.

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.

There were systems in place designed to reduce the risks to people from abuse and avoidable harm.

There were care workers available to cover people's planned visits. There was a system to recruit care workers safely.

No people currently required support with their medicines, but there were systems in place to support people safely if needed and care workers were trained in medicines.

Infection control processes reduced the risks of cross infection.

Is the service effective?

Good ●

The service was effective.

People were supported by care workers who were trained and supported to meet their needs.

People consented to their care and their consent was sought before any care was provided.

Where people required support with their dietary needs, this was provided effectively.

People were supported to access health professionals, where required. The service worked with other professionals to provide people with a consistent service.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with care and kindness and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were assessed, planned for and met. This included the care and support that people required and preferred at the end of their lives.

There was a system in place to manage people's complaints.

Is the service well-led?

Good ●

The service was well-led.

There were systems in place to monitor and assess the service people received.

People were asked for their views about the service and these were valued and listened to.

Fountain of Health Ltd

Detailed findings

Background to this inspection

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

This announced comprehensive inspection was carried out by one inspector on 25 September 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available.

We visited the office and spoke with the registered manager. We reviewed four people's care records, records relating to the management of the service, training records, and the recruitment records of three care workers. We spoke with three people who used the service, the relatives of two people and two care workers on the telephone.

We reviewed information we held about the service, including the statement of purpose, their registration documents and notifications we received from the service. Notifications are required by law which tells us about important events and incidents and the actions taken by the service. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

Is the service safe?

Our findings

People told us that they felt safe with their care workers. One person's relative said, "I know [family member] is safe now they [care workers] are coming in. If there is a problem [care worker] will ring."

The service had systems in place designed to protect people from avoidable harm and abuse. This included policies and procedures and training for care workers. The registered manager told us that there had been no safeguarding concerns made about the service.

Risks to people's safety were managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own homes. People care plans provided care workers with guidance on how to monitor and report any concerns in people's wellbeing which affected their safety, including the development of pressure ulcers and the risks of falling. Where people had pressure ulcers or were at risk of them developing, care records detailed the equipment used and support provided by other health care professionals.

People told us that their care workers always turned up for their visits and they were told if they were running late. One person said, "Sometimes they are a little late, but it is not a problem, sometimes they let me know or I can telephone them to see where they are." If visits were running late or there was a potential of a visit being missed, the registered manager told us that they completed them. The registered manager told us that there were enough staff to ensure all visits were completed. Care workers said that there were enough care workers to cover

We reviewed the recruitment records of three care workers. These included checks that prospective care workers were of good character and suitable to work in the service.

The registered manager told us that there were no people currently using the service who required support to take their medicines, other than reminding people to take them. However, if this support was required there were systems in place to do this safely. Medicines administration records were prepared and care workers had received training. People's care records detailed the medicines prescribed.

Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. The use of PPE was included in the spot check observations of care workers to ensure they were demonstrating good infection control processes.

Where shortfalls were identified by the registered manager, or concerns received from people. These were learnt from and used to drive improvement.

Is the service effective?

Our findings

People's care needs were assessed holistically. This included their physical, mental health and social needs and protected characteristics relating to equality. Prior to people starting to use the service, the registered manager undertook a needs assessment, in consultation with the person and their relatives, where required. This provided a smooth transition to start using the service.

People told us that they felt that the care workers had the skills to meet their needs. One person's relative told us about the equipment that their family member used, "They are very good, they [care workers] know how to use it all."

We reviewed the training records of three care workers and the records which were maintained by the registered manager which included all of the training the care workers had received. Training included fire safety, medicines, moving and handling, safeguarding, infection control and health and safety. Some care workers had attended training in dementia, there were plans for all care workers to receive this. The registered manager told us that they had reviewed their system for training and had sourced a new training provider. There were plans to provide more training and courses which required care workers to complete knowledge books on the training received.

New care workers were provided with an induction which included training provided by the registered manager, who was also a registered nurse. New staff also shadowed more experienced care workers and/or the registered manager to learn from them. There were shadowing assessments in place which identified that care workers had been observed in their practice and any further support needs were identified. Care workers were provided with a staff handbook which included information and guidance in areas such as human resources, code of practice, whistleblowing and the roles and responsibilities of care workers. New care workers, if they had not already achieved a qualification relevant to their role, were supported to undertake the Care Certificate. This is a set of industry recognised induction standards that care workers should be working to.

Records showed that care workers received one to one supervision meetings. Supervisions provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The care workers we spoke with told us that they felt supported.

The service worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. People were supported to maintain good health and had access to health professionals, where required. One person's relative said that the care worker had suggested actions by the relative when they were concerned about the person's wellbeing, which they thought was positive. The registered manager told us about examples of when they had supported people with their healthcare needs. One person was being supported by a community healthcare professional with their pressure ulcer care. The registered manager had arranged to meet with the health care professional and receive guidance in the requirements of care workers, this was then fed back to the care workers.

The service supported people to maintain a healthy diet and with eating and drinking, where required. Records demonstrated that people were provided with the support they needed in this area.

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.

People told us that the care workers asked for their consent before providing any care. One person said, "They ask me what they need to do." People's care records included information about if people had capacity to make their own decisions. People had signed their care records to show that they consented to the care they were being provided with. The registered manager told us that the people using the service currently had capacity to make their own decisions. They said that they were concerned about one person's capacity and they had contacted their allocated worker to share their views. No people currently using the service required support with decisions to be made in their best interests. However, the registered manager understood then this support was needed. There was no evidence in place to show that care workers had undertaken training in the MCA. The registered manager told us this had been identified and they had plans to include this in the training programme.

Is the service caring?

Our findings

People told us that their care workers treated them with kindness and respect. One person said, "They treat me well." Another person said, "They are more like a friend than a carer I must admit. I would not say a word against them. They are so gentle, do anything to help, they are wonderful they really are." One person's relative said, "They are all very caring. They boost [family member] up and have a laugh. [Family member] likes them all, they treat [family member] well." Another relative commented, "[Names of care workers] are so lovely to [family member]."

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. People told us how they felt their privacy and dignity was respected by their care workers when they were provided with personal care. One person said, "I think they respect my privacy yes." One person's relative commented, "They help [family member] to have a wash, they respect [family member's] privacy." Records were stored securely in the service, which reduced the risks of their personal information being accessed.

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. An example of this was, in one person's records, it was noted, "Likes to be given as much opportunity as possible to do things [independently]." One person said, "They encourage me to do things."

People told us that the care workers listened to them, acted on what they said and they were consulted relating to their care provision. One person said, "I am definitely asked what I need, the carers always ask what I want." One person's relative commented, "Communication is good, they ring us if there is a problem and we have got a little book we write in and the carers write in. If anything needs doing they will do it." People's care records identified that they had been involved in their care planning. This included their choices about how they wanted to be cared for and supported. In addition, people's interests and history were included which provided care workers with information about the individual they were caring for.

Is the service responsive?

Our findings

People said that they were happy with the care and support provided, which met their individual needs. One person said, "I am very happy." Another person said that they received care and support when they were ill, "Their way of treating me pulled me through, they were full of determination and said it was not time for me to die. What do they put in that fountain of theirs?" They laughed and said, "Health." One person's relative said, "I do not know what we would do without them." Another relative commented, "They are fabulous, they have made such a difference to all of our lives. We know [family member] is getting up and dressed."

The registered manager told us how people were provided with a consistent service and if people liked their care workers they kept them. This was confirmed by people, one person said, "I get the same carers on a rotation basis." One person's relative commented, "We know them all and [family member] likes them."

Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living and relating to the care provided. Reviews on the care provided was undertaken to ensure people received care that reflected their current needs. People's daily records included information about how their daily needs had been met and their wellbeing.

People told us they knew how to make a complaint and felt that they would be addressed to their satisfaction. One person said, "I don't need to complain, no problems, but I do have a form here that tells me how to complain." There was a complaints procedure in place which was provided to each person who used the service. We had received concerns about the service provided and the registered manager was able to tell us about the actions they had taken to address them, which was also documented. The registered manager had said that they were unsubstantiated and there had been miscommunication between people and care workers, which had been addressed. This showed that there were systems in place to manage people's concerns and complaints, address them and use them to improve people's experiences. The registered manager told us that people were regularly contacted to check that they were happy with the service they received. They said that any concerns were addressed the same day to reduce the risks of formal complaints and to improve people's experiences.

The service provided end of life care to some people who used the service. Care workers were provided with guidance on people choices and preferences about how they wanted to be cared for in people's care plans. Where people had made decisions about the end of their lives such as if they wanted to be resuscitated, this was documented. Those care workers who provided end of life care received training in this subject. The registered manager told us that they had contacted a local hospice and were planning to support care workers to attend their training. We saw cards which had been sent to the service from people's relatives thanking them for the end of life care provided to their family members. One stated, "Thank you for all you have done for [family member] in [their] last few days." Another stated, "Thank you for the loving care of [family member] in [their] last weeks. You gave [family member] dignity and love and have become friends in difficult times." A third said, "[Family member] enjoyed your company and the laughter that was always present. It was just what [family member] wanted."

Is the service well-led?

Our findings

This service was registered in July 2017 and this was their first inspection.

There were systems in place to support the registered manager to monitor and assess the service. Checks were undertaken on people's daily care records. The daily records were returned to the office when completed and these were reviewed by the registered manager. The start times of each visit were included in daily records but the time of care workers leaving was not included. The registered manager told us they had independently identified this and to address it they had provided a signing in and out sheet which care workers must complete at each visit. The registered manager had identified ways of improving the training provided. This assured us that the service identified where they could improve and implemented the improvements.

There was an open culture in the service, people were asked for their views and these were listened to and valued. People had completed satisfaction questionnaires to express their views of the service. Where comments from people were received the registered manager said they would address them. Spot check documents in people's care records showed that care workers were observed in their usual work practice and people were asked for their views about the service provided by their care workers. There were documents of care reviews and monitoring either by telephone call or visits by the registered manager to check that people were satisfied with the care they were provided with and if any changes were needed in their care plans. The registered manager told us they were undertaking a full quality assurance process and had sent out questionnaire to all people, so far only three had been received back. The registered manager said that these would be analysed and used to drive improvement once all had been received and analysed.

The registered manager told us that they were working on having formalised meetings to discuss any changes in the service and people's needs. They said that they did do these informally but these had not yet been recorded.

The registered manager told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other professionals involved in people's care, such as community nurses and GP service. We received feedback from a commissioner who advised that the service had worked well with them and took on board any advice and guidance provided. The registered manager told us that they had accepted the support and had used this to develop and improve people's care planning documents.