

Foxbridge Healthcare Solutions Limited

Foxbridge Healthcare Solutions

Inspection report

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Date of inspection visit:
21 September 2021

Date of publication:
21 October 2021

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

Foxbridge Healthcare Solutions Limited is a domiciliary care agency providing personal care to people in the community. At the time of the inspection, one person was using the service. Prior to this, the service had provided specialist care to four people on end of life care.

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

People's care was delivered in a manner that protected them from the risk of abuse. Risk assessments were carried out on people's health. Staff followed the guidance in place to manage the risks identified. Staff received training on safeguarding and knew how to identify and report abuse. Staff were aware of their responsibility to keep people safe. People received the support they required to take their medicines safely. Enough staff were deployed to deliver care. People were supported by staff who underwent appropriate recruitment processes. People's care delivery complied with infection prevention and control methods and protected them from the risk of infection.

People received effective care because staff were supported to undertake their roles. Staff attended training and refresher courses and had supervision which enabled them to provide appropriate care. People were supported to maintain good health and wellbeing.

People and their relatives were happy with the care provided by the service. People were treated with compassion and respect. Staff sought and obtained people's consent before providing care to them. People got on well with staff and had developed meaningful relations with them. Staff respected people's privacy and upheld their dignity and human rights when providing care. Staff supported people to maintain their independence and to make choices about their lives.

People's care needs were reviewed and changes were made to their support plans as appropriate. People and their relatives were confident about how to raise concerns and felt the provider considered their views.

People, their relatives and staff made positive comments about the management and leadership of the service. The registered manager was said to be approachable, honest and open to ideas to develop the service. The provider reviewed and audited the quality of care and made improvements when needed. The registered manager ensured staff learnt from incidents when things went wrong and took action to minimise the risk of a recurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We were assured the provider was following national guidance on good infection prevention and control protocols in relation to the COVID-19 pandemic. Staff followed the measures in place to mitigate risks in relation to the COVID-19 pandemic and protect people from the risk of acquiring infections.

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

This service was registered with us on 01/08/2019 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

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.

Foxbridge Healthcare Solutions

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We reviewed information we had received about the service since they registered with us. We used all of this information to plan our inspection.

During the inspection

We spoke with the administrator/care coordinator and registered manager. We reviewed a range of records. This included three people's care records. We looked at staff files in relation to training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We also spoke with two carers.

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 inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were able to describe types of abuse and what they needed to do to identify and report any concerns. Staff knew how to whistle blow allegations of abuse to internal and external agencies to help keep people safe. Whistleblowing is when a worker passes on information concerning wrongdoing. Staff attended training on safeguarding and refresher courses to maintain their awareness of how to support safely.
- The provider had systems in place to safeguard people from abuse. The registered manager knew when to collaborate with the local authority if they were safeguarding issues. There were no safeguarding concerns raised at the service in the last twelve months.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to ensure staff supported people in a safe manner. Comments from relatives of people who used the service included, "I have no concerns at all" and "We were very happy with the carers."
- Care plans contained information about tasks that people could safely do for themselves and what they needed support with. For example, one person's risk assessment showed they required support to take their medicines and their family involvement. This ensured staff knew when to administer a person's medicines reducing the risk of over medication or missed tablets. Care records showed staff followed the guidance in place to support people in a safe manner.

Staffing and recruitment

- Enough staff were deployed to meet people's needs. Comments from people included, "[Carers] are punctual and will call if they are running late" and "We never had problems with [carers]. They turned up and on time". People and their relatives were happy, said staff were punctual for their shifts and communicated with them if there were any delays. They were happy they knew in advance the carers assigned to provide their care.
- The registered manager told us they assigned a team of staff to provide care to each person which ensured consistency in the support provided. One relative commented, "[Person] liked the regular carers who helped them, and we were happy with the arrangement." Staff told us they received their rota in advance which enabled them to plan their journeys. They felt staffing levels were adequate and rotas confirmed this.
- People were supported by staff assessed as suitable for their roles. The provider practiced safe recruitment processes which included checks on staff to work with vulnerable adults and their eligibility to work in the UK.

Using medicines safely

- People who required support to take their medicines were enabled to do so safely. Staff completed medicine administration records (MAR) and records we reviewed were filled out correctly and with no gaps. Regular audits were carried out to ensure people received their medicines as prescribed and that any discrepancies were identified and corrected without delay.
- Staff received training to manage people's medicines and had their competency assessed.
- A medicines policy and procedures were in place and reviewed when needed.

Preventing and controlling infection

- People were protected from the risk of infection. Staff told us they used Personal Protective Equipment (PPE) effectively and safely to keep themselves and people using the service safe. They wore aprons and gloves when preparing food or carrying out personal care. Staff said they washed their hands and cleaned any equipment used after completing personal care.
- The provider had policies on infection prevention and control and COVID-19. These policies were up to date and in line with national guidance. Staff had received training about infection prevention and control including COVID-19 and were able to describe how they were currently controlling the spread of infection.

Learning lessons when things go wrong

- The provider ensured lessons were learnt and made improvements to prevent a reoccurrence of mistakes. Staff followed the provider's policy to report and respond to accidents or incidents. The provider maintained a record of incidents and accidents of each persons' history and contained an analysis to identify patterns or trends. For example, one person had a history of falls. Staff ensured the person had easy access to their mobility aids.

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 inspection for 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 received care that met their needs. One relative commented, "[Care staff] look after [person] very well. They are trustworthy."
- Assessments of people's needs were carried out and care plans contained details of the support they required. Support plans included information sought from people who used the service, their relatives where appropriate and other providers who worked and knew them well.
- Records showed staff followed the provider's guidance to ensure they supported people in line with best practice.

Staff support: induction, training, skills and experience

- People were cared for effectively because staff received appropriate support to undertake their roles. A member of staff told us, "[Registered manager] is supportive and will do all that is necessary to make sure we get the training required to do our job."
- New staff underwent induction before they started providing care. This included completing a course recognised in health and social care, opportunity to shadow other staff and familiarise themselves with people and their care records so they understood how to support people well.
- Staff told us, and records confirmed they received regular supervision to discuss their performance and any support they may require. Staff received training appropriate for their roles and records confirmed they attended refresher courses and specific training where people had significant health conditions, such as dementia or diabetes, to help them provide appropriate care.
- Training records confirmed staff were trained in safeguarding people from abuse, first aid, Mental Capacity Act, infection control and manual handling.

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

- People were supported to eat and drink sufficiently and healthily in a way which met their needs. When required, staff supported people with food shopping and to prepare meals.
 - Staff supported people with meal planning and encouraged them to make healthy choices, for example including vegetables and fruit in their diets. Some people required prompting or support to eat and drink.
- Staff working with other agencies to provide consistent, effective, timely care
- People accessed healthcare services when needed. Staff supported people to seek advice and guidance from healthcare providers and other agencies for their well-being and health conditions such as diabetes.
 - Support plans contained guidance to help staff support people as recommended by healthcare professionals. For example, staff followed guidance to support a person to walk safely by using the recommended walking frame.

- The registered manager held meetings with people and their relatives and commissioners to review their needs and ensured they were still able to provide appropriate care and meet agreed outcomes.

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

- People were supported to stay healthy and to access healthcare support when needed. A relative told us, "[Carers] arranged appointments with [person's] GP and accompanied them to hospital appointments". Staff told us they contacted emergency services when appropriate.
- Care records showed staff supported people to attend health reviews with their GPs and hospital appointments when needed.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People received care in a manner that respected their human rights. People told us staff sought their consent before providing care. People agreed to the support plans and signed agreements to show they consented to their care being delivered as planned. Staff understood their responsibilities in relation to the MCA and had received training to ensure they understood how to respect people's rights. The provider had an MCA policy which staff had access to inform the way they provided care.
- Mental capacity assessments were carried out and best interests' meetings held when needed. People's care plans contained information about what decisions they could make for themselves and where they may require more support, for example to manage or make decisions about their medicines.

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 inspection for 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 were cared for with kindness, respect and compassion. Comments from people and their relatives included, "They've [carers] been great," "[Carers] are kind, polite and caring" and "[Carers] are attentive and [person] is never rushed."
- People got to know the staff who provided their care as there was a small team assigned to support them. Relatives told us this enabled people and staff to develop positive caring relationships.
- People's care delivery was done in a way that promoted their equality and diversity. Staff were aware of people's cultural and spiritual needs and wishes and took account of these when providing care. Care records included information that mattered to people's identity such as their history and cultural heritage. Staff told us they were respectful of people's individualities and understood their responsibility to provide care without any discrimination. Staff received training and upheld values that promoted equality and diversity in line with the provider's policy.

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

- People were given opportunities to share their views about their care and discuss choices about their daily routines and the support they wished to receive. Relatives told us and records confirmed people were involved in planning their care.
- The registered manager communicated regularly with people who used the service and their relatives where appropriate to hear their views and support them to make decisions about their care. The information gathered by the registered manager enabled staff to understand how each person preferred their care delivered, and how the current support plan was working for them. Staff told us they respected people's choices about how they wanted their care provided.
- Care records confirmed people received care as planned in line with their choices and any changes requested.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy respected. Staff understood how to maintain people's privacy and dignity and gave examples such as seeking permission to enter people's bedrooms and closing bathroom doors and curtains when providing care. Staff told us they maintained people's records and information confidential. Staff understood they could never discuss a person's care with anyone who was not authorized to know and could only do so if the person had capacity to consent to that.
- Care plans contained details about what people were able to do independently. This ensured staff supported people in ways that promoted developing or maintain existing skills such as dressing or combing their hair when able to do so.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received care that met their needs. A relative told us, "[Carers] understood [person's] needs. They knew what worked best for [person]." Another relative said, "[Person] got the help we wanted." Care plans contained information about people's needs, preferences and how they wished their support to be provided.
- Reviews of care plans were undertaken regularly and updated to reflect changes in people's needs and how they wanted their care delivered. This enabled staff to respond appropriately to people's needs as they had up to date information about their care and preferences.
- The registered manager communicated with staff regularly about people's changing needs and the support they required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. People who used the service received information about their care in a manner they understood. Staff communicated with people well and understood how they wished their care to be provided.
- People were supported to make decisions about the care and support provided. Staff told us and records showed people's communication needs and preferences were known and used to involve them in making decisions about their care.
- The provider and registered manager ensured people were able to access information in a format suitable for them in line with AIS. Records confirmed what people told us that their care plans and other information about the service was provided in a format they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to access the local community by staff or their relatives to undertake activities of their choice where appropriate. Staff accompanied people on walks and outings where this was part of their care plan. Records showed people were supported to maintain contact with those that mattered to them to ensure their social contact and wellbeing needs were met. For example, staff arranged video calls between a person and their family members who lived abroad.
- Care records contained information about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they were unhappy with any aspect of the service. Their comments included; "We never had a reason to make a complaint", "A minor issue was resolved quickly and to our satisfaction" and "I am happy we talk things through with the carers. The [registered manager] is quite responsive and she will quickly look into any issues we may raise".
- People and their relatives were provided with the complaints policy and procedure to ensure they understood their rights and process about how to raise concerns about the care provided.
- The service had not received complaints in the last twelve months.
- People and their relatives made positive comments about the care provided. Compliments about the service included "We're very happy with the carers and their work" and "[Carers] are happy and helpful."
- The registered manager told us they communicated with people who used the service and their relatives regularly and sought to address any concerns raised in a timely manner and to their satisfaction.

End of life care and support

- People received the care they required at the end of their lives. Relatives comments included, "[Person] was looked after very well until the end" and "[Person] had a dignified end. [Carers] made sure [person] was comfortable and comforted to the end." The registered manager involved people and their relatives to obtain their views about the care they wished to receive at the end of their lives. People's wishes of the support they required for their end of life care were recorded and updated when needed.
- Staff received training to provide end of life care and felt confident to support people. Staff worked closely with other health and social care professionals such as GPs, district nurses and the palliative care team that visited people in their homes to provide end of life care. No one was receiving end of life care at the time of our inspection. The provider had an end of life policy in place.

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 inspection for 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 benefitted from a person-centred approach to their care. The provider ethos was an open, inclusive and empowering culture which placed people at the centre of the service. Comments included, "[Registered manager] and [carers] work so hard in providing an excellent service," and "[Registered manager] is a phone call away and manages the agency very well."
- People were given opportunities to speak up about the support they received and any aspects of their care which they liked to see improved. Relatives viewed the registered manager as honest, approachable and open to ideas to making improvements to develop the service.
- Staff told us the registered manager involved them in decisions that affected the way they worked and provided care to people. They told us they enjoyed their roles and felt well supported in their work. Staff were complimentary about the management and leadership at the service. Their comments included, "[Registered manager] is fair and focussed on us helping our clients as best as we can," and "I feel able to talk to the [registered manager] about my work, training needs and just about anything. She is a good listener and doer."
- The registered manager ensured that the care records maintained were a true reflection of the care and service provided. People's care records were stored safely and securely and in accordance with data protection requirements.

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

- People and their relatives were happy the registered manager was open and honest with them when things went wrong. They told us the registered manager acknowledged any shortcomings in service delivery. The registered manager discussed incidents and concerns and kept people and their relatives aware of what the provider was doing in response.
- Staff told us the culture at the service promoted and enabled them to be open and honest when they did not meet the standard of care expected by people and their relatives. Staff said they did not fear any reprisals which enabled them to take responsibility for any mistakes and get the support they required to improve their practice.
- The provider ensured staff reported and recorded incidents which were then shared with the team to ensure continuous learning took place.
- The registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) of

significant events in line with their legal responsibilities. The registered manager reported accidents, incidents and concerns to CQC and the local authority as required.

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

- People's care delivery was in line with CQC's regulatory requirements. The provider had a clear vision which they shared with staff. This ensured staff understood the importance of providing safe care.
- Quality assurance processes were structured in line with CQC regulations they were required to comply with. The provider undertook audits of the quality of care provided on various aspects such as care planning and records keeping, staff training and policies reviews. July 2021 audits did not identify any major shortfalls about any aspects of the service reviewed.
- Staff attended meetings called by the registered manager to discuss and understand their roles in relation to meeting people's needs, managing risks, policies and procedures, medicines management, record keeping, supervisions and training.
- The provider ensured records and policies and procedures were reviewed and updated when required.
- CQC received notifications on significant events in a timely manner as required.

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

- People who used the service and their relatives were involved in how the service was run. Comments included, "[Registered manager] calls and visits to talk about [person's] care" and "We are very happy with the management and carers". They told us management and staff communicated effectively with them via regular telephone updates, emails and face-to-face contact when needed.
- People and their relatives were provided with opportunities to give feedback about the care provided and how the service was run. For example, people and relatives were asked what changes they would like to see at the service. The provider made improvements based on people's feedback, for example increasing flexibility in scheduling times for providing care. People and relatives made positive comments about the management and leadership of the service.

Continuous learning and improving care

- Improvements were made when needed to the care and support people received. The provider reviewed and monitored the quality of the service. Comprehensive audits were completed regularly on several aspects of the service including medicine administration records, daily observations, care planning, staff training and supervisions. The provider analysed the audits and used findings to implement changes and improvements.
- The registered manager held regular catch up calls and meetings with staff to discuss and to share updates about changes to people's needs and the support they required.
- The provider and registered manager sought staff views on how to improve the service. Staff told us they felt comfortable in discussing issues concerning the service and used the conversations as learning opportunities to prevent problems before they arose.
- Staff felt happy their views were valued and considered when the provider sought to develop the service.

Working in partnership with others

- The registered manager worked in partnership with the local authority, various other agencies and health professionals to ensure people were supported appropriately.
- The provider had links with other agencies around the local community which they worked with closely. For example, the provider worked well with GPs, social workers, physiotherapists, pharmacies, hospices and palliative teams to ensure people received specialist services at the end of their lives and to support people moving between services.

