Fourways (Sidmouth) Limited

Fourways Community Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 and 21 October 2016 and the first day was announced. The registered person was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the registered office.

Fourways Community Care provides personal care to people in their own homes in Sidmouth and surrounding areas. At the time of the inspection the service were supporting 47 people receiving personal care. Times of care visits ranged from 30 minutes up to 24 hours which included nights.

The registered person is also the registered manager of the service. 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. The registered person delegated responsibility to an office manager who was in day to day control of the service. They were supported by a care coordinator, administrator, and a care worker who was trained to deliver training and care workers. The office manager said the registered person was always available for support and guidance.

A number of effective methods were used to assess the quality and safety of the service provided. People's views and suggestions were taken into account to improve the service. An external company undertook surveys of people, staff and stakeholders and action plans were formulated. People knew who management team were and trusted them to provide good care. They said they the service was well led and provided good care.

People felt safe and secure when receiving care. They trusted the care workers to have the skills to keep them safe. People had positive relationships with their care workers and were confident in the service. They said the support they received from the service met their care needs. People and relatives said care workers relationships with people were strong, caring and supportive. Care workers gave care that was kind and compassionate. No-one had any complaints about the care and support they received.

As part of the assessment process for new people using the service, environmental risks were assessed and measures put into place to minimise the risk. People's rights were protected because the service followed the appropriate guidance.

People's medicines were managed safely. The office manager was working with the local pharmacy to introduce new medicine administration records.

Care files were personalised to reflect people's personal preferences. Where people were supported with their nutrition needs care workers supported them to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment and were positive about the service.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people. People were protected by care workers who had completed safeguarding training and knew what to do if they were concerned that a person was being abused.

People received support from consistent care workers who they knew and trusted. Care workers received a range of training and regular support to keep their skills up to date in order to support people safely and effectively. Care workers spoke positively about communication and how they were kept informed. There was a caring ethos at the service. The management team encouraged team working and promoted an open, positive culture.

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.

People felt safe because staff were reliable and knew how to care for them.

Care workers were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People were supported by consistent staff that arrived on time and stayed for the required time.

Accidents and incidents were reported and measures taken to reduce the risks of recurrence.

People received their medicines on time and in a safe way. The manager was working with the local pharmacist to make improvements to the medicine administration records.

People were protected because staff recruitment procedures were robust.

Is the service effective?

Good

The service was effective.

Care workers received training and support which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

Staff recognised changes in people's health and sought professional advice appropriately and followed that advice.

People's legal rights were protected. The manager and registered person had an understanding of the requirements of the Mental Capacity Act (MCA) 2005. All staff were scheduled to undertake MCA training.

People, where required, were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People using the service praised the caring nature of the staff. This was demonstrated in their actions and approach.

People were supported by a staff they knew well and had developed relationships with. Staff offered people choices and supported them with their preferences

Staff protected people's privacy and supported them sensitively with their personal care needs.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were assessed before their care commenced and support plans were reviewed and updated as their needs changed.

People received individualised care and support that met their needs. Care was personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. People were confident their concerns would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the management team and how they were supported and their views listened to.

People's views and suggestions were taken into account to improve the service.

The culture was open and honest and focused on each person as an individual and the service was tailored to people's needs.

Quality monitoring systems were in place to monitor the quality of people's care and staff practice.

Fourways Community Care

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 was planned to check whether the registered person 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 inspection took place on 20 and 21 October 2016. The inspection team consisted of one inspector. The first day of our visit was announced. The registered person was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR) which we received in August 2016. The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law.

Before our inspection we sent questionnaires to people who use the service, their relatives and friends, staff and health care professionals. This was to gain their views about the service. We received responses from 21 people who use the service, ten relatives, ten staff and three professionals.

We spoke with four people and three relatives of people using the service to ask their views. This included visiting one person in their own home. We also spoke with 11 members of staff, which included the registered person, office manager, care coordinator, administrator and seven care workers. We reviewed three people's care files, two care workers files and training records and a selection of records relating to the management of the service. We sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from one health and social care professional.

Good

Is the service safe?

Our findings

People and relatives said the service was good and they treated them well. One relative commented, "I am very happy with the care my husband receives. They are all very good and make sure he is safe. They put him right which I am very grateful for."

People and relatives that responded to the survey carried out by the Care Quality Commission (CQC) said they felt safe from abuse and or harm.

Care workers demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have. For example, they knew how to report concerns within the organisation and externally such as the police and local authority. Care workers had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. The registered person and office manager understood their safeguarding roles and responsibilities. Health and social care professionals confirmed there was good communication with the management team. They said staff were interested and responsive and clearly knew people they supported well.

When people started to use the service a risk assessment was undertaken of people's homes. The risk assessment took into account both the external and internal environment. There was no formal assessment undertaken regarding risks to individuals for example regarding skin integrity and nutrition. However the service worked very closely with the local community nurses. Care workers were aware of the signs to look for an alerted the community nurses if they had any concerns.

There were effective recruitment and selection processes in place. Care workers had completed application forms and interviews had been undertaken. Pre-employment checks were carried out, which included written and verbal references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider also undertook checks to ensure care workers had the correct car insurance should they need to take a person in their car. This was checked annually to ensure it had not expired.

People received rotas of who would be visiting. These showed their visit time and the name of care workers who would carry out each visit. People and their families said care workers arrived on time (within the agreed time scale) and stayed for the agreed length of the care call. They said they were kept informed of who would be visiting and the times. Comments included, "I have no problems at all with them I usually get the same carers that come" and "On the whole everything works fine. Every week we get a sheet with who is coming and the times."

People and their relatives told us they had consistent care workers. They confirmed there were no missed visits. The office manager said they had adequate staff to meet the contractual needs of people they supported. The provider required people to sign a form at the end of a care workers visit to confirm they were happy with the support they had received and the care worker had arrived and stayed the required

time.

People received varying levels of care workers support when taking their medicines. For example, from prompting through to administration. Care workers had received medicine training and competency assessments to ensure they were competent to give prescribed medicines safely.

The office manager was working with the local pharmacist to implement Medicine administration records (MAR) which were written by the local pharmacist. They said this would give care workers more information about the medicines they were administering. Care workers checked on an on going basis that people's medicines had been given as prescribed. The management team undertook a regular audit to ensure no errors had occurred.

There were accident and incident reporting systems in place at the service. Staff had recorded in an accident book where they had had an incident causing them an injury. In people's care records there were incident recording sheets for staff to complete if required. The office manager said staff would ring the office to inform them of any incidents and completed incident forms were brought into the office to be checked and to ensure the appropriate action had been taken.

Uniforms, hand sanitiser, disposable gloves and aprons (PPE's) were provided to ensure care workers had protective clothing and promote good infection control practices. They were also each given a bag to carry their PPE's and provided with a personal first aid kit, a torch and spare documents, so they had equipment to keep them safe and to undertake their role.

Good

Is the service effective?

Our findings

People were supported by care workers who had the knowledge and skills required to meet their needs. Care workers received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. This was delivered in the provider's training room by a care worker who had undertaken 'train the trainer' courses and some external trainers. Care workers were very positive about the training they had received. Comments included, "Definitely good, loads of different things covered. (in house trainer) makes it fun and interesting"; "They are really hot on training. It was all relevant… we covered everything I can think I needed" and "I asked for training about different types of hoists which they did." One care worker said, "Training is very good. If we want extra they will arrange it." The care worker gave an example of nutrition and health which was a training they had requested.

Of the 35 care workers working for the service, 18 had a higher qualification in health and social care, five were working towards a qualification and three were retired nurses. The office manager said they encouraged and supported care workers to undertake further qualifications.

Care workers completed an induction when they started work at the service, which included training. The provider had a 12 week probationary period for new staff. The induction required new care workers to be supervised by more experienced care workers. This ensured they were safe and competent to carry out their roles before working alone. One care worker said, "My induction was about two and a half weeks. I shadowed (experience care worker) until I felt ready to go out alone." Another said "I shadowed for a while… felt able…they asked to ensure I was capable before I went out." The management team used an 'induction shadowing form' which was completed for new care workers to ensure all areas had been covered. The office manager said, "The induction period depends on when they (care workers) are happy. They can shadow as long as they want…it depends on their needs and their experience. We get the views of the experienced staff as well."

The registered person and office manager were aware of the care certificate which came into effect in April 2015 for new care workers. However they had not needed to implement it as they had not employed any new staff who had not worked in care before.

Care workers received the provider's mandatory training. These included, safeguarding vulnerable adults, first aid, moving and handling, dementia, medication, health and safety, infection control, fire safety and food hygiene.

We observed care workers supporting a person with their mobility. It was evident that they had received the appropriate training as they were skilled in their approach; they were very patient and gave the person lots of encouragement and praise. They used the equipment appropriately and throughout made the person aware of what they were doing. When they required the person to stand they said, "Ready, steady, stand."

The management team undertook spot checks of care workers every three to four months. This involved observing them when in people's homes to ensure they have good practice. They looked at their timings,

appearance, demeanour, and attitude. They are also observed the care workers undertaking tasks and using equipment correctly and administering medicines safely and accurately completing records.

The Mental Capacity Act (2005) (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People were always asked to give their consent to their care, treatment and support. People had signed to confirm their agreement to the planned care. The management team had an understanding of the MCA and the need to undertake capacity assessments. However at the time of the inspection they were not supporting anybody that lacked capacity. The responsible person said they had decided that the MCA training was going to be mandatory for all care workers. They had scheduled MCA training for care workers in November 2016. This would enable care workers to feel confident when assessing the capacity of people to consent to treatment.

The office manager undertook informal supervisions with care workers and group supervisions when staff were at the service for meetings and training sessions. However, they had not recorded the discussions. Care workers confirmed they had regular contact with the office manager and were happy they were supported. Comments included, (The office manager) is very good, easy to talk to…I have taken her aside when I want to talk to her in private" and "I can ask to speak to (office manager) I am not frightened of saying anything. They are very approachable and supportive." The responsible person carried a book which they recorded staff conversations, requests and any issues raised. This was so they had a record they could refer to, if needed.

Appraisals were undertaken annually by the registered person and office manager. This gave care workers support and the opportunity to discuss concerns, training needs and performance issues. This showed that the registered person recognised the importance of care workers receiving regular support to carry out their roles safely.

Care workers knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. We saw an email from a family member praising a care worker for identifying a swelling which was found to need treatment. Care workers were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. Care records showed evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and community nurses. During our visit we heard numerous conversations where the care coordinator was contacting the local community nurse team with information and for guidance. For example, a care worker had raised a concern regarding whether a person's dressing needed re doing.

People were happy with the support they had to eat and drink. The support people received varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. At the time of our visit the service were supporting 27 people with their dietary needs. We observed care workers preparing food for a person. They asked the person what they would like and when they had cooked it they offered them condiments, and an alternative if they didn't like the food. The care worker supported the person with their meal. They knelt down with good eye contact and engaged in conversation with the person. Where care workers were responsible for supporting people with their meals they recorded and monitored their food intake. A care worker said, "I had food hygiene training, I

record what and how much he had. If he has had a poor amount I also report it to the office."

Good

Is the service caring?

Our findings

People and their relatives were positive about the care provided. They said care workers were polite and respected their privacy and dignity. Comments included, "They all do an amazing job"; "I am very happy with the service. They are all very pleasant. I am very satisfied with them"; "They are cheerful all of them. I am very happy" and "Very nice, very satisfied."

People said that they were involved in making decisions about their care and were consulted about changes to their care plan. People opinions were sought about how best to care for them and they were listened to. A care worker reported that a person who usually insisted their front door was locked had made the decision to have their door unlocked today. This was different from the support plan but they had respected their wishes. Where possible, people had signed to confirm their agreement. We observed care workers giving a person choices about their meal choice, whether they wanted condiments with their meal, refreshments and whether they wanted a rug to cover their legs.

Care workers had an understanding of the need to encourage people to be involved in their care.
They explained that people being involved in their care was important so they received the care and support they most needed. They also encouraged people to be as independent as possible. For example, a person was encouraged to walk a short distance with care workers support rather than using a wheelchair

Care workers treated people with dignity, privacy and respect when helping them with daily living tasks. This was clear when we visited a person. The care workers were respectful in their manner and ensured the person had privacy and dignity in their approach. For example when they used the toilet. Comments from people and relatives included when asked, "Very good, I can't fault them" and "They are very good, they definitely maintain his dignity. They always cover him up."

Care workers spoke about the service provided with a great deal of pride. Comments included, "I would recommend the care as it is very good" and "The care that is given is top quality." One care worker said "It is a very human service. The managers approach things from a human perspective." They also spoke about people they supported with a genuine affection. It was evident that they had built up strong relationships with people.

The service had received several written compliments. These included: 'We appreciate the high standard of care your lovely carers provide"; "many thanks for the excellent care"; "All the carers who cared for (person) did so with such compassion and kindness at such a difficult time" and "Everyone who came into mum made her feel loved. She always looked forward to her next visit."

Good

Is the service responsive?

Our findings

People and relatives said they were happy with how their or their relative's health and social care needs were being met.

The service's brochure recorded, 'The needs of the individuals we meet require such a personalised system of support the degree of help we offer must also reflect this diversity. From assistance with housework, shopping and personal care, from half an hour a week to sleep in night duties, we can help.' This was clearly the ethos used at the service. During our visit two prospective people visited the office to discuss their support needs. The management team took the time to listen to the people and discussed how they could support them. It was evident that the people were leading with the decisions being made and that the service was being adapted to meet those requirements. A relative responded to our survey saying, 'The service has been very efficient and responsive. They understand what is needed and are happy to make suggestions to improve the situation for my relative.'

We looked at how the service assessed and planned for people's needs, choices and preferences. Initial assessments were undertaken by the management team prior to the service commencing. This was to assess if the service could meet the person's needs. The provider recorded in their provider information return (PIR), 'We talk to the clients, families or health professionals involved. As much as possible we try to match the right carer with each client.' The information gathered was then used to develop personalised support plans. People's support plans included information about people's physical and emotional support requirements. People's personal care requirements were recorded, with a goal to maintain high standards of personal hygiene and independence with personal care. They were clearly set out the routine care workers needed to follow when supporting a person. For example, the plan was broken down into each visit e.g. the morning visit. Then there were the tasks required from how the care worker accessed the person's home to the equipment they needed to use and what personal care the person required.

Care workers felt people's support plans were really useful in helping them to provide the appropriate care to people. Comments included, "The care plans are very accurate and reflect what we do", "If anything changes we talk to the office and add"; "The support plans are easy to understand and straight forward"; "Plans are very good, if something changes we let the office know" and "The support plans are very accurate and are reviewed by (care co coordinator) and changed if needed."

The support plans also included people's personal details, personal background, likes and dislikes, equipment needed, hobbies and interests and medical history. People's care plans were reviewed on a three monthly basis or more frequently if changes occurred with the person and their families as appropriate. A guidance sheet was also produced which was a summary of information care workers required about each person they supported. This was given to any care worker going to the person so they had the knowledge they needed before they arrived to support somebody. One care worker said, "If I have a new client they give me the relevant information and we also get phone calls to make sure we are happy."

People's support plans were reviewed every three months and more regularly if people had a change in their

needs. There was a formal review and monitoring visit carried out six monthly by the management team. The review included people and their nominated relatives and friends as appropriate. People and relatives confirmed they were involved in reviewing their care. Comments included, "Someone came a few weeks ago. We went through his care plan; everything was OK so nothing needed to be changed" and "(Care coordinator) comes once a year to have a chat and review if there is anything we want."

People could feed back their experience of the care they received and raise any issues or concerns they may have. Everyone said they would be happy to raise concerns with the management team but had not needed to. One person said when asked if they had a concern, "I would ring the office… they do treat me well I am so thrilled with the care I get." Another person said, "If I had a concern I would speak with (care coordinator) she would sort it out." A relative said, "I have got no problems at all. If they arrived too late I would ring them, but I haven't needed to. The provider recorded in their PIR, 'There is a concerns and complaint policy…copy in the service user guide. Complaints are responded to within 72 hours and resolved in 72 hours.' This meant there was a system which the registered person would use in the event of a complaint. The provider had received no complaints in 2016 regarding the service. People responded to the survey that was carried out by CQC that they were happy they knew how to make a complaint. The office manager said they tried to resolve all concerns before they became serious.

Good

Is the service well-led?

Our findings

Everyone that worked at the service was very passionate about delivering a good service and that it was important to get it right for each person they supported.

People who used the service were very clear about who the management team were and how they could contact them. People and their relatives were very positive about the service. A person said, "I am very happy with them, they know what they are doing." One relative said, "It is the best service in Sidmouth."

The management team encouraged team working and promoted an open, positive culture. This was demonstrated by care workers comments who were very positive about the management team and working for the service. Comments included, "(The office manager) is easy to talk to…I am happy to raise things"; "I think it (service) is run very well"; "Everyone who works for Fourways is lovely it is a perfect company to work for. Anything we want we just have to say and they sort it out…they really listen" ; "(The office manager) is brilliant, I don't hesitate if I need to speak with her, I can raise issues with her easily" and "They are all friendly, wonderful and will always help out."

Care workers said there was good communication between them and the management team. They said they felt well supported; communication between them and the management team at the office was good and they could pop into the office at any time. Care worker comments included, "The communication is brilliant. Any new clients we are always briefed"; "We can contact the office at all times"; "We report back to the office if we think something is not good. They call the doctors and the district nurses if needed"; "I can go to (manager or Responsible person) no problem with either of them, they are very approachable" and "If something changes we get a phone call to let us know. The communication is excellent." We observed that the care coordinator contacted care workers on numerous occasions during our visits to inform them of changes to people's medicines and to ask their views.

The responsible person is also the registered manager. They had delegated responsibilities for the day to day running of the service to the office manager. They were supported to manage the service by a care coordinator, administrator and a care worker who delivered training. There was a clear organisational structure, where each of the management team knew their roles and responsibilities. The provider used an external employment service to advise them of employment law issues. This was to ensure where they had to take action regarding staff, this was in accordance with the relevant legislation.

There was an on call system for when the office was closed. Care workers and people could always contact somebody from the service if required. Care workers comments included, "On call always answers…they are very supportive"; "I ring the office whenever I need to. There is always someone on call if the office is closed" and "If concerned we phone the on call. They are very supportive." There was a buddy system being used. This was someone the on call person could call upon if required. This was a standby care worker who was paid a retainer to be available to undertake any additional duties in the event of staff sickness.

The office manager worked to ensure staff were consulted and involved in the running of the service and in

making improvements. Staff meetings were held regularly. At the last whole staff meeting in October 2016 there had been a fair attendance and issues discussed were recorded and all staff were sent a copy. The office manager said they had also taken the opportunity to speak with care workers who were attending an in house training the following day to ask their views. Staff were positive about the staff meetings. Comments included, "We can raise issues and they try and do what they can. They are very responsive"; "If we have any ideas they take them seriously" and "We can raise any concerns. (The office manager) always says this is your meeting, what do you want to discuss."

People's views and suggestions were taken into account to improve the service. The registered person recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided. An external company undertook an annual survey of people views. The last one in April 2016 had 30 responses from people which were positive. For example people said care workers respected their personal preferences, they were asked for their consent and that they were provided with suitable information and guidance. They had also received 17 responses from staff which were all positive about the service provided. A suggested development plan had been put forward by the external company which the registered person and office manager had implemented where able.

The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The office manager recognised the importance of this policy to ensure a service people could be confident in.

Quality assurance checks were completed on a regular basis. As part of their duties the care workers checked people's care plans and daily records and medicine records. These were checked again by the management team when they were taken to the office. This helped them identify where improvements were needed to be made. Where actions were needed, these had been followed up. Accidents and incidents were monitored to highlight any themes or trends. The management staff undertook spot checks where they checked to ensure care workers had good infection control practices. Where areas were identified that needed to be developed these were discussed and training was planned.

The registered person was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.