

Fosse Healthcare Limited

Fosse Healthcare - Ashfield

Inspection report

Lake View Drive
Annesley
Nottingham
NG15 0DT

Tel: 01623880708
Website: www.fossehealthcare.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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Fosse Healthcare - Ashfield is a domiciliary home care service providing personal care to 183 people within their own homes.

Not everyone who used the service received personal care. 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

The risk of people experiencing avoidable harm was reduced because the provider had processes in place to act on concerns raised and informed other agencies where required. The risks to people's health and safety were assessed, monitored and reviewed to ensure people continued to receive safe care. There were enough staff in place to meet people's care needs. The provider had experienced staff shortages due to the impact of COVID-19. Contingency plans meant the most vulnerable were protected from harm during this period.

People's medicines were managed safely. Robust infection control and COVID-19 policies meant the risk of the spread of infection was reduced. The provider ensured staff learned from mistakes with increased training and supervision where needed.

People received care that protected them from discrimination. Staff were well trained and received supervision of their role and assessment of their competency. Some staff had not yet received an annual appraisal due to the impact of COVID-19. People were supported to maintain a healthy lifestyle and balanced diet. Staff worked in partnership with other health and social care professionals to provide timely and effective care.

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.

People felt staff were kind and caring and they were treated with respect and dignity. People's choices about their care were respected and acted on.

People received care that was personalised to their needs, choices and preferences. Access to an electronic care planning monitoring app was increasing, giving people and relatives additional reassurance that appropriate care was being provided. The provider had systems in place to enable them to provide documentation in alternative formats; making information accessible for all. The provider responded to formal complaints in accordance with their complaints policy.

People raised concerns about the way office staff communicated with them. Some felt they were not always listened to and issues raised were not always acted on. Some felt unable to gain a positive response when contacting the office. Action had already been taken by the provider to address this.

Robust quality assurance processes were in place. These were monitored by the registered manager and made available to senior management to ensure that quality of care provision met the required standards. The registered manager was knowledgeable about the regulatory requirements of their role and they were supported by the nominated individual to carry out their role effectively.

For more details, please see the full report which is on the CQC website at
Rating at last inspection This service was registered with us on 1 May 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was not consistently well-led.

Details are in our well-led findings below.

Fosse Healthcare - Ashfield

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 was carried out by an inspector, assistant inspector and two Expert by Experiences (EXE). An EXE 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.

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

We gave the service 48 hours' notice of the inspection. This was because due to COVID-19 restrictions we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 March 2021 and finished on 9 April 2021. We visited the office location on 30 March 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all this information to plan our inspection.

During the inspection

We spoke with 23 people who used the service and 14 relatives about their experience of the care provided. We spoke with five members of the care staff, care coordinator, branch analyst, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records, medication administration records and the daily notes recorded by care staff. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

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 avoidable harm and abuse.
- People and their relatives told us they or their family members felt safe with staff. One person said, "The ladies are lovely with me and I feel safe with them." A relative said, "My [family member] has (health condition) and it's a real struggle to get them to do anything. It's the carers who are keeping them safe by ensuring that they are kept well and well cared for."
- Processes were in place that enabled staff, people who used the service and their relatives to raise concerns about people's safety. These concerns were then investigated, and, where required, reported to the relevant agencies such as the Local Authority Multi Agency Safeguarding Hub and the CQC.
- Senior management had oversight of all safeguarding concerns via an internal electronic recording system. This enabled them to ensure they were investigated, and actions taken to prevent recurrence. This helped to keep people safe.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed, monitored and care provision amended when people's needs changed.
- The majority of people and relatives spoken with told us staff understood how to provide safe care. One person said, "I have a step to help me get into the bath and the carer is with me, so I feel safe. They put the mat down and non-slip sheet in the bath, they help me down and then we do the reverse to get out."
- An assessment was completed prior to the commencement of care to ensure that each person's needs could be safely met. Care plans and risk assessments were written and in each of the records we looked at these were thoroughly completed and addressed people's individual risks to their health and safety.
- Risks to people's home environment were also assessed. Procedures such as how to make people safe in an emergency were recorded; this included how to evacuate them safely where needed.

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to keep people safe.
- We received mixed feedback from people and their relatives with regards to staff punctuality. The registered manager told us that for a period of three months prior to this inspection they had experienced significant staff shortages due to the impact of COVID-19. The provider had therefore implemented their emergency contingency plan which assessed the risks to people's safety. Those at highest risk of harm were prioritised over others. The registered manager acknowledged this had impacted their ability to provide people with the same time of calls and in some cases, the level of care they were used to.

- The registered manager told us people and their relatives had been written to to explain why this temporary measure was in place and the impact it could have on their care. We saw a copy of this letter. They also told us staffing levels were returning to normal and they had already seen an improvement on the punctuality of staff and care provision returning to normal.
- Detailed analysis of the arrival and departure times of staff had been conducted and provided for us to review. This analysis showed that during the period of staff shortage in excess of 90% of all calls were still provided within 30 minutes of their agreed time. The registered manager acknowledged some calls had been late; however, they were confident that people who were most at risk of harm were prioritised and the risks to their safety were reduced.
- Staff were recruited safely. No staff member could enter a person's home until a satisfactory criminal record check had been completed and received. This ensured people's and other staff's safety was always respected.

Using medicines safely

- People were protected from this risk associated with medicines.
- The majority of people and their relatives told us they were happy about the way they or their family members received support with their medicines. One person said, "They have never let me down and they give me medication." Another person said, "They help me with my tablets because they give me a drink and make sure I take the right ones. I have them regularly every morning."
- Systems were in place to ensure that medicines were administered as per the requirements of people's medicine administration records (MAR), care plans and risk assessments. Electronic MARs have reduced the risk of people not receiving their medicines when needed. This is because if a medicine had not been administered the electronic system alerted office-based staff who contacted the staff member to highlight the omission.
- Competency assessments were completed to ensure staff performance in relation to medicines was monitored. Poor staff performance in this area was dealt with via retraining, further assessments or if needed, disciplinary actions.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- People told us they felt assured that staff understood how to reduce the risk of the spread of infection. One person said, "I was really worried that the carers might be bringing the virus with them when they came to me. However, their hygiene habits and all of their equipment has reassured me that they are doing everything they can to keep me safe, so I am very happy."
- We were assured that the provider was preventing visitors to their office from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Concerns about people's safety were valued as integral to learning and improvement.
- Staff felt able to report concerns and incidents to the registered manager and provider without fear of recrimination. All staff were open and transparent, and fully committed to reporting incidents and near misses.

- The internal electronic monitoring system enabled senior management to review accidents and incidents. This ensured that action was taken to learn from any mistakes and to implement changes to people's care. This helped to reduce the risk of recurrence and to people's safety.

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's physical and mental health and social needs were assessed prior to them starting with the service.
- People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- Care records contained reference to current best practice standards and guidance when care plans were formed. This included guidance for staff to support people who may show signs of poor health such as stroke, diabetes and epileptic seizure. This guidance helped to ensure that people received care that met current best practice standards.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained, experienced and had the skills needed to provide them with effective care.
- People and relatives all felt staff knew how to provide effective care and support for them or their family member. A relative said, "I think they have the skills to take care of [family member]. I have watched staff moving [family member] and they do it right."
- Staff felt well trained and supported. They felt they had the skills needed to care for people safely and effectively.
- Records showed training deemed mandatory by the provider had, for most staff, been completed.
- Assessment of staff performance via competency assessment and supervisions had been completed. We did note that some staff had not yet received their annual appraisal. The nominated individual acknowledged this and stated that recent staffing shortages as a result of COVID-19 had meant these had not been completed as required. They assured us this would be addressed as pressures on staffing numbers eased. This will ensure people continue to receive care from trained and competent staff.

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

- People received the care and support needed to maintain a balanced diet and to reduce the risks to their nutritional health.
- People told us they received the support they needed with the meals. One person said, "My carers make all my meals for me and they will tell me what I've got in the fridge and the freezer and they will let me know what needs using first because of its use by date. I will then decide what I feel like and they will sort it for me."
- Information about people's dietary needs, nutritional risks and other relevant information such as diabetes and meal management were thorough and informative. People's meal preferences, likes and dislikes were

recorded. This meant people received effective care and support with their meals to maintain a healthy lifestyle.

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

- People were supported to receive effective, timely care with other agencies where needed.
- Records showed referrals to other health professionals were also made where people's health had deteriorated and risks to safety had increased.
- People were provided with information about how to access other healthcare agencies. Where needed, staff attended appointments with people. This helped to ensure that people were able to receive reviews of their health from other health professionals. Changes to people's health were discussed with professionals, and care plans and risk assessments were amended to reflect these changes.

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.

- Where people were unable to make decisions for themselves detailed mental capacity assessments were in place. This included best interest documentation which ensured decisions were made with the appropriate people such as a relative and health professional.
- People told us they were able to make decisions and did not feel decisions were forced upon them by staff.
- People's care records also contained examples where, if able, they had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.
- The registered manager and staff had a good understanding of the MCA and was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

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 well cared for, treated with respect and equality and diversity were embraced.
- People and relatives felt staff were kind and caring to them or their family members. One person said, "They are all very kind and caring and some of them know me very well and we get on well." Another person said, "They are really thoughtful and caring. I can do my washing up myself, but they often see that I'm quite tired in the evening and will just say to me to sit down and they will do it for me, which I think is so nice of them." A relative said, "They are kind and caring and I am happy [family member] is well looked after. They all like [my family member] and I'm here all the time so I can hear them nattering."
- People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.

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

- People were encouraged to play an active role in the decisions relating to their care and support needs.
- People told us staff respected their wishes and they felt able to change elements of their care if they wished to. One person said, "There are some days when I really don't feel like having a full strip wash and I only have to say this to my carer and they will just give me a flannel to freshen up with on those mornings."
- Care records showed people's wishes about their care needs had been discussed with them prior to commencing with the service. Care plans reviewed showed the care provided reflected those wishes.
- People were provided with a 'service user guide'. Within this guide information was provided for people about how they could access an advocate if they wished for an independent person to speak on their behalf when decisions were made about their care. This ensured that people could be confident that decisions made, always took their rights and views into account.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and to be treated with dignity was evident in the way staff spoke about the people they cared for.
- People and their relatives always felt care staff treated them or their family members with dignity and respect. One person said, "I am generally happy with everything. The carers are lovely, and I would tell them if I wasn't happy with anything. The one that came this morning was really nice. They are all kind and treat me with respect."
- Most people told us they were happy with the gender of the care staff that came to provide them with personal care. They told us that when personal care was provided, they felt at ease with the staff members.
- A small number of people told us that occasionally they had been sent a gender of staff they were not

comfortable with. We asked the provider about this. They told us that when a person joined the service they were asked if they had a preference of staff gender, with most saying they did not. They told us, and showed us records to confirm, that the people who did have a preference had been entered onto the rostering system, which ensured the preferred gender of staff member to attend.

- Records showed in the last four months there had only been one occasion when this had occurred, and this was during the period of staff shortage due to COVID-19.

- People told us staff encouraged independence wherever they could. For example, when helping with showering and bathing. People's care records contained detailed guidance for staff on people's individual abilities to perform certain tasks such as showering and getting dressed. This helped to promote people's independence.

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 was personalised to them. People's preferences and choices about their care provision were used to provide them with person-centred care.
- The provider had put measures in place that enabled people and their relatives to take a more active role in ensuring the care provided for them or their relative remained person-centred and in accordance with agreed wishes and preferences.
- An electronic care planning system was in place. This enabled changes to people care needs to be made quickly, ensuring they received the care they needed. People and relatives were provided with access to this care planning process via an app. With people's permission, relatives could access the care records of their relative at any given time and challenge staff if they felt appropriate care had not been provided. This helped to hold the provider and staff to account.
- Some people and relatives told us they had accessed this app and found it useful, informative and reassuring. However, some did say they were not aware of this process and therefore may not be able to ensure they or their family member was consistently receiving the agreed level of care. The provider showed us analysis that confirmed that whilst initial take up of the app was slow, this has increased each month, with more people now accessing these records.
- Each person's care records contained detailed guidance for staff on what people required them to do at each call. This included support with; meals, personal care, medicines, cleaning and socialising. The care plans were reviewed and amended as people's needs changed.
- People diverse needs and cultural beliefs were always considered when care was planned and delivered. If people had a specific religious or cultural belief that could affect the way they wanted care to be provided, then this would be updated on the care records. This ensured that people were not directly or indirectly discriminated against.

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.

- The provider's records including care plans, policies and procedures and other relevant documentation were all stored electronically. The registered manager told us people could have access to their records in a variety of formats including larger and differing fonts, different languages and where needed, in braille or audible format for those who were blind or partially sighted. This meant that people would not be discriminated against if they had a disability, impairment or sensory loss.

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

- Where able, people were supported to remain active in their communities, meet friends and family and to take part in activities that were important to them.
- Each person received a set number of hours per week for their care provision. People could use these hours how they liked (once all required aspects of care have been provided). If people had a specific event or activity they wished to attend, they could use saved hours to attend these with staff. This gave people ownership of their care and flexibility that suited them.
- Some people had social calls assigned to them as part of their agreed care package. This could be to help them to avoid social isolation and loneliness. This could also be used to support relatives with periods of respite from providing care for their family members.

Improving care quality in response to complaints or concerns

- People were informed how they could make a complaint and what action would be taken to address their concern.
- A complaints procedure was provided for people. This gave people guidance on the process, and who they could contact, such as external health and social care agencies, if they were not satisfied with the response.
- Most people told us they knew how to make a complaint. Some felt confident that this would be acted on. Although others did feel that their concerns were not always listened to. The issue was raised regarding the attitude and approach of office-based staff when people contacted the office. (We have reported on this in more detail in the Well-Led section of this report).
- Records showed that formal written complaints were responded to in accordance with the provider's complaints policy.

End of life care and support

- No people were receiving end of life care and support at the time of the inspection. The provider had the processes in place to be able to care for people within their own homes should this type of care be required.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People did not always receive a positive experience when engaging with office-based staff.
- Some people and their relatives told us when they contacted the office of this provider the quality of the service, they received was poor. Some people told us they did not feel listened to and were frustrated at the inconsistent approach to contacting them when they have raised issues.
- A person said, "The problem with the office staff is that they pick up the phone and you hope they are listening to you and you ask them to pass on your message to whoever it needs to get to and it never happens. No one ever calls you back." A relative said, "I don't ring the office very often as it is usually a waste of time. They don't listen and act on what you want. I have found it is easier to go through the carers, things seem to get done that way."
- Some of the staff we spoke with also gave similar feedback. A staff member told us it depended on who they spoke with at the office as to whether their concerns were dealt with. Another staff member said they got "fed up" with raising things with "the office" and nothing being done.
- We raised these issues with the registered manager and the nominated individual. They told us they were aware of the issue and had already taken action to address this in terms of the personnel working in the office. They were confident that things had improved recently but were aware it would take time to regain people's trust in contacting the office. They told us they would write to the people who they provided care for and their relatives to reassure them that their views, concerns and comments were welcome. We told the provider we would review this the next time we inspected this service.

Working in partnership with others

- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.
- We contacted some of these agencies prior to this inspection. The feedback we received was mixed. Some praised the care staff and office-based staff. One professional told us care staff were skilled in moving and handling techniques and few staff required additional training from them.
- However, other professionals felt their experiences with staff was not so positive. Poor communication was referred to which has impacted on the professional's ability to carry out their roles.
- The nominated individual told us they felt they and the staff had a largely positive relationship with health and social professionals. They did feel that the changes they had made to the office-based staff would see this relationship improve.

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

- People received care from people that was person-centred and provided them with positive outcomes.
- The feedback from people and relatives regarding the care they or their family members received was almost universally positive. People praised the approach of staff, they found them to be friendly, kind and interested in what they had to say. Many talked about staff doing extra things for them during their calls which made them feel valued.
- Despite the negative responses regarding the communications with the office, most people and relatives told us they would recommend this service to others. One person said, "I would recommend them as the carers are really good and sort things out for me. I am quite happy with the care." A relative said, "Overall, we are happy with the support they are giving to [family member] relative) and would recommend."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had a clear understanding of the regulatory requirements of their role. They ensured we were notified of incidents that could affect the running of the service and/or people's health and safety.
- Staff received regular updates that were relevant to their role. Most recently they had been receiving updates regarding COVID-19, infection control and the use of Personal Protective Equipment. The provider ensured all updates were provided in accordance with current local and national government guidelines and recommendations.
- The provider had installed a system that enabled a thorough review of all aspects of the service. This system enabled the registered manager and members of senior management to run reports on a number of key areas including; the type of accidents and incidents, staffing levels, the impact of COVID-19, training requirements and care plan updates. This enabled the provider to address any aspects of the service that could affect the running of the service before they started to affect the quality of care people received.
- This system will also enable 'mock inspections' to be completed. These inspections will consider changes to regulations, best practice guidelines and legislation. The outcomes of these inspections will enable the provider to address any areas of development or learning, before this impacted on people using the service. The nominated individual told us this system was new and they looked forward to using this at this branch and others to encourage continuous learning and development.
- Staff had access to on-line learning materials and databases if they felt they needed extra guidance or learning in specific areas of care.

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 provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.