

Fosse Healthcare Limited

Fosse Healthcare – Nottinghamshire

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Fosse Healthcare Nottinghamshire provides personal care and support to people who live in their own homes in Nottinghamshire.

We carried out this inspection on 30 January 2017. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure the registered manager, or someone who could act on their behalf, would be available to talk with us.

This was the first inspection of the service since it was registered in August 2015.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some concerns were raised regarding the potential impact of inconsistent timekeeping, late calls and inadequate communication and the associated risk to people's safety and welfare.

Staff were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

We have made a recommendation regarding the scope and thoroughness of current quality monitoring arrangements

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Inconsistent timekeeping meant people's care and support needs were not always met in a timely manner. Risks relating to people's care and support were assessed and appropriately managed. People were protected by safe recruitment procedures which helped ensure they received care and support from suitable staff. Medicines were managed effectively by staff who had received the necessary training to help ensure safe practice.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given. People who use the service and their relatives were happy with the care and support provided. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and, where appropriate, decisions were made in people's best interests.

Good ●

Is the service caring?

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

Good ●

Is the service responsive?

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care plans detailed how people wished to be supported and their care reflected their individual needs, preferences and choices. A complaints procedure was in place and people were able to raise

Good ●

any issues or concerns.

Is the service well-led?

The service was well led.

There was an open and inclusive culture. Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles. Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made. The management regularly checked and audited the quality of care and support provided, to help drive service improvement and ensure people's needs were met.

Good ●

Fosse Healthcare – Nottinghamshire

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 January 2017 and was announced. The provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used services and 11 relatives. We also spoke with three care support workers, one care coordinator, a field-care supervisor, the operations director the regional manager and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as two staff training files and records relating to the management of the service.

Is the service safe?

Our findings

We spoke with people regarding the consistency and punctuality of the carers and whether they were informed if staff were running late. We received a mixed response and some people and their relatives felt this was an area that could be improved. One person told us, "When I started with the agency the times were agreed for my four visits each day. To start with everything worked very well, but over the last six months, the times have been getting further away from those agreed. In the morning, instead of arriving on time at 9am, it can be earlier - 8.30am or really late - 10am. I like my breakfast at a decent hour, but sometimes it's getting on for lunchtime."

Other people commented on the lack of communication from the office when care staff were running late or delayed. One person told us, "I always have to phone the agency to find out what has happened to a carer if they are running late. They never phone me." Another person told us, "I wish somebody would phone me, as it would save me worrying and then me having to make a phone call to the office to try and find out what is happening."

However, this was not a view shared by everyone we spoke with and some people had much more positive experiences. One person told us, "The carers are always here on time; they stay for the correct amount of time and they are very good at making sure everything is done before they go. They also have to write in the records, which can take a few minutes. What I do like though, is that they will usually ask me if there is anything else they can do for me before they go, and I really appreciate that."

Some relatives had concerns regarding inconsistent timekeeping and the impact this had. One relative told us, "I make my [family member's] meal at lunchtime, the carer is supposed to be here at 12.30pm. I usually cook a hot meal so the carer can feed her, but over the last four to six months, the carer has been arriving at all sorts of time between 12.15pm to 2pm. This means it's almost impossible for me to plan dinner for us all." This issue was also raised by another relative who told us, "I have complained about the fact that mum never really knows what time anybody is going to appear during the day. Although she says not to fuss, because she isn't doing anything and it's of no bother to her what time they come, my concern is that she needs to eat regularly and take the medication and that does concern me when there can be such wide differences in the timing for visits. Unfortunately, I haven't been able to get a satisfactory answer out of the agency as to what they're going to do to alleviate the situation."

Two other relatives described similar experiences; one told us, "I have raised concerns about the timings of visits on the basis that over the last six months instead of coming at a set time carers can come at wildly different times either side of when they should be due. All I've ever been told however is that they are short-staffed and that they aren't able to bring in any more at the moment." Another relative told us, "The carers are wonderful and I would be more than happy to recommend them were it not for the fact that the office really do make such a mess of the timings of the visits." They went on to say, "I think it is a real shame that the organisational side of the agency really let the carers down. They always come to mum at the time they are told to, but unfortunately that's not the time that we had previously agreed with the office so it makes things really awkward and I don't think I could possibly recommend them while this is still not resolved."

This demonstrated that people's care and support needs were not always met in a timely manner and is an area we consider requires improvement.

People we spoke with, who used the service, said they felt safe, happy and confident with the organisation and the carers who supported them. One person told us, "I feel safe while my carers are here. I fell over recently and haven't felt like having a shower for some while. However, now the carer comes in, I have got my confidence back knowing someone is here to support me." Another person told us, "If I had a problem, I would phone up the office and ask to talk to one of the managers there."

Relatives spoke very positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and well cared for. One relative told us, "[Family member] has to be hoisted and her carers are really very patient with her and they always explain everything, and in order for her to feel safe, they would never dream of starting to lift her without making sure she feels safe and well supported."

The provider had effective systems in place to identify and manage risks to keep people who used the service safe. Staff we spoke with were confident the people they supported were safe and understood the importance of ensuring personal and environmental risk assessments were regularly reviewed to reflect changing needs or circumstances. We saw that each person who used the service had a care file containing copies of updated assessments used to identify their support needs and any associated or potential risks. Staff we spoke with were aware of people's individual care and support needs. They also understood the importance of accurate and updated support plans, which helped keep people safe and ensured consistency and continuity of their care.

People were protected from the potential risk from medicines because care staff were appropriately trained and were aware of and followed policies and procedures relating to the safe handling of medicines. People and relatives we spoke with were happy and confident that medicines were safely handled and managed. One person told us, "My carer helps me with my medication by getting it out of the box for me, putting it on my hand and then passing me a glass of water so I can swallow them. She always writes straightaway in the book that I've taken them." Another person told us, "My tablets are given to me with a drink and then the carer writes it in the records." Staff told us they had received training in managing medicines, which was updated regularly. This was supported by training records we were shown.

People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with showed a good understanding of their responsibility to identify and report issues or concerns to the registered manager. We saw safeguarding policies and procedures were in place. Staff had received relevant training regarding what constituted abuse and understood their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon.

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this, which included a recently incorporated section regarding 'Lessons learned'.

People were protected by a safe and thorough recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before

the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service provided and how reassured they felt with the care staff. One person told us, "For what I need help with, they seem to have the right skills. I need to be hoisted but they are good and make sure it never takes too long." Another person said, "I've known my main carer for a long time now and it's more like having a good friend here with me. We always have a good old chat while we are doing things and I would be lost without her."

One person spoke of the importance of having effective care and support in their own home; they told us, "If it wasn't for the fact that I have carers coming in to me four times a day, my family would've insisted I moved somewhere with more support by now. It's important to me that I can stay here in the family home for as long as possible." This view was shared by another person who told us, "I think the carers are wonderful and I certainly wouldn't be able to live here on my own for much longer if they weren't coming in to help me."

Relatives we spoke with were all very satisfied with the care and support their family member received and felt they were kept appropriately informed. They described the care staff as, "Knowledgeable," "Experienced" and "Very professional." One relative told us, "I cannot fault the carers for their ability to be able to do the job well and I know mum wouldn't be without them these days."

Staff we spoke with described the benefits of the induction and training they received when they started working at the service. One member of staff told us, "Training here is very good; in addition to our induction programme, we all do a full four days covering all the mandatory training. And there's none of this online stuff, it's all face-to-face training with lots of practical sessions and opportunities to ask questions, which is the best way to learn." Another member of staff told us, "The training is very structured and the trainers we have are always well prepared and knowledgeable. We all have to attend the training and you have to engage and get involved." We saw staff had received the appropriate training to carry out their roles and they demonstrated that they understood their responsibilities in relation to those roles. Records we looked at showed new staff received a comprehensive induction programme and all essential training.

Staff told us they had initially shadowed more experienced colleagues on calls until they felt confident and had been assessed as competent to undertake their roles and responsibilities. They said they were supported through regular supervision and annual appraisals. Observations of staff practice were also completed and enabled the field care supervisor to monitor staff practice and ensure their skills, knowledge and competence to fulfil their role. Formal supervision provides each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. Records showed staff also had access to development opportunities. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community.

The service worked within the principles of the MCA. We found that the registered manager and staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. We saw staff consistently applied the principles of the Act and all best interest meetings and decisions were appropriately documented in individual care records. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

We saw people who used the service were included in planning and agreeing to the care they received. Relatives who we spoke with said that care staff routinely discussed with them the level of support required and always respected their decisions, regarding the care provided. People told us that, as necessary, the care staff supported them to have sufficient to eat and drink and always respected their right to make their own choices. One person told us, ". "Yes, my carer will make me a sandwich at lunchtime which she will cover it so that I've got it ready for when I want to eat it later on in the day. Because I am blind, she will tell me what there is in the fridge and then I will decide what I would like to eat."

Another person told us, "My carer comes and makes me a microwave meal at lunchtime and while that is cooking she will make me something to have later on, such as a sandwich or she will cut me a slice of cake. I always decide what I'd like to eat and she will then do it for me. My carer is very good, because sometimes if I fancy some chips she will just pop to the shop across the road and get me some." Care plans we looked at included a signed contract and service agreement that confirmed people's awareness, understanding and consent to their personalised support. This demonstrated that people had been consulted and had consented to the care and support they received.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. This helped ensure people's individual health care needs were effectively met.

Is the service caring?

Our findings

We received very positive comments from people who used the service and their relatives regarding the care provided. People said they were supported, with dignity and respect, by kind and compassionate staff. One person told us, "I like the fact that I know the carers and they know me and importantly what I need help with, without me having to explain all the time." Another person said, "Because I'm blind, I'm often running out of things and my carer is lovely because she will always go out of her way to stock me back up again, often in her own time." There was a caring ethos amongst the staff we spoke with and they had clearly established good working relationships with the people they supported and had a good understanding of their care needs.

People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. People also described the kindness and consideration they were shown while they were being supported with their personal care. One person told us, "I'm rather fussy and like things done my way, but none of the carers make any bother about it at all." They went on to say, "They (care staff) never start doing anything until they've checked that I'm alright and ready to start." Another person told us, "My carers are very thoughtful and they'd never dream of starting to undress me until all the curtains are shut."

All relatives we spoke with said they felt their family member was treated with dignity and respect. One relative told us, "The carers will always knock on my husband's bedroom door and they call out to him so he knows who is there and they only go in when he says they can." Staff we spoke with recognised the importance of treating people as individuals, with dignity and respect. They were knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

The registered manager emphasised the importance of effective communication. They said regular formal and informal meetings took place to enable staff to discuss issues, relating to people's ongoing support packages. People were involved in making decisions about their individual care, treatment and support. Staff spoke of the importance of developing close working relationships with individuals and their families and being aware of any subtle changes in their mood or condition. This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

People and their relatives felt 'in control' of their care and support and confirmed they had been consulted and actively involved in the writing and reviewing of their care plan. This was supported by plans that we saw, which clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration. People's relatives said they were also consulted regarding any changes to the care plan and had taken part in reviews. People and their relatives also told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their

individual care planning and the support they received met their identified needs.

Is the service responsive?

Our findings

People we spoke with told us they felt listened to and said care staff responded appropriately to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. One person told us, "I am very fussy, but thankfully the carers know and understand this and they are always very willing to do things the way I like them to be done. That's why I think it's important that I have the carers that know me and are used to me and my little ways!" Another person told us, "My carer knows by now what foods I like and dislike, so she is always very good and just gives me the choices that she knows I will eat rather than the one or two things in the freezer that are really only there as a last resort, if I'm absolutely desperately hungry." People told us staff followed their individual support plans and constantly discussed, which meant they received consistency and continuity of care and helped ensure their care was provided in the way they preferred.

Relatives told us the service had carried out detailed assessments of their family member's needs before they began to work with them. They also described the thorough reviewing process which they had been involved with, to identify and discuss any changes in the care and support their family member needed.

Members of staff we spoke with told us of the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their needs and preferences. Staff we spoke with had developed close working relationships with the people they supported. They were knowledgeable about people's needs and fully aware of their individual wishes and preferences. A senior carer explained that before anyone received a service, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives. This demonstrated that the service was responsive and the care and support provided was personalised and met people's individual needs.

From the initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. People and relatives we spoke with said they were fully involved in drawing up their personal care plan and confirmed that the plan accurately reflected their individual support needs. Care plans we looked at were detailed and emphasised the importance of people being supported in the way they chose.

The provider had a complaints policy and procedure in place. People were provided with a service user guide when they started using the service. The guide included a copy of the complaints policy and a complaints form. We saw that where complaints had been made they had been dealt with in line with the policy. People and their relatives we spoke with were aware of how to make a complaint, if necessary and were confident any such issues would be appropriately addressed. One person told us, "I probably wouldn't feel confident enough to complain myself, as I'm a rather old lady now, but I would talk to my daughter and

explain what the problem was and then get her to call the office to sort it out." Another person told us, "I know I've seen something in my folder. I'm sure there's something about how to make a complaint and the telephone number in the office that you need to call." This demonstrated that people knew how to make a complaint and were confident that any concern would be listened to and acted upon.

Is the service well-led?

Our findings

There were systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We also saw that audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives. However we found instances where calls were made later than the agreed time, as previously documented, and had not been identified through the existing quality audits.

We recommend that the service reviews the scope and thoroughness of its quality monitoring arrangements in line with current guidance.

People who used the service and their relatives told us they thought the service was well managed. They said communication was generally very good and, other than when carers were running late, they felt well-informed. People spoke positively about the service and how it was managed. One person told us, "There is always somebody available whenever I've had to contact the office in the past." Another person said, "We've never had a problem contacting the appropriate person in the past." The field-care supervisor told us, "There is always someone on call and calls are diverted whenever the office is closed."

During our inspection all staff we spoke with was open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture, which was centred on the needs of people who used the service and their families. Staff spoke positively about the open and inclusive environment, the "Team spirit" and the effective communication throughout the service. Staff described the culture within the service as, "Friendly and positive" and "Open and inclusive." All of the staff we spoke with said how much they enjoyed working at the service and were full of praise for the registered manager, who they described as, "Approachable" and "Very supportive."

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.

People who used the service and their relatives confirmed they had been asked to complete satisfaction surveys; one relative told us, "I do remember once being sent a survey to fill in, which we did." Another relative told us, "I know I've chatted through with [family member] about the answers to a survey but it would've been quite a long time ago and I don't think either of us remember hearing anything about the

results of it." We saw examples of recent satisfaction questionnaires where changes had been made and 'lessons learned' as a result of feedback received, including people being provided with weekly rotas of which carer(s) would be attending and when. This demonstrated the service was committed to improving standards and quality of service provision.