

Sunshine Care Stafford Limited Fuchsia Homecare (Stafford)

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

About the service

Fuchsia Homecare (Stafford) is a domiciliary care service providing personal care to 41 people aged 18 and over at the time of the inspection.

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

People were cared for safely and staff understood their responsibilities to keep people safe from avoidable harm or abuse. Risks to people's safety were managed and appropriate action was taken to keep people safe. Staff turned up for care calls on time and people knew which care staff would be coming to their home. People received their medicines safely and there were effective practices in place to protect people from infection.

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 practice and systems in the service supported this practice.

Staff received support to develop their knowledge and skills for their role. The provider worked with other healthcare professionals to help ensure people's care and health needs were effectively met.

Staff were kind and caring when they supported people. People felt involved in their own care and felt listened to by staff. Staff were respectful and supported people's privacy and dignity.

People received care and support which was personalised to their needs. People's individual needs and wishes were known to staff who had developed positive relationships with them. There were arrangements in place for people to raise concerns about the service.

The provider was open and honest and strived to look at ways to improve the service. Staff felt supported in their roles and people had confidence in the service.

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

Rating at last inspection

This service was registered with us on 8 March 2018 and this was the first inspection.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Fuchsia Homecare (Stafford)

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes who may have Dementia, physical disability, sensory impairment or mental health conditions.

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

Inspection activity started on 19 June 2019 and ended on 21 June 2019. We visited the office location on 19 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the care co-ordinator, care staff, senior director, registered manager and 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 three people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection since registration and this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to recognise and report any suspicions of abuse and understood their responsibilities in protecting people. One staff member said, "Even speaking down to people is abuse as it's discrimination."
- The provider had systems in place to respond to and report concerns about people's safety. The registered manager understood their responsibilities for liaising with the local authority if they had concerns about people's safety.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm and supported to stay safe within their homes. People told us they felt safe with the staff who came into their homes and when they supported them.
- The risks associated with people's care and health needs had been assessed.
- Risks associated with the safety of people's homes were identified, assessed and managed to ensure that people and staff remained safe. Where needed and wanted by the person, the provider referred people to the local fire service for fire safety advice.

Staffing and recruitment

- The provider had enough care staff to ensure people's safety and that they received their care calls as planned. People told us care staff were on time and the office staff would let them know if staff were running later than 15 minutes.
- People told us they felt reassured when they knew which care staff to expect. They confirmed they received a rota and had a consistent care staff team. This was important to them as it helped them feel safe within their own homes.
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people in their own homes.

Using medicines safely

- People who needed support with their medicines received them when they needed them. Not everyone we spoke with needed this support. One person told us, "The staff check my tablets with me and I get what I need. There's never been a problem."
- People's medicine support was clearly documented in their records for care staff to follow. Staff had received training and were assessed as competent before they administered medicines. The registered manager took appropriate action where further staff assessment or training was required.
- The provider followed the National Institute of Clinical Excellence (NICE) guidance for administering

medicines in community settings. This guidance is recognised as best practice.

Preventing and controlling infection

- People were protected from the risk of infection. People confirmed care staff wore protective equipment, such as gloves and aprons when they supported them. If people wanted it, staff would wear shoe protectors in people's homes
- Staff had received training in infection prevention and control and had access to protective equipment, which was available from the office.

Learning lessons when things go wrong

- The registered manager and nominated individual reviewed and investigated, as necessary, accidents, safety and safeguarding incidents. They told us this helped to identify any trends in either people's safety or staff practice.
- We saw evidence of lessons learnt and where improvement had been made to procedures and staff practice. This helped to ensure people's continued 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 was the first inspection since registration and this key question was 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 holistic needs were assessed before they started to use the service. Staff used these assessments to create plans which reflected and took account of people's diverse needs, including their religion, ethnicity, disabilities and aspects of their life that were important to them. The registered manager said, "The customer comes first, then everything (their care) is pinned around them."

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

- The provider worked closely with healthcare professionals to ensure people's needs were met. The registered manager told us they would only start to care for someone once all equipment was in place, such as pressure relieving equipment, moving and handling equipment or district nurse support.
- Staff within the service communicated effectively with each other to help ensure care was effective. People told us a consistency of care was important to them. One person told us because they saw the same care staff, one had recognised when they were not well. They said, "They knew I wasn't looking quite right because they know me. If it had been someone (care staff) I hadn't seen before, they would not have known I was unwell." Emergency healthcare had been arranged and this person told us they had made a full recovery.

Staff support: induction, training, skills and experience

- People told us staff were well trained and competent to support them. One person said, "They definitely are trained well. They know what I need."
- Care staff had their competency observed and assessed through regular spot checks. The registered manager said, "These allow us to identify staff needs and follow up on any retraining or support they need." Care staff would have the frequency of spot checks increased if it had been identified their practice needed to improve.
- Staff received a structured induction programme when they first started working for the service. Training in relevant and key areas was kept up to date to help ensure staff had the skills and knowledge to support people and any specific health needs. One staff member said, "We've been trained very well. If I do see anything (wrong) I have the confidence to speak up about it."

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

- Not everyone we spoke with required support with eating and drinking. People's care records gave staff clear information on any support they required with eating, drinking or the preparation of food. One person told us care staff would make sure they had a drink and snack before they left.

- Any risks to people were identified and managed. One person's care record contained the support they needed on a good day and also on a bad day. This was because of the effect their health condition had on their ability to eat independently.

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.

We checked whether the service was working within the principles of the MCA.

- People's rights were upheld because the requirements of the MCA were understood. People and their relatives confirmed that staff obtained their consent before assisting them. One person said, "The staff check I'm okay with what they're doing."
- The registered manager confirmed everyone they supported had capacity to make their own decisions. Staff understood the principles of the MCA and how to support people to make their own decisions about their care and support.
- The registered manager understood their responsibilities and told us they liaised with the local authority and other professionals when assessing people's capacity to make their own decisions.

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 was the first inspection since registration and this key question was 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 treated with kindness, compassion and respect. We received positive feedback about the caring approach of staff. People and relatives told us staff were, "first class", "polite" and "marvellous".
- People told us they felt well looked after and were treated fairly by staff. Staff had received training in and understood the importance of respecting people's equality and diversity. One staff member said, "Everyone we support receives the same level of care. Everyone is a person, regardless of culture, religion or anything else."
- Managers and staff were committed to ensuring people received caring and consistent support. Where staff did not meet the expectations of the provider, in regard to their interactions and communication with people, we saw improvement action was taken.

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

- People were involved in their own care. One person said, "The care staff talk to me about what I want and they record it all."
- People were encouraged and supported to express their views about their own care. One staff member told us they would use a variety of communication methods to enable people to make and be involved in making decisions. This could be looking at their facial expressions, their body language, using simple questions and involving the family. People's care plans provided clear information about their preferred form of communication.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy, especially when they supported them with their personal care. One person said, "When you need help with showering it's embarrassing, but they certainly don't make me feel embarrassed."
- Staff respected people's homes and family lives. People told us staff were also respectful towards their families. One staff member said, "It's a better environment for the person if they can stay with their families in their own home. That's what we're here for."

Is the service responsive?

Our findings

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

This was the first inspection since registration and this key question was 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 which was individual to them and their needs. People told us, although it took time to build relationships with the staff, they received the care they wanted, how they wanted it. One person said, "They (staff) see when things need doing. I get to know them and them me. That's important."
- People received a consistent service from staff who were responsive to their needs. One staff member said, "It's about building the relationships with people and having consistent staff. Take the time to find out how they like things to be done."
- People were involved in reviewing and discussing their care with staff. People's care plans were individual and personalised to the person, reflecting their emotional and social needs.

Meeting people's communication needs

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

- People's information and communication needs were identified and recorded in their care records. People were able to access information in alternative formats if needed.

Improving care quality in response to complaints or concerns

- People told us they were confident their complaints or concerns were taken seriously. However, most people we spoke with told us they had never needed to make any complaints. One person said, "I've never needed to contact the office with any complaint, I'm happy with everything they do."
- Where concerns had been raised, records showed the registered manager had carried out an investigation and provided a response to the satisfaction of the complainant. The registered manager told us, "We always acknowledge where we have made a mistake and ensure people are happy with our responses."

End of life care and support

- The registered manager confirmed no one was receiving end of life care at the time of our inspection. They told us they were currently working with a local hospice to share resources. The provider had arranged for care staff to work at the hospice to gain experience and training in a palliative care setting.

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 was the first inspection since registration and this key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives praised the service and spoke positively about staff and managers.
- Staff felt very well supported by managers and felt valued as staff. One staff member said, "The managers are the best, nothing is a problem."
- The provider had created a supportive culture of openness and transparency within the service. Learnings were shared with staff from incidents, accidents or concerns and used to improve staff practice and procedures.
- The registered manager and nominated individual understood their responsibilities under the duty of candour.

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

- Quality systems and audits identified areas for improvement. Care records completed by care staff identified where they needed to be completed to a better standard. Some records had entries which had been scribbled out and some did not contain enough detail to show the support care staff had given. The registered manager discussed these issues at staff meetings and arranged extra training and supervision as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had processes in place to obtain the views and opinions of people, their relatives and staff about the service. This ensured the service provided continued to meet people's diverse needs.
- Feedback surveys, telephone reviews and spot checks were used to monitor the service effectively and to make any required changes.
- There was a clear staff structure in place and staff were aware of their roles and responsibilities. Senior care staff were completing training to enable them to take on lead roles in key areas, such as dementia care or safeguarding, as part of their development. Other care staff had opportunities to improve skills and knowledge through accredited training.

Working in partnership with others

- The registered manager and staff worked in partnership with others to achieve positive outcomes for

people. Positive relationships had been developed with external health and social care professionals, such as GPs, commissioners, social workers and community services.