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Fairgate House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 12 January 2016 and was an announced inspection. Excellence Healthcare is a new provider and this was their first inspection since registering with the commission in June 2015.

Excellence Health Care is a domiciliary care service which is registered to provide personal care to people in their homes. At the time of our inspection Excellence Health Care was providing care and support to seven people.

Excellence Health Care is required to have a registered manager 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post at the time of our inspection.

People were not always supported by staff that had received the training they needed to carry out their role safely and effectively, including safe medication management.

The provider had some management systems in place to assess and monitor the quality of the service provided to people. However, some of these were not always used effectively to manage risk and identify where improvements were needed.

People were protected from abuse and avoidable harm because staff understood the different types of abuse and what actions were needed to keep people safe.

People's human rights were protected because they consented to the care they received.

People reliably received the care and support they required because the service had sufficient staff to meet their needs.

People were supported by staff who were caring, kind and respectful.

People were supported to have food that they enjoyed and that helped them to remain healthy.

People were encouraged by staff who understood the importance of supporting them to be as independent as possible so that they maintained some control over their lives.

People were able to make informed decisions about the care and support they required and took a lead role in the planning of their care.

People knew how to complain if they were unhappy and were confident that their concerns would be

responded to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were supported to receive their medication as prescribed, however staff had not received the necessary training to ensure that this support was provided safely.

People were protected from abuse and avoidable harm because staff understood the different types of abuse and what actions were needed to keep people safe.

Risks to people were assessed and staff understood how to keep people safe when providing care.

People had their needs met reliably because the service had sufficient numbers of staff available to cover home care calls.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were met by staff that had not received the necessary training to carry out their role safely.

People's rights were protected by staff who understood their responsibilities and their care was provided with their consent.

People received enough food and drink and were supported to have food that they enjoyed.

Is the service caring?

Requires Improvement

The service was not always caring because systems and processes were not always in place to ensure care was provided to people safely and effectively.

People were supported by staff that knew them well and who understood the things that were important to them.

People were actively involved in the planning of their care.

People were treated with kindness, dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were included in the planning and reviewing of their care so that care was delivered in a way that met people's individual needs and preferences.

People knew how to make a complaint if they were unhappy and were confident that these would be dealt with effectively.

Is the service well-led?

Requires Improvement

The service was not always well led.

Adequate resources were not always available to meet the needs of people or to drive improvements.

Systems to assess and monitor the quality of the service provided to people were not always effective at managing risks or making improvements.

Policies and procedures were not always implemented or adhered to in practice.

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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.

This inspection took place on 12 January 2016 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team comprised of one inspector.

As part of the inspection we looked at the information that we hold about the service. This included notifications from the provider that they are required to send us by law and safeguarding alerts. We also received feedback from the local authority with regards to their quality monitoring processes of the provider as well as information about the providers commissioning contracts. We were told that some concerns had been raised with the provider about their recruitment processes and training programmes and that these had been identified as areas for development prior to our inspection.

During our inspection we spoke to five people who used the service and their relatives, two care staff, the registered manager and a contracting monitor from the Local Authority.

We looked at the care records of four people, four staff files, training records, the medicine management processes, and at records maintained by the provider about the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Before our inspection, we received information from professionals involved in monitoring the quality of the service that the provider was not following robust recruitment processes. The staff we spoke with and the files we looked at confirmed that whilst they included a formal interview, references, and a Disclosure and Barring check (DBS), there were areas in need of improvement. For example, the registered manager told us that when they employed staff they asked them what skills and experience they have to do the job and asked for copies of their certificates. However, we found that some staff files did not have copies of previous training and staff members were actively providing care without the registered manager being assured of their knowledge and skills to do the job safely and effectively. We have been told by the service commissioners that they have requested the provider to submit a formal action plan to evidence the improvements that they have made to their recruitment processes. The registered manager informed us that they will also provide a copy of their action plan to CQC.

People we spoke with told us that the registered manager facilitated the initial assessments when they first joined the service and that this included questions about risk and risk management plans. One person told us, "The assessment was very comprehensive, [registered manager] made sure we covered everything". However, one relative told us that they were unsure whether the risk management plans were communicated with the care staff. They said, "[Person's name] has dementia and sometimes forgets that she has taken her medication; she would often take more than she needed to and this is why we had the care package. We told [registered manager] that we have to lock the medication away, but when [staff] first started, I don't think she was told about this because she didn't lock it away; the medication was put out of reach so no harm was caused but I just think communication could have been better". We found that the care records we looked at did include risk assessments and these identified some risks and ways to reduce these risks. However, they did not always include detailed management plans with guidance for staff on what action to take should the risk occur. For example, one risk assessment we looked at identified a person to be at risk of falls. It provided details of how to reduce this risk with the use of specialist equipment and directed staff to the manual handling policy, which is unlikely to be accessible in people's homes. Furthermore, it did not give clear guidance on what part of the manual handling policy would be applicable when staff did have access to it, nor did it give guidance on what to do if the person were to fall. Whilst, staff we spoke with told us that they knew what to do in this instance (minimising the impact that this lack of detail would have on people), the registered manager recognised the value of detailed risk management plans to promote the safety of people who use the service.

Nevertheless, people we spoke with told us they felt safe receiving care from Excellence Health Care. One person said, "Oh yes I feel safe, they are very good". Another person told us, "They always have their ID badges on and a uniform so I know I am safe". Staff we spoke with told us that they knew how to keep people safe. One member of staff said, "In an emergency I would shout for help and call 999". Another member of staff told us, "I always make sure that they [people] are safe and no harm can come to them" and "If I was concerned I would call for an ambulance or the Police if I needed to". Staff we spoke with were able to tell us what they would do in specific emergency situations such as if they found someone on the floor. One member of staff said, "I would make sure they were responsive and call for an ambulance; I would make

them as comfortable as possible and I would wait with them for the ambulance to reassure them and make sure they were ok". Another member of staff said, "I would call for an ambulance as I couldn't lift them on my own; I might make it worse for them and injury myself".

Staff members we spoke with told us that despite not having formal training, they were aware of the different categories of abuse including physical abuse, financial abuse and neglect and what signs they would look for if they suspected someone was at risk of abuse. One member of staff told us, "If I saw bruises or if money had gone missing for example, I would report it to the office, document it and contact the police if I needed to". Another member of staff said, "If I thought someone was being abused I would report it to the [registered] manager and document it all; I may need to contact social services or the police". This meant that staff knew what was expected of them in order to keep people safe from abuse and avoidable harm, including what the reporting procedures were. The registered manager told us that they had not received any reported allegations of abuse to date but they knew what was expected of them including their reporting responsibilities if this should occur. Information we hold about the service confirmed that we had not received any notifications of reported allegations of abuse since the service had become registered in June 2015.

Some of the people we spoke with told us that the care staff supported them (or their relative) to take their prescribed medication. One person told us, "They help her [individual] to take her medication; she would forget otherwise". Another person said, "I do my own tablets but if I need help they would help me". Staff we spoke with and care plans we looked at confirmed this. One member of staff said, "I have to give one person their medication". Another member of staff told us, "I prompt medication by pushing the tablets out". This meant that people were getting the support they need to take their medication as prescribed.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us that the staff who provided their care seemed to have the knowledge and the skills they required to do their job. One person told us, "She [staff] is very good; she seems to know what she is doing". Another person said, "They seem ok, they do what I need them to do". However, we found that people did not always receive their care based on best practice because staff did not always receive the training they required.

During our inspection, we asked staff about the training that they had received particularly around safeguarding adults, manual handling, emergency first aid and medication management. Staff members we spoke with consistently told us that they had not received any training during their induction and some staff were still awaiting training. We found that staff had not been trained effectively prior to undertaking home care calls independently and some of the staff files we looked at did not include training certificates to demonstrate their knowledge and skills prior to working for Excellence Healthcare which had been identified as part of the provider's recruitment process. One member of staff told us, "It had been 11 years since I had done any training but I have a lot of experience as a carer; my induction was just shadowing [staff member] for three days". Another member of staff told us, "I didn't do any training initially but I think it is starting to become available to us now". We found that staff were supporting people to take their medications without the relevant training to do so. One member of staff told us, "I prompt medication by pushing the tablets out, I have not done any training but I have recently signed up to do the medication management training online". Another member of staff said, "I have to give one person their medication; I completed the medication management training online at the weekend, but I had not done anything before hand for about 11 years; I needed a refresher". This meant that people were supported to take their prescribed medication by staff who had not received up to date training and were at risk of un-safe medication management.

The registered manager told us they found it difficult to offer training initially because of financial constraints but have recently registered with an organisation that offers accredited training courses. We saw that some staff had recently attended a training course that included core topics such as those mentioned above. The registered manager also told us that they had initiated some additional staff development opportunities through online courses. One member of staff confirmed this and told us, "I have recently signed up to do medication management online". However, whilst we did not find any evidence to suggest that this lack of training has had a negative impact on the quality or safety of care that people have received, this continues to require improvement. We have been told by the service commissioners that they have requested the provider to submit a formal action plan to evidence the improvements that they will make to their training processes. The registered manager informed us that they will also provide a copy of their action plan to CQC.

Staff we spoke with told us that they felt supported with day to day issues and that there was always someone available to offer help and advice. One member of staff said, "I do feel supported, I can always ring [registered manager] if I need to". They told us that they did not receive any formal or planned supervision sessions with the registered manager and that the provider does not hold team meetings. One member of

staff told us, "I have not had proper supervision; maybe it will be in the next six months". The registered manger told us that he planned to introduce regular team meetings and supervision sessions every three months when the work load and staffing team increased.

People we spoke with told us that staff involved them in making choices and decisions about their care in accordance with the Mental Capacity Act (2005). 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. One person told us, "The assessment was led by me, I told them what I needed and what I wanted". Another person said, "They [staff] always ask me what I want and need". Another person told us, "I am able to tell them [staff] what I need and it's in my care plan, but if I do need anything else they are very flexible". Some of the staff members we spoke with lacked confidence in their understanding of the Mental Capacity Act (2005) and told us they had not received any training. However, they were able to explain to us how they ensured care was delivered with consent. One member of staff told us, "We always ask them [people] what they want before we can do anything". Another staff member said, "We can only do what people want us to do; one lady sometimes says she doesn't want a wash and I have to accept it".

We found that people were supported to have enough of the food and drink that they enjoyed. One person told us, "I do my own meals but I suspect if I needed help they would help me". A relative told us, "They [staff] asked me what she likes and prefers and it's always the same carer [staff] so she knows her well now". Records we looked at identified people's likes and dislikes and staff we spoke with told us how important it was to offer choice. One member of staff said, "I always ask what she [individual] would like for breakfast or lunch to give her the choice". Another staff member told us, "If someone is unable to tell us what they like, we ask their family and we put it in their care plan". We were told that at the time of our inspection, the service was not providing care to people with complex care needs with regards to their dietary requirements. However, staff we spoke with were aware of what action to take if a person presented with difficulty in eating or drinking. One member of staff said, "I think a training course for diet and nutrition is going to be available to us, but for now, I would report it to the office if I thought a person needed extra help with their food". Another staff member told us, "If a person was choking, I would do first aid; I would sit them up, pat their back and call for help".

During our inspection, we asked the registered manager how they supported people to maintain good health and have access to healthcare services. They told us that they would encourage people to visit their GP if they noticed any changes in their health. Staff we spoke with confirmed this and told us that if they thought someone was physically unwell they would encourage them to seek medical assistance. One member of staff told us, "I would ask them if they wanted me to contact their GP if they were unable to themselves, or if they had dementia, I would speak to their family; I would always report it to the office and be guided by them [registered manager]". Another member of staff said, "In an emergency, I would call 999, but if not, they could see the GP".

Requires Improvement

Is the service caring?

Our findings

We found that the service was not consistently caring because the provider did not always have robust systems and processes in place to ensure that the care people received was delivered safely and effectively. However, people we spoke with recognised that this was an organisational weakness rather than a reflection on the individual staff members; they told us that they were happy with the staff that provided their care.

People we spoke with told us that the staff who visited them were kind, friendly and caring. One person told us, "She [staff] is very friendly, very nice and caring". Another person said, "They [staff] are very good, very friendly and they listen to the client". People we spoke with also told us that they were pleased with the consistency in the staff that provided their care. One person told us, "I have one carer, it's always the same lady, and she is very good". Another person told us, "The carer I have used to work for a previous agency and when he left, it went downhill so I found out where he was working and asked to have care from him again". A relative told us, "We like it because the lady we have works seven days a week so it's consistent". Staff we spoke with told us how they developed positive relationships with the people they cared for. One member of staff told us, "I love my job, I enjoy caring for people". Another member of staff said, "We see the same people, so we get to know them; I work over the seven days so I provide all the care calls she [individual] needs". A relative told us, "It's great, she [individual] is very relaxed with [staff], they have developed a good relationship; they are on the same wave length".

We found that people were supported to be independent. One person told us that they liked to do a lot for themselves and that the staff respected that. They said, "I am very independent; they [staff] encourage me to do what I can". A relative told us, "It was a difficult decision at first [to have a care package] because she [individual] is so independent, but they [staff] make sure she feels in control". Care plans we looked at promoted people's independence. For example, one care plan told staff how a person would tell them what areas of her body she cannot reach to wash as she is otherwise independent. Staff members we spoke with were able to tell us how they promoted people's independence. One member of staff said, "I like to help people to develop their confidence and regain their independence as much as possible". Another staff member told us, "I always involve people and get them to do as much as they can for themselves".

People told us and some records showed us that people were actively involved in their own care and they felt listened to. One person told us, "[registered manager] is very hands-on, so I get to speak to him directly". They said, "I was involved in planning my care". Another person said, "I feel in control; they listen to me". Care records we looked at showed us that some people had received a telephone call to review their care; however these were facilitated by the local authority and had been fed back to the provider. The registered manager told us that they planned to facilitate care reviews annually or as and when needs change, but they recognised that it would have been useful to contact people after the initiation of a care package to ensure it was meeting their needs. We saw that care files had templates in place ready for this review. One relative told us, "We have had the care package for about six weeks now; I think they did say they would do a [care] review but we haven't had one yet, they just told us to call the office if we needed anything changing".

All of the people we spoke with said that the staff treated them with dignity and respect. One person said, "She [staff] is very good at minding my privacy". Another person told us, "I specifically asked for a gentleman because it's a personal issue; he is very good". Staff we spoke with were mindful of people's rights to have their privacy and dignity respected. One member of staff told us, "It's important to keep it [personal care] private; I don't let anyone in when I am helping someone to have a wash or get dressed". Another staff member said, "When we are washing and dressing somebody, I make sure all windows and doors are closed to keep it private". We also found that staff maintained people's dignity in other way such as by respecting their preferences and promoting their independence.

Good

Is the service responsive?

Our findings

We found that people were receiving personalised care that was responsive to their individual needs. One person told us, "I told them exactly what I wanted and what I needed and that's what I get now". Another person said, "She [staff] does the jobs I need her to, she is very good". A different person told us, "The care plan was guided by me, I was able to review it and I have a copy". A relative told us, "I felt very involved in the assessment". Care plans we looked at were person-centred and detailed. One care plan told us why punctuality was important to a person in order to allow them to maintain their daily roles and routines. However, we noticed that some of the care plans were copied directly from the social care needs assessment and therefore did not reflect the independent assessment facilitated by the provider. This was fed back to the registered manager at the end of the site visit. Another professional advised us that since our inspection a routine follow up visit had been made to the service and found that the care plans had been updated. This meant that the registered manager was responsive to the feedback provided.

The registered manager told us that they had not received any formal complaints since the service became registered last year but there was a complaints procedure in place. People we spoke with knew how to complain and told us that the complaints procedure was included in the care manual which was given to them when they joined the care agency. One person said, "I have not made a complaint, but if I had any concerns I would use the number they gave me in the book". Another person told us, "I have no complaints, but there is a number to call if I needed to". A relative told us, "The number for the office is in the book in the house if we needed to contact them or to complain, but I have no concerns at the moment, it's very good". People we spoke with told us that they were confident that any issues they did have would be resolved quickly. One relative told us, "I have never made a proper complaint but I did have to call the office once when the care package was first set up because there was a problem with the medication; I don't think it had been communicated clearly, but it was rectified straight away".

We found that the systems and processes in place to sought feedback on the quality of the care being provided had not been used to date. The registered manager told us that they planned to send the quality monitoring questionnaires out to people who used the service and their relatives on an annual basis and therefore had not done so as of yet. This meant that the registered manager had not actively sought formal feedback on the quality of the service they were providing since setting up the care agency. Nevertheless, people told us that they were satisfied with the care they received and that the service was responsive to their needs. One person told us, "When things have changed they have accommodated it". This meant that the service did not always actively sought people's views about the care they required but they were responsive to feedback when given.

People we spoke with told us they would recommend Excellence Healthcare to others. One person said, "They are brilliant, I would recommend them to anyone". Another person told us, "I am very satisfied, I would definitely recommend them".

Requires Improvement

Is the service well-led?

Our findings

The service was required to have a registered manager in place as part of the conditions of registration of the service. There was a registered manager in post at the time of our inspection. The registered manager told us that as an independent provider they do not have any organisational support systems and relied upon the support and guidance from regulatory and quality monitoring agencies such as CQC and the local authority to learn, develop and improve their service. They said, "We welcome your feedback because it helps us to improve and get better". However, during our inspection we found that the service did not always have the required resources readily available to enable them to meet their legal requirements particularly those relating to staff development and training. The registered manager told us that they were unable to fund staff training initially, but were gradually developing this and recognised that this was an area for improvement. However, these processes were not in place at the time of our inspection and therefore whilst staff felt supported, they did not always feel valued or invested in.

Staff we spoke with told us they did not received regular supervision or appraisals, but recognised that the service was in its infancy and that this may be developed in due course. One member of staff told us, "I have not had supervision yet, but this may happen in the next six months". The registered manager told us that he planned to roll out staff supervisions every three months and facilitate annual appraisals with staff. Staff told us that despite not having regular team meetings or supervision, the communication between management and staff was open and transparent and that they felt involved and well informed of any changes or developments within the service. One member of staff said, "I feel comfortable speaking to [registered manager] and if I was unsure of anything I would ask; he is very approachable". Another member of staff said, "I have regular telephone contact with [registered manager]".

We saw that there were some systems in place to monitor the quality and safety of the service, and that some of these were used effectively, including staff spot checks and audits of the daily record logs and timesheets. However, some of the systems and quality audits were not always used or recorded effectively. We saw that medication audits did not identify gaps in medication records and the Medication Administration Records (MAR) charts did not utilise the key code appropriately and lacked detail which were not identified or addressed with staff by management.

We found that policies and procedures were in place to guide best practice; however these were not always being implemented or followed effectively. For example, the medication management policy stated that, "All staff if appropriate to role, should receive training in medication management". We saw that where staff had received training as part of their induction, this did not include medication management and staff members we spoke with told us that they regularly supported people with their medication without having received training.

We also found that the lone working policy was not being used in practice and that staff were unaware of such policy. We were told by the registered manager and records showed us that the service had a lone working policy to ensure staff safety. We saw that staff members were required to contact the "on call" personnel at the start and the end of each shift. However, when we asked the registered manager about this,

they were unfamiliar with the content of the policy and told us that this system was not yet in place, but they assured us that staff would contact them if they needed to. Staff members we spoke with were unaware of the lone working policy but told us they felt safe and supported at work. One member of staff said, "I can call [registered manager] any time, he always answers". Nevertheless, this meant that if a member of staff was harmed, injured or missing and was unable to make a telephone call, no one would know they needed help, leaving staff at risk.

Staff we spoke with told us they had not received any formal training about whistle-blowing and some staff members were unsure of what this meant. One member of staff said, "I am not sure, but I think it is when you can raise concerns with your manager but that's about it". The policy we looked at gave an overview of what whistleblowing meant and who staff could contact; however it did not provide contact details of external agencies such as CQC or the local authority. It also stated that staff would receive training around whistle-blowing within six months of joining the agency which had not happened. Nevertheless, the staff we spoke with told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to, without having prior knowledge of the whistle-blowing policy or procedures.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was unable to tell us of their understanding of this regulation. However, following our explanation of the regulation, the registered manager assured us that they were compliant with this regulation in their work. They told us that they are open and honest with their staff and with people who use the service. Staff we spoke with told us that the registered manager is approachable and that communication was open and honest within the service. We found that the registered manager was co-operative and transparent during the inspection process.