Mrs Amanda Jackson

Fountains Homecare

Inspection report

4 Eamont Drive
Darlington
County Durham
DL2 2BT

Tel: 07939079527
Website: www.fountainshomecare.co.uk

Date of inspection visit:
01 March 2018
02 March 2018

Date of publication:
12 April 2018

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

We inspected Fountains Homecare on 1 March 2018. This was an announced inspection. We gave the provider 48 hours' notice.

This service is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community. At the time of the inspection Fountains Homecare were supporting six people. The provider, one permanent carer and one bank carer provided the support.

Not everyone using Fountains Homecare receives personal care. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating.

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.

People and relatives felt the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, whistleblowing and health and safety. Staff were trained in safeguarding and understood the importance of acknowledging poor practice and reporting their concerns to the provider. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely. The provider had systems in place to record accidents, incidents and safeguarding concerns. Infection control procedures were followed. Staff had access to personal protective equipment. Plans were in place to cover emergency situations.

The provider carried out assessments before planning support to meet people's individual needs. . Staff were trained in a range of subjects to meet the needs of the service. Staff were supported and received regular supervision. Referrals to health and social care professionals were made when appropriate to ensure healthcare was monitored.

Staff provided support and guidance with nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained consent before any intervention with the person.

People and relatives felt staff were caring in their approach with people. Staffing rotas were developed to ensure staff had time to complete planned care without being rushed. The culture within the service was one which promoted personalised care tailored to people's needs. Staff respected people's privacy and dignity ensuring their independence was promoted.

Care plans were individualised and contained information on how to support the person in a person centred way. Plans were in place to meet the person's physical, mental, social and emotional well-being. The provider used a variety of methods to gain information when developing support plans. For example, information from family members and health and social care professionals. Where ever possible the person and their relatives were involved in how they preferred their support to be delivered.

The provider had a system and process in place to manage complaints. No complaints had been made to the service.

The provider had a quality assurance process in place to ensure the quality of the care provided was monitored. People and relatives views and opinions were sought and used in the monitoring of the service. The provider maintained links with and worked in partnership with organisations to ensure best practice and national guidance was incorporated into the quality of care provided. Staff felt the provider was open, approachable and supportive.

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.

Staff had training on safeguarding and knew how to report concerns.

The provider had a robust recruitment process in place.

Staff had access to personal protective equipment in line with infection control procedures.

Is the service effective?

Good

The service was effective.

People and relative's felt staff were appropriately trained. Staff completed a range of training to meet people's needs.

Staff received regular supervision and support from the provider.

People received support to access health care where necessary.

Is the service caring?

Good

The service was caring.

People and relatives felt the staff were caring and kind.

Staff supported people with respect and ensured their privacy and dignity.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and up dated when necessary.

People and relatives felt the service responded when changes were needed.

People and relatives knew how to use the provider's complaints process.

Is the service well-led?

Good

The service was well led.

People and relatives felt the provider was approachable.

Staff felt supported by the provider.

The provider had systems and processes in place to monitor the quality of the service.

Fountains Homecare

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 1 and 2 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the provider is often out of the office supporting staff or providing care and we needed to be sure that they would be in.

Inspection activity started on 1 March 2018 and ended on 2 March 2018. We visited the office location on 2 March 2018 to see the provider and to review care records and policies and procedures.

The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales.

We also contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

At the time of our inspection visit there were six people who used the service. During the inspection we spoke with the provider and a member of staff. We also spoke with two people who used the service and three relatives.

At the location's office we viewed a range of records and how the service was managed. These included the care records of two people supported by the service, the recruitment records of one staff member, training records, and records in relation to the management of the service including a range of policies and procedures

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. Comments included, "[Person] has medicines on time and feels this is done safely", "Yes, I had a company previously with lots of medicines issues. No concerns now", "I feel safe" and "Just a small company. I deal with the manager or carer" and "They're just small so there's a personal touch."

The provider had systems and processes in place such as safeguarding and whistleblowing policies for staff guidance. Staff received training in safeguarding and had a clear understanding of what constituted abuse and how to report it. One staff member told us, "I'd go straight to [provider]." We noted the whistleblowing policy did not set out guidance for staff to follow if they had a concern about the provider. We discussed this with the provider who advised they would amend the policy so staff could contact the human resources agency as well as including the contact details of CQC and the local authority.

People's human rights were acknowledged and the provider had systems and process in place to ensure staff understood how to support the person. For example, there were policies and procedures for equality and diversity and consent.

Risk assessments were in place to ensure the person was supported in a safe manner. We saw risk assessments were in place to cover environmental factors such as fire safety, infection control and health and safety. Staff also had access to lone working policies and procedures for support and guidance setting out how they could reduce the risks associated with working alone.

The provider had a system in place for managing accidents, incidents and safeguarding and whistleblowing concerns. No safeguarding referrals had been made since the provider's registration. The provider advised any concerns would be referred to the local authority and CQC and lessons learnt discussed with staff.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, two references and disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

The provider had developed a staffing rota to ensure people's needs were supported. The rota was under constant review to ensure any new packages of support could be met prior to any contractual agreement. The provider and one staff member covered the calls over a seven day period. We asked what arrangements were in place to cover sickness and holidays. The provider advised they do have one member of staff who only works on a bank basis to cover such times.

Medicines were managed safely. Staff had received training in the administration of medicines. No records of formal competency checks for the administration of medicines were available. We discussed this with the provider who advised they had observed this but had not formally recorded it. As part of the development of the service the provider gave assurances that this could be more formally recorded as part of the quality

system. We reviewed medicine administration records (MAR) and found these were completed with no gaps or anomalies.

Infection control procedures were in place and staff had access to personal protective equipment to reduce risk of cross contamination.

Good

Is the service effective?

Our findings

People and relatives told us they were happy with the service. Comments included, "They [staff] are really, really good", "I leave them to it they know what they are doing", "Very competent ladies" and "They help me choose meals."

People's needs were assessed and care was planned using legislation and best practice. For example, health and safety and moving and handling best practice.

We reviewed the training arrangements for the service and found this to be mainly on line. We asked the provider if there was any face to face training given to staff. The provider told us, "We are only small and trainers won't come out and train one or two people so if we need anything specialised such as using moving and handling using equipment then we are supported by the occupational therapist. We found records to demonstrate this within people's care records.

We spoke to the member of staff who advised they had worked in care for a long time before working for Fountains Homecare and had had lots of training. They told us, "I did some shadowing and I know what I am doing."

We asked people and their relatives if they felt the staff were appropriately trained. Comments were positive and included, "Yes, well trained" and "They know what they are doing."

Staff received regular supervision. We found the provider did spot checks to ensure the quality of the service. Records were not formalised, however we found evidence within daily records that checks had taken place. The provider advised spot checks would be formally documented in the future.

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.

Records held within care records identified the service had sought consent from people to provide the care and support they were assessed as needing.

Where people were assessed as requiring support with nutrition staff provided support with meal preparation and offered encouragement with eating and drinking. The service were not responsible for monitoring intake or people's weight. Any concerns regarding people's appetite or lack of intake would be reported to the district nurse or the GP.

We saw that staff liaised with health care professionals such as the GP, district nurse and occupational therapist. We also found daily records to demonstrate where staff had advised family members to ring GP's.

Good

Is the service caring?

Our findings

People told us they felt the staff were caring and were good. Comments included, "Yes, they are caring, they are fantastic", "Very much so, I'd call it a professional friendly relationship", "The care is very well done, they chat to [person] and make him feel at ease" and "[Person] can be very up and down, they just jolly them along." We found the service had also received written compliments with comments expressing people's thanks and praise for the staff on how kind and caring they were. For example, "Can't say anymore, they are excellent, true carers and very, very caring and reliable."

Supporting people with privacy and treating them with respect was important to staff. The provider told us, "It is all about them, we are in their homes and always respect that." Independence was encouraged by staff. One relative told us, "Where they can they let [person] shave himself they just help him finish off."

We looked to see how people were involved in their care and decisions on how support was delivered. People received an assessment prior to the support being planned, we saw that people and their family members were involved. Preferences were acknowledged and recorded.

Where people required aids to support with communication this was incorporated in to care plans, such as the need for spectacles and hearing aids.

One person was being supported by staff to complete their exercises which were given by the physiotherapist. Comments from their progress included, "[Person was very flat when they came out of hospital. [Provider] is getting [person] to do exercises, they have come on leaps and bounds."

Staff were issued with a handbook on commencement of their employment which included information and guidance about the service and the standards expected from them. Induction training was delivered to staff which covered privacy, dignity and confidentiality. The service also had policies and procedures in place to cover these areas for staff to access for guidance and support if they needed it.

The provider and staff told us of the positive relationships they had developed with people and their families. Comments included, "I am always happy to see them", "Everyone is lovely that we look after" and "We get to know the family as well which means we get to know everyone [people] better."

None of the people we spoke with required an advocate. The provider had contact numbers for the local authority if they felt an advocate was required. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

Care plans were personalised, reviewed and updated whenever there was a change in need. Signatures were in place to indicate consent and agreement with the planned support. Care plans took into account people's preferences. For example, whether they preferred a shower or a bath. One person told us, "I have a care plan, it explains what the girls need to do, I was totally involved."

Relatives and people told us they felt the service was responsive. One relative told us, "They change things to fit with day care, if they go and [person] isn't in the mood to have a bath, they change the day. I don't think we'd get any other company who would be so flexible." Another told us, "[Person] had the opportunity to go to the day centre, this was accommodated." A third told us, "We changed the times and it all worked out well, they were able to come when needed."

The service used an electronic system to record their visits. The handheld device staff used was linked to the provider's main computer. This meant that the provider could see when staff completed calls and could read the daily entries. We reviewed some daily records and found they contained a good level of detail of staff interventions. For example, how the person had presented, details of support offered and given, any communication necessary regarding the person's health and well-being. The daily records were a good source of information for staff.

People and relatives we spoke to said they knew how to make a complaint and felt confident in doing so. One person told us, "I'd speak to the boss, no concerns, no complaints." We looked at the provider's information on how to make a complaint. Although no complaints had been made to the service. The provider told us, "Any concerns or if we did get a complaint these would be looked at and I would respond."

No one using the service was in receipt of end of life care. However the provider advised support would be provided when necessary. Staff were currently completing end of life training.

Good

Is the service well-led?

Our findings

People and their relatives told us how they felt about the management of the service. Comments included. "I have regular contact with the [provider]. I speak to them or the carer most days. We have regular meetings if anything needs to be amended or changed", "The manager comes herself to do the care", "They do everything well, the world needs more [staff name]" and "I can't fault them".

Staff told us they felt supported in their role by the provider. The staff member told us, "I have said some things and it has been taken on board." They went on to say they feel able to speak to the provider.

We examined policies and procedures relating to the running of the service to ensure staff had access to up to date information and guidance. For example, health and safety and lone working. Staff were encouraged to read these as part of their induction. The provider outsourced the Human Resource (HR) side of the business to an outside company who provided support and guidance. The company also provided policies and procedures to meet the needs of the business. We reviewed these and found the whistleblowing policy referred to a director and senior manager, which indicated the policy, was written for a larger organisation. We also asked where staff would go if they had an issue with the provider. The provider advised contact details for outside support agencies and the local authority and CQC would be added to the policy to offer guidance to staff.

Staff meetings were held, which gave staff opportunity to discuss workloads as well as gaining important information about the service. Minutes showed various subjects were covered during meetings. For example, shadowing of staff, uniforms and new people using the service.

We viewed the annual review of the service used to gain people's views and opinions with a rating of poor to excellent. The majority had given a rating of excellent. All responses were positive. Comments included, "All got a sense of humour, need to have one", "Don't know what I would do without them" and "Carer is good for timekeeping." One relative told us, "There was a card a number of weeks ago, it asked how I found the carers, I had to score them."

We found evidence of partnership working between local commissioners and health care professionals. Communication between agencies was recorded with details held electronically.

There were no issues or concerns raised by any other agencies that we contacted prior to the inspection regarding the support the service provided to people and their relatives.