

Foremost Healthcare Limited

Foremost Healthcare (Leicester) Limited

Inspection report

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17 May 2019

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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:

Foremost Healthcare (Leicester) Limited is a domiciliary care agency. The service provides personal care to people living in their own homes in the community. At the time of our inspection two people were using the service.

People's experience of using this service:

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs and choices were assessed before they started to use the service. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to maintain good nutrition and hydration. Staff supported people to live healthier lives and access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff treated people with kindness, compassion and respect. People were supported to express their views and be involved in making decisions about their care.

People and their relatives were involved in the planning and review of their care. The provider had a complaints procedure which was accessible to people using the service.

The service had good governance systems in place to ensure all aspects of the service delivery were continuously assessed and monitored. The service worked in partnership with outside agencies.

Rating at last inspection:

Since the last inspection, the service moved their main office and registered a new location with CQC. This means this is a first comprehensive inspection and the service has no previous rating. At this inspection we found the service met the characteristics of a "Good" rating in all areas. More information is available in the full report.

Why we inspected:

This was a planned inspection.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-led findings below.

Foremost Healthcare (Leicester) Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type:

Foremost Healthcare (Leicester) Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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:

The inspection was announced. We gave the provider 48 hours' notice because we needed to be sure the registered manager was available. On 16 May 2019 we visited the onsite office location to meet with the registered manager and review records. On 17 May 2019 we called people using the service and staff.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information

about the service, what the service does well and improvements they plan to make. We looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about. We also sought feedback from other professionals who work with the service. We took this information into account when we inspected the service and made the judgements in this report.

As part of our inspection we spoke with the two people using the service. We also had discussions with the registered manager, the provider and two care and support staff. We checked the care records for the two people using the service and examined other records relating to the management of the service. These included two recruitment files, staff training and supervision records, policies and procedures and quality monitoring information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of harm and abuse. One person told us "I do feel safe. Very safe. They [meaning staff] take care to look after me and make sure I stay as safe as possible."
- There was a safeguarding and whistleblowing policy in place which described the different types of abuse, how to raise referrals to local authorities and the expectations of staff.
- The staff and management understood their responsibilities to protect people from the risks of harm and abuse. One staff member said, "I would report any kind of abuse and would have no hesitation about it."
- Staff completed safeguarding training to provide them with knowledge of types of abuse and how to report any concerns of abuse and neglect.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to ensure that each person was cared for in the safest way possible. Staff understood when people required support to reduce the risk of avoidable harm. One staff member said, "We have risk assessments in place to keep people safe."
- Risk assessments were up to date, accurate and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.
- Staff understood the plans in place to manage risks to people as the information they gave us about how they managed people's risks matched the information contained in people's risk assessments and care plans.

Staffing and recruitment:

- Sufficient numbers of staff supported people to meet their needs in a relaxed and unhurried manner. One person who had care over a 24-hour period had their own team of staff and a rota was given to them, so they knew who was going to provide their care.
- People were positive about the staffing and the care they received from them. One person told us, "I see the same carers and have had some of them for over ten years. They have never let me down."
- The registered manager had effective systems in place to ensure there were always enough staff available to provide care and support. One staff member said, "Staffing is good. I never feel rushed or under pressure."
- The registered manager and the registered provider were also rostered as 'on call' so were available to cover any staff sickness or annual leave.
- Robust recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references and their suitability to work with the people who used the

service. These documents were then sent to an outside human resources company who checked they were satisfactory.

Using medicines safely:

- When required, people received safe support to administer their medicines. People we spoke with were happy with the support they received. A relative told us, "The carers are very good at helping [relative] to take their tablets."
- Staff had been provided with training on the safe handling, recording and administration of medicines.
- Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection:

- Staff received infection control training and there was an infection control policy.
- Protective Personal Equipment (PPE), such as aprons and gloves, was available to staff to use when supporting people with personal care.
- People using the service confirmed staff followed infection control systems when providing personal care and when handling food. This information was also detailed in peoples care plans.

Learning lessons when things go wrong:

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and reviewed by the registered manager.
- Staff told us if anything did occur the registered manager would share learning through discussions with them.

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

Good: 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:

- The service had not taken on any new care packages since 2014 so there were no recent assessments to examine. The registered manager said they were reviewing the assessment process and after the inspection sent us a blank assessment tool that they were going to use for any one new to the service.
- The assessment documentation showed that all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience:

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs. One person said, "The carers are well trained. They help me a lot and know what to do."
- Staff told us, and records confirmed, they completed an induction and ongoing training that was relevant to their role. A member of staff said, "The training is good. When I first started I did a lot of shadowing until I felt comfortable to work alone."
- Staff told us, and records confirmed, that staff received support through one to one supervision and staff had already received a spot check of their practice to ensure they were providing care in line with people's needs.

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

- People told us their meals were either prepared by themselves or with support from the staff. One person said, "The carers help me with my meals and we often go out for something to eat as well."
- Care plans documented people's preferences and any requirements they had with food and drink. One staff member told us, "We support [name of person] with their meals. I did food hygiene training, so I know how to prepare food safely."

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

- The service worked in partnership with other agencies and health and social care professionals to maintain people's health. For example, staff supported people to attend hospital appointments and see their GPs.
- Staff were aware of what action to take if people were unwell or had an accident.

- People's care records contained information about their current medical and health needs and the healthcare professionals to contact should staff have any concerns about people's deteriorating health.

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. We checked whether the service was working within the principles of the MCA and found they were.

- Staff understood the importance of supporting people to make choices and maintain their independence, and people we spoke with told us their consent was always gained from staff before carrying out any care.
- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.

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

Good: 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 told us they felt well cared for by staff and had good relationships with them. One person said, "I get on really well with my carers. They are like family."
- Discussions with the staff demonstrated they had a caring attitude towards people and had a good awareness of providing person centred care, in meeting people's individual preferences. One staff member said, "I have been [name of person's] carer for a long time. We know each other well and have a good relationship."
- Staff told us they enjoyed their job and took pride in their work. One said, "I love coming to work. This is a great job."

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

- People were supported to express their views and be involved in making decisions about how they wanted their care and support to be provided.
- We saw that people's care was regularly reviewed and changes were made to care plans when their needs or preferences changed. One person said, "I have a care plan and I say what's in it. The manager always asks if I am happy with my care and if I need anything changed."
- Through our discussions, we noted that arrangements were in place to meet people's personal wishes and diverse needs. For example, care plans contained information about people's religious beliefs and their personal relationships with their circle of support.
- Where people needed additional support to make decisions, the provider had information to refer people to an advocacy service. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence:

- People told us their privacy and dignity were always respected. For example, they described how staff ensured curtains and doors were closed when providing their personal care.
- People confirmed that staff promoted their independence. For example, ensuring people were encouraged to do as much for themselves as possible. Spot checks carried out by the registered manager involved observations of staff and whether they were encouraging people to be as independent as possible.
- All staff were aware about the importance of maintaining people's confidentiality. Electronic care records were password protected and information about people's care was only shared with people's consent and on a need to know basis.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's needs were assessed prior to them receiving a care package and information from the need's assessment was used to develop a care plan.
- People told us they received good quality care that met their needs. One person said, "The carers are brilliant. I get very good care. I can't fault them."
- Care plans were developed with the involvement of the person or their family member. People and family members were aware of their care plan and told us they had been included in reviews.
- One person's care plan was detailed and included information about their preferences, likes and dislikes." The second person's care plan contained information about their basic care needs but lacked person-centred information such as their likes and dislikes. The registered manager said they were in the process of reviewing this care plan to include more personal information.
- We saw that care plans had been kept under review, to make sure they reflected people's current circumstances. The registered manager told us, "We review the care plans regularly or when there are any changes." This helped ensure staff provided appropriate support to people.
- People's communication needs were identified so information about the service could be provided in a way all people could understand.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure which was accessible to people using the service.
- People said they felt comfortable to make a complaint if they needed to. One person told us, "I would talk with [name of registered manager] if I wanted to make a complaint. She would sort it out."
- We saw that the service had not received any complaints; however, there were systems in place to respond and investigate complaints when needed.

End of life care and support:

- At the time of our inspection the service was not providing any end of life care to people. However, the registered manager had guidance about advanced care planning and had spoken with one person about completing the care plan.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People told us they felt the service was well run and responsive to their concerns and needs. One person said, "Yes I know who the manager is. She sometimes supports me. She is very approachable."
- There was a positive and open atmosphere within the service. One person told us, "The manager is very nice. I can talk to them about anything."
- Staff expressed a high degree of confidence in how the service was run. They told us that they felt comfortable to approach the registered manager and one said, "[Name of registered manager] is very approachable and always available if we need to talk."
- The registered manager was aware of and had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support.

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

- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon. One told us, "I would have no hesitation in reporting something I was worried about. I know [name of registered manager] would manage my concerns properly."
- The registered manager carried out regular quality audits and spot checks to ensure staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.

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

- The registered manager was actively involved in providing support to people. This meant they were able to understand people's views and needs daily. They told us this gave them a good insight into people's

ongoing needs, staff performance and any difficulties that may be encountered.

- The registered manager worked alongside the care staff to provide support to people. This meant regular conversations and observations took place of staff practice ensuring an open and honest culture.
- There were regular staff meetings to update staff with any new changes and to discuss any concerns or share new ideas.
- People told us, and records showed, the registered manager sought people's views about the service during routine care reviews. Records showed the feedback from people using the service was positive and they were happy with the care they received.

Continuous learning and improving care:

- Information from quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- The registered manager demonstrated an open and positive approach to learning and development and ensued staff had access to the training they needed.

Working in partnership with others:

- The service worked in partnership with other care providers to support care provision. For example, GP's, and other health professionals involved in peoples care.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.