

Fuchsia Homecare Ltd

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Inspection report

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24 August 2023
29 August 2023
30 August 2023
18 October 2023

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29 November 2023

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 Ltd is a domiciliary care agency that, at the time of the inspection, was supporting 92 people living in their own homes within the local community. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to achieve consistently positive outcomes, which improved their wellbeing and enhanced their quality of life. They received support from consistent care workers who knew them well and how they liked to be supported. 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 policies and systems in the service supported this practice.

People's needs were assessed, and care records developed with them, and their relatives where required. Care records were updated regularly and clearly promoted preferences and choice. Medicines were managed safely, and staff were appropriately trained. People and their relatives were assured that safe infection control measures were taken by staff such as wearing PPE and following infection control procedures to reduce the risks of infection.

Right Care:

People received kind and respectful care. People and their relatives were actively involved, wherever possible, in planning and reviewing their care and support. Staff were proactive in developing ways to ensure people could communicate their wishes and views and be fully involved in decisions.

Right Culture:

The service was well-led. Governance arrangements were well embedded, and this ensured people received consistently safe, effective and very high-quality care. Staff were highly motivated and extremely proud of the work they did. People using the service and their relatives told us they would recommend the service to others. The service worked collaboratively with healthcare professionals to plan extremely person-centred care and support

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

Rating at last inspection

The last rating for this service was good (published 10 November 2017).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fuchsia Homecare Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 very 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 Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, however, the current manager had submitted an application to CQC to register which was being processed.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 23 August 2023 and ended on 18 October 2023. We visited the location's office on 23 August 2023.

What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with 5 people who used the service and 11 relatives about their experience of the care provided. We had contact with 30 members of staff including care staff, the manager, and the operations manager. We reviewed a range of records. This included care plans and a variety of other records relating to the management of the service were also considered as part of the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt safe receiving care from the staff who they told us knew them well. One relative said, "I am very happy with my kind carers who are lovely and who I feel totally safe with. They arrive on time, cater for all my care needs, respecting my dignity and privacy."
- Risks associated with people's care and home environments were assessed and well managed. Risk assessments were in place to inform staff how to provide safe care.
- Risks were regularly reviewed to ensure people were safely supported. People were usually supported by regular staff who understood their needs and could respond swiftly as and when their needs changed. One relative told us, "My [family member's] care is very, very good and they are very happy with them. [Family member] feels very safe with them."

Using medicines safely

- The provider had processes in place to support people with prescribed medicines.
- People's medicines were managed safely. One relative told us, "[Family member] is happy. They are supported by 2 carers and they help with medicines when it is needed."
- Staff received medicines training and their practice was assessed to check they were competent to manage medicines safely.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Staffing and recruitment

- There were enough staff to support people safely. The provider had an electronic system in place to ensure people received their care as planned.
- People told us they received consistently good care from a small group of staff who were familiar with their needs, preferences and daily routines. One person told us, "They are well trained, always stay the full duration and anticipate what care I need and when." A second person commented, "The carer is a regular one, they call twice a day. We always get a rota." A relative said, "A rota comes electronically, and it is always good. I think their approach is very good."
- Staff told us their scheduled care visits were well coordinated. This meant they were able to get to their visits on time and complete all the tasks they were expected to do in the allocated time they had been given. A staff member said, "The rota/schedule is always in place so I know who I will be supporting and my shift pattern in advance, and it works well. Breaks and travel time are factored into the rota."
- Staff were recruited safely, with all the necessary pre-employment checks carried out. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer

recruitment decisions. References were also sought from previous employers.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues would be taken seriously and appropriately dealt with by the provider. One person told us, "My [family member] and I are very happy with the carers. [Family member] feels very safe with their care and all their care needs are met in a very professional way."
- People were kept safe from avoidable harm because staff knew them well and understood how to recognise and protect them from abuse.
- The provider and management team modelled an open and transparent culture which encouraged people to raise any safeguarding concerns should they have had any.

Preventing and controlling infection

- People were protected from the risk of the of infection. Staff understood how to use personal protective equipment (PPE) when they were providing care and support.
- Staff wore gloves and aprons when required and regularly washed their hands. One person told us, "The care staff, they are well trained, use a hoist well and wear the correct PPE."
- The manager carried out spot checks of staff practice including infection control.

Learning lessons when things go wrong

- The provider had systems in place to report and record any incidents and accidents that occurred and to learn lessons from them.
- The manager reviewed accidents and incidents. These were analysed and reviewed to check if the person's care plan needed to be reviewed and identify actions that needed to be taken to reduce reoccurrences.

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.

At our last inspection we rated this key question good. At this inspection, the rating has remained 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 needs were assessed prior to commencing their care to ensure their care needs could be met in line with current guidance and best practice.
- Care plans were regularly reviewed and updated, by the management team, as people's care needs changed. The reviews were carried out with the full involvement of people and/or their relatives.

Staff support: induction, training, skills and experience

- People received personal care from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively. One relative told us, "They [care staff] are well trained, use a hoist for personal care efficiently. A rota comes weekly, and we find there are no language barriers."
- New staff received a comprehensive induction and had opportunities to undertake the training needed to carry out their care work. A member of staff told us, "Yes, the management team is very approachable and supportive in every way. We can call any time or pop to the office without notice, they will be there for us all."
- There was a supportive culture amongst the service. Staff received regular supervision meetings which gave them the opportunity to discuss any concerns or development needs. A staff member said, "I feel supported at work. When I ask for support from the office, especially from the supervisor's, coordinator and director and, manager, they do their best to help. We have 1:1 supervisions and team meetings quite often."

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

- People's dietary needs and preferences were known, recorded in their care plans and met. This included their likes, dislikes and any known food intolerances or allergies.
- Where people required support with their meals, this was clearly recorded, including what level of support was needed.

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

- The manager and staff team facilitated the involvement of healthcare professionals, people, their relatives, and other agencies. Staff ensured care was provided at the right time to effectively support people
- The manager and staff were knowledgeable and well informed about people's health and wellbeing.
- The service made referrals to external professionals where needed, and advice was incorporated into people's care plans.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported to have as much choice and control over their care as possible
- People's mental capacity had been considered as part of the pre-admission assessment process. Where people lacked capacity, consent had been given on the person's behalf by relatives with the necessary legal authority to do so.
- The manager and staff team completed MCA assessments to make sure choice and consent was upheld.
- Staff received training in relation to the MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member explained how the MCA affected their work. They said, "I do support people by enabling them to choose, think and then I respect their decision and also encourage them."

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.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained 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

- The feedback we received about the support provided by Fuchsia Homecare was very positive. Without exception, people and their relatives consistently told us how caring, compassionate, and person-centred staff were, treating them with the upmost respect. One relative said, "They treat [family member] as a person, not just a number."
- People told us staff ensured they got the practical and emotional support they needed to promote their well-being and improve their quality of life. A relative commented, "The carers are very good at building relationships. They really do care. I cannot think of any improvements needed."
- The manager and staff team put people first and foremost by providing a consistent and knowledgeable staff team wherever possible. One relative told us, "My [family member] is happy with the carers who arrive on time and complete all the tasks. They go above and beyond. [Family member] has regular male and female carers. They give personal care with dignity, kindness and show respect."
- We saw examples of community events raised by the provider to promote people's involvement. For example, a Christmas lunch event was held and all people receiving care were invited to attend.

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

- People told us they were actively encouraged to express their views, wishes, preferences and choices regarding their support. We received consistently positive feedback showing staff were highly responsive to people's requests, and made sure people got the support they wanted.
- People and, where appropriate, their relatives felt involved in decisions about the care and support they received. One relative told us, "We both get on with them very well, sharing cheerful conversation and laughter. We have received several phone calls over the 8 months we have used them, checking we are satisfied with the service and one written survey."
- The provider told us how staff supported one person with maintaining their family contact to retain relationships which were important to them, and which aided their well-being.
- We received consistently positive feedback showing staff were highly responsive to people's requests, and made sure people got the support they wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us they received kind and compassionate care and support. Staff protected and respected people's privacy and dignity and understood and responded to their individual needs
- Staff were observed in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence,

dignity and privacy was promoted and respected.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has remained 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

- The provider ensured people had clear support plans in place detailing their needs and preferences in a personalised and responsive way.
- The registered manager ensured staff had a good understanding of people's needs and kept them informed of any changes to people's support.
- Care plans were detailed with clear information for staff to follow so they could support people safely and in the way they preferred. One person told us, "I have a care plan which they update digitally. I cannot see any need for any improvements."
- People's assessments and care plans were reviewed regularly as their needs changed. A relative told us, "Communication is good, there have been no issues. The care plan is digital, and I always check the screen. The carers always record the information well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager ensured people had their communication needs assessed as part of their initial assessment; these needs were regularly reviewed.
- The manager ensured staff were recruited who could meet people's individual communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People and their relatives knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One relative said, "I know the person in charge. I have no current complaints and would recommend the service. In the past there have been little issues, but these have always been resolved easily to my satisfaction."

End of life care and support

- The service worked in partnership with GPs, district nurses and other healthcare professionals such as the hospice to support people to have a dignified, pain free death.

- The manager described how they worked to ensure people had end of life care plans in place to ensure people had their wishes and preferences met.

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.

At our last inspection we rated this key question good. At this inspection, the rating has remained 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 were happy with the service, the support provided and would recommend them. One relative told us, "The service is very well organised. Communication is great. They send a rota with photos of the carers. I have no complaints. I would recommend them, absolutely. I cannot speak too highly of them."
- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "I enjoy working as a care worker. It's been an amazing experience. It's also very helpful to have supportive staff." Another staff member commented, "My experience at this service is marvellous. I enjoy my work and feel comfortable with the amazing management who are very supportive."
- Duty of candour requirements were met. This manager and provider fully understood their responsibilities to be open and honest with people.
- People spoke positively about the way the agency was managed. One person said, "The company is well organised and led. I have no complaints and would recommend them. I consider we are lucky to have such wonderful care."

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements.
- There were processes in place to monitor the quality of the service. These included regular care plan reviews, and audits of medicines administration and people's daily notes.
- The provider understood their regulatory requirements and submitted notifications to CQC appropriately.
- Staff had a clear understanding of their roles and their day-to-day work which focused on the people they supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were encouraged to express their opinions. Systems were in place to gather feedback and hear the views of people, relatives, and staff.
- We saw examples of community events raised by the provider to promote people's involvement. For example, a Christmas lunch event was held and all people receiving care were invited to attend. Staff

supported with access to transport for people and the invitations were also extended to people's family members too.

- The operations manager told us how they had plans to widen the methods of seeking feedback more widely to enable the service to learn from people's experiences.

Continuous learning and improving care

- There were systems in place to monitor the quality of service provided to ensure good oversight. 'Spot checks' were conducted so that the manager and senior staff could observe staff delivering care and identify areas of good practice and offer training and support if needed.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.