

Fresh Haven Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fresh Haven Healthcare Limited is a domiciliary care service. It provides personal care to adults with a range of support needs who are living in their own homes. Not everyone who uses the service receives the regulated activity of personal care. 30 people were receiving support with their personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care we also consider any wider social care provided.

People's experience of using this service and what we found

People were happy with the care they received and they told us they felt safe when receiving care from the service. People's care visits took place at consistent times, to suit their preferences. There were systems in place to ensure people's medicines were managed safely and people were protected from the risk of infection. Staff knew how to safeguard people from the risk of abuse and other identified risks to people were assessed and mitigated.

Before people started using the service, their needs and preferences were assessed, to ensure the service could provide the level of care each person wanted. 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 were supported by staff who received training to ensure they had the right knowledge and skills to support people effectively.

People were treated well by staff who were kind and caring. The service had measures in place to support people to feel comfortable with staff. New staff were introduced to people before they started delivering care to them, so they could get to know each other first. Feedback was regularly obtained from people using the service about individual staff, to ensure they were compatible with each other.

People received personalised care that was responsive to their needs. People told us the service was flexible and their preferences were adhered to. People said they felt able to raise any issues or concerns should anything arise. The provider had a suitable system in place to manage and act on any complaints.

The service had an open culture. Staff at all levels displayed a desire to provide good quality, person-centred care to people. The registered manager regularly sought feedback from people to ensure the service was tailored to their needs and preferences. There were systems in place to monitor the quality and the safety of the service provided. However, some of these systems needed to be more structured, embedded and sustained to ensure they remained effective. Audits needed to be regular and recorded to enable continuity, provide oversight on any short falls picked up by the audit.

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

Rating at last inspection

This service was registered with CQC on 28 July 2020 and this was the service's first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Fresh Haven Healthcare 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. 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 carried out by one inspector and one 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

Fresh Haven Care is a domiciliary care agency. People receive a personal care service in their own home.

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 site visit was announced and we visited on 8 October 2021. We gave short notice of the inspection because we wanted to be sure a senior member of staff was available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as serious incidents. The provider was asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care-coordinator and care

workers. We have included their views and feedback in the main body of the report.

We reviewed a range of records. These included five people's care and medication records, five staff recruitment files and training and supervision records. We reviewed records relating to the management of the service. We reviewed how the provider and the registered manager completed their quality assurance checks

After the inspection

We received feedback from one health professional to obtain their views about the service.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who had worked with the service recently.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and their relatives told us they received safe care from staff who knew them well. People said, "I feel safe because the carers who come here are very competent and seem to know what they are doing and another said, "I feel safe with my carers, they are good at what they do. They talk to me when they do things for me, like giving me a wash, and it puts me at my ease." One relative said, "[Named] is definitely safe with the carers, I never have to be concerned about that."
- People's individual risks were assessed and measures were put in place to keep people safe.
- Some risk assessments required more details to guide staff in how to support people safely, for example there was limited guidance to staff on how to support a person whose weight had reduced and the sling was no longer appropriate for use. There was no impact on people as a result of this as staff were able to tell inspectors what methods they would use if a person became agitated. Risk assessments were updated by the provider immediately following the inspection and contained the correct information.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They mostly credited this to having regular staff who they trusted and had a good understanding of their needs and preferences.
- Staff received training and were able to demonstrate they knew the process for reporting concerns. Staff attended training on safeguarding and refresher courses to maintain their awareness of how to support people safely.
- The provider had systems in place to regularly check staff competence in this aspect of their work.

Staffing and recruitment

- Enough staff were deployed to meet people's needs. Comments from people included, "[Carers] are punctual and will call if they are running late" and "We never had problems with [carers]. They turned up and on time". People and their relatives were happy, said staff were punctual for their shifts and communicated with them if there were any delays. They were happy they knew in advance the carers assigned to provide their care.
- The registered manager told us they assigned a team of staff to provide care to each person which ensured consistency in the support provided. One relative commented, "[Person] liked the regular carers who helped them, and we were happy with the arrangement." Staff told us they received their rota in advance which enabled them to plan their journeys. They felt staffing levels were adequate and rotas confirmed this.
- People were supported by staff assessed as suitable for their roles. The provider practiced safe recruitment processes which included checks on staff to work with vulnerable adults and their eligibility to work in the UK.

Using medicines safely

- The provider had systems in place to support staff to manage medicines safely. They had suitable medicine management policies which staff were required to follow. Staff received training to support them to manage medicines safely.
- The service was providing limited support with people's medicines at the time of this inspection. When staff were required to support a person with their medicines, this was documented in the person's care plan, detailing the specific medicine they needed support with, and the level of support staff needed to provide.
- People told us they were happy with the support they received with their medicines.
- The provider had not yet established a structured system to periodically check staff remained competent to administer medicines. The registered manager told us they planned to implement a programme of regular competency assessments shortly after this inspection.
- The registered manager had identified improvements were needed to the records staff made of the support they provided people with their medicines. The service used an electronic care planning system which produced electronic medicine administration records; however, there was no structured system to evidence monitoring was occurring. This meant if staff did not report an error, it would take a while before the registered manager could take corrective action. During the inspection we found no evidence people had been harmed. After the inspection the registered manager sent a quality assurance system, they would be using to monitor medicine records.
- A medicines policy and procedures were in place and reviewed when needed.

Preventing and controlling infection

- People were protected from the risk of infection. Staff told us they used Personal Protective Equipment (PPE) effectively and safely to keep themselves and people using the service safe. They wore aprons and gloves when preparing food or carrying out personal care. Staff said they washed their hands and cleaned any equipment used after completing personal care.
- The provider had policies on infection prevention and control and COVID-19. These policies were up to date and in line with national guidance. Staff had received training about infection prevention and control including COVID-19 and were able to describe how they were currently controlling the spread of infection.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. They told us they would report these electronically and call the office. There had been very few accidents and incidents due to the services focus on prevention.
- Accident and Incident records evidenced action had been taken to reduce risks. For example, one person had slipped during personal care. A health professional referral was made immediately for assessment and new equipment was put in place for the person. This resulted in a reduction of risk and no further incidents.
- The provider told us they held monthly meetings to identify themes and trends in accidents and incidents and to identify lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication. This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- There was some inconsistency across care plans where additional information was required to guide staff. For example, one care plan viewed required more information about a person whose sling size had changed, and staff required guidance on how to support the individual while waiting for the Occupational Therapy assessment.
- Care and support was reviewed and updated as people's needs changed. Due to transferring care plans from a paper system to electronic system it was not clear the dates that reviews had taken place. However, people, their relatives and staff told us that care plans were reviewed at least three monthly or more regularly where there had been changes.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. People told us, "Staff who come here regularly always seem to know what they're doing." Another said, "My carers are very good. They are kind and caring, they laugh and sing and make me feel relaxed". One relative told us, "[Person] is very happy with the carers and we are both sure they know what they are doing".
- The provider ensured staff had support to develop their skills through a flexible and robust approach to training. COVID-19 had caused challenges in delivering training, where this was usually face-to-face. With the loosening of restrictions, the provider was increasing their face-to-face training and had a training manager in post to coordinate this.
- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. One staff said, "I asked for peg feed training and this was arranged".
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings had not been regular since the start of covid-19. However, they said they were useful, and they felt able to discuss any issues openly.

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

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate. One relative said, "The care staff [Named] are good. They know her well and can spot differences and let me know. They know what they are doing."
- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

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

- The provider told us they were in liaison with the SALT for information to guide the care staff. During the inspection period care plans were updated to more clearly reflect this.
- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan. People told us they could choose what they wanted to eat. One person said, "They will do anything for me. I always chose what I want to eat or drink. They'll also go to the shops for me if I ask them."
- Staff told us they would always offer to provide a drink or something to eat to people whether this was part of their care plan.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

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

- Whilst the service was working within the principles of the Act, mental capacity and best interests, assessments were not always completed appropriately. For example, one person was recorded as having mental capacity to make a decision but their mental capacity assessment for the decision had been signed by a relative. There was no record the person had given consent for their relative to sign on their behalf. We informed the registered manager who informed us they would amend the assessment. During the inspection period this assessment was updated, and the registered manager was arranging Best Interest meetings where required.
- People told us that staff worked within the principles of the Mental Capacity Act 2005 by always seeking consent from the person they were supporting. One person told us, "The carers always ask for permission before they do anything. They go through what he's going to do before he does it." A relative also told us, "Carers talk to [Person] all the time they are doing things for him. He can't speak to them, but they reassure him all the time."
- Staff were able to demonstrate a good understanding of the principles of the mental capacity act and understood what actions to take if someone had declined care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and treated them well. One relative told us, "It's not just a job to them [the staff]. It makes all the difference in the world when they actually care what they're doing."
- Many people said they appreciated having consistent care staff and this increased their confidence that staff were trustworthy, provided dignified care and treated them with respect. One relative told us, "They're all like daughters to me [the staff]."
- Staff told us that the provider made efforts to match staff's personalities with people receiving care.

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

- People and relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out.
- As well as satisfaction surveys and regular reviews of care, office staff were calling people regularly to gain feedback and discuss any concerns people had.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that privacy and dignity was promoted. One relative told us that carers always ensured doors and curtains were shut when supporting their family member with personal care.
- Staff told us how they supported people to do as much for themselves as they were able to. They told us about ways they protected people's dignity during care tasks for example by using towels to cover private areas.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalized care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. One relative told us, "I think the carers do see [Person] as an individual person. They know what she needs and if they see a difference in [Person], they let me know straight away."
- People were supported to achieve the goals that were important to them. For example, one person was supported by a carer to go out and do their own shopping.
- Care plans considered people's preferences, likes and dislikes. In some places additional details were required to ensure the persons background was individualised.
- The provider and their staff knew a lot of information about people; however, this had not been captured in the records. The care-coordinator and the registered manager updated the care plans during the inspection period.
- People and their relatives were involved in the development and ongoing review of their care. Care plans were reviewed regularly or as and when their needs changed. One relative told us, "We were both consulted when the decision was made to have carers look after [Person]. Our views were asked and we have got the care we asked for."
- Staff were kept informed by the care coordinator about changes in people's care and support needs through the electronic care system which was linked to their mobile phones. This helped staff to stay up to date with information about people's needs. Some care plans had not been fully migrated on to the electronic system. This meant changes were not immediately recorded on the care plan. However, staff told us the platform on their phones where kept up to date by the care co-coordinator and the registered manager.
- People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured as far as possible they had support from staff who knew and understood their needs and preferences.

Meeting people's communication needs

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

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service.
- Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them.
- The provider told us they would provide information in other formats if this was required to support

people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider.
 - The provider investigated and responded to complaints appropriately and in line with their policy.
- Improvements were needed to enable the provider to review and analyse themes and patterns of concerns raised and use this information to make improvements to the service.

End of life care and support

- When the inspection was carried out the service was not supporting people at the end of their lives.
- Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files.
- The provider confirmed that when they supported people at the end of their lives, their care plan was amended to reflect changes to the care required to meet their needs. The provider worked collaboratively with other health and social care professionals to support the person appropriately and to ensure they were able to stay at home where possible, if that was their preference.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was managed by an experienced registered manager. Staff were clear about their roles and responsibilities and they received support to deliver a good quality service.
- The registered manager understood the types of incidents that need to be reported to CQC and had notified us of most relevant events, although we identified one incident during this inspection which CQC had not been notified of. The provider agreed to review the notification requirements to ensure a similar omission did not occur. We found no one had come to harm.

Continuous learning and improving care

- The registered manager had introduced an audit system to assess, monitor and improve the quality of care. When they identified any issues with staff's practice, feedback was given to staff to support them to improve.
- Some quality assurance systems needed to be more structured and others needed to be embedded, to ensure there was a continuous approach to improving care. For example, the system in respect of staff supervisions, staff spot checks and competency assessments regarding medicines management needed to be fully implemented and sustained. This would enable the provider to have oversight of the service and respond in a timely manner where shortcomings were highlighted.

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

- The service had an open culture and staff were confident any concerns or issues they raised would be dealt with appropriately by the provider and registered manager. Staff morale was positive, and staff told us they enjoyed their jobs.
- The provider had a suitable policy in place in respect of the duty of candour. At the time of this inspection there had not been any incidents which required the provider to take action under their duty of candour policy.
- The provider promoted staff's knowledge of the duty of candour through training sessions and sharing information about it in the staff newsletter.

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

- The registered manager and care coordinator made themselves easily available to people using the service, their relatives and staff. This gave them the opportunity to share any concerns or feedback about the service. People commented, "They're always checking that it [the service] is what I want. I couldn't fault them at all" and "[The registered manager] keeps phoning to check we're happy with things."
- Although people and their relatives were encouraged to provide verbal feedback about the service, this was not always recorded to ensure it could be used as part of a structured quality assurance system to improve the service. The introduction of other methods of engaging with people, such as via surveys and questionnaires, was being considered by the provider to strengthen this aspect of the service.
- The provider had links with social care professionals and community health services so they could work in partnership with other organisations.