

Fosse Healthcare Limited

Fosse Healthcare - Derby

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

Fosse Healthcare - Derby is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were 87 people who received personal care at the time of the inspection. 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

Systems and processes were in place to help people receive safe care and be protected from abuse and harm. Staff were trained to administer medicines safely and checks were made to ensure people received their medicines as prescribed. Recruitment processes were in place and followed to ensure the provider was satisfied the staff they appointed to work in care were suitable. Staffing levels were monitored and staff rotas were planned to help ensure people received safe care. Risks were assessed and actions to reduce identified risks were followed by staff. Infection prevention and control practices were followed to help prevent infection transmission, including those from COVID-19.

People had their health and care needs assessed and care plans and risk assessments were kept under review. Staff completed regular training relevant to their job roles. New staff completed an induction programme, which included learning from more experienced staff. Where care staff helped people with their meals and drinks, their dietary preferences and choices were known and respected. Other health and social care professionals were involved in people's care when needed.

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 received care that respected their privacy and promoted their dignity and independence. Care staff understood how to make people feel comfortable and took account of people's different needs when providing care. People told us they thought the care staff were compassionate and kind. People were supported to be involved in their care and information on how to access advocacy services was available.

People's decisions about their care were respected. Staff understood the importance of supporting people to have as much choice and control as possible in their lives. People received personalised care that was responsive to their needs and people's relationships were valued and supported. Communication needs were assessed and understood. Complaints and feedback processes were available and followed should people wish to make a complaint or offer their feedback.

There was no registered manager at the time of our inspection, however the recently appointed manager

had begun the process of registration. Audit and quality assurance processes were in place, however some of these required more time to fully embed improvements in the service. Policies were up to date and a range of oversight checks on the quality and safety of services were in place by the provider. People, relatives and staff were able to contribute their views to the development of the service and this supported a positive and open culture. The provider worked in partnership with others to help ensure good care outcomes for people using the service.

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

Rating at last inspection and update:

The last rating for this service was 'Requires improvement' (published 15 December 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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?

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 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 ●

Fosse Healthcare - Derby

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 Care Act 2014.

Inspection team

This inspection was completed by one inspector. Two experts by experience made telephone calls to people who used the service and their relatives. 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, flats and specialist housing.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection, however the manager told us they were in the process of applying to become the registered manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection. This was because the inspection was conducted during the COVID-19 pandemic and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 1 February 2022 and ended on 8 February 2022. We visited the office location on 1 February 2022.

What we did before the inspection

We used information received about the service since the last inspection. We contacted local stakeholders

to gather feedback on the care provided. This included the local authority commissioning team. On 1 February 2022 we made phone calls to eight people who used the service and four people's relatives to gather feedback about the care provided.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records including the relevant sections of three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed other records related to the management of the service, including the provider's action plan following the last inspection, policies and staff training records.

We spoke with eight members of staff including, the Nominated Individual, the Group Head of Quality, Safety and Compliance, the manager and five care staff.

What we did after the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
At our previous inspection, the provider had failed to operate effective systems to keep people safe from abuse. This was a continued breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the above regulation.

- People told us they felt safe with the service and that staff respected their homes and promoted their safety. One person told us, "I have been having care for four years now and staff come to me three times a day. I am happy and feel very safe with the staff I have. If I was ever unhappy or concerned about my safety, I would inform the management of Fosse right away."
- Information was provided to people on safeguarding and how they could raise any concerns and receive any help. Staff understood how to report any accidents and incidents.
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. Most, but not all staff were familiar with the provider's whistle-blowing policy and what this meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.
 - Records showed the provider had made safeguarding referrals to the local authority. Safeguarding records were up to date and detailed any investigation completed or still in progress.

Using medicines safely

At our previous inspection, the provider had failed to operate effective systems to ensure medicines were safely managed. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the above regulation.

- Where staff helped people with their medicines, they told us this was managed well. One person said, "My medication has to be given me am and pm. The staff know exactly what is needed and make sure I take it as soon as they have put it in front of me. They record what they have given me, and the office organises my repeat prescriptions and the pharmacy deliver."
- Staff recorded when medicines had been administered, or when appropriate, if medicines were not required or refused on electronic medicines administration record (eMAR) charts.
- Checks were made when staff transcribed prescriptions onto electronic medicines administration record charts (eMAR) to help reduce errors. When medicines were to be given 'as and when required' guidelines were in place to help ensure these were given in a consistent way. We found one further guideline was required and made the manager aware of this so this could be put in place.

- Checks were in place to help prevent medicines being given too close together and medicines risk assessments were in place. Recent audits of medicines had been completed. Medicines errors were thoroughly investigated, and action taken to help reduce the risk of recurrence.

Staffing and recruitment

- People told us they still experienced some variations with the timings of their care calls, however they told us they understood that this could sometimes be due to emergencies or care staff being delayed with traffic. The provider was continuing to review people's preferred call times with them and wherever possible, would try to plan their call times to meet their preferences. We reviewed some people's call times and found these to have been completed at regular times.
- People told us their care calls were mostly reliable. One person told us they had experienced the occasional missed call. We saw the provider had systems in place to monitor call attendance and any late or missed calls were investigated to reduce the chance of this happening again.
- The provider had a pro-active approach to recruit suitable staff to work at the service. Recruitment processes were followed, and checks made on staff to help the provider make judgements on the suitability of staff to work in care.
- People and relatives told us they preferred to see regular care staff and the provider worked towards this whenever possible.
- People told us that generally they did not feel rushed by staff providing their care. One relative told us, "[Name] does get their full time. Staff never rush them, they are very efficient and chat to them as they go, if any spare time they sit and talk to them."

Assessing risk, safety monitoring and management

- People's health and care needs were assessed, and care plans were in place so that staff had guidance on how to meet people's needs. Risk assessments were completed to help ensure care was provided in a way that reduced risks to the person and staff.
- Staff told us they could easily access people's care plans and risk assessments and would read through these before providing care to any new people. Staff told us they felt they had the correct information on people's needs so as to be able to provide people with safe care.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- People told us they were satisfied with the actions staff took to reduce the risk from infection transmission. One person told us, "Staff wear their uniform as well as full PPE."
- Staff told us they had supplies of PPE and completed regular testing for COVID-19. These actions help to reduce the risks from infection transmission.
- The provider had COVID-19 risk assessments and contingency plans to help ensure they continued to deliver a safe service during the pandemic.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Assessments were in place for people's health and care needs and these were kept under review and updated to reflect any changes.
- Staff had access to people's care plans and risk assessments before providing care to new people so they could understand how to meet people's needs. On-going access to these records was provided to staff on their phones. This helped staff to provide effective and consistent care.

Staff support: induction, training, skills and experience

- Staff told us they received the training they needed to meet people's needs. New staff completed an induction where they worked with experienced staff to understand and gain knowledge about the job role.
- Staff also completed the Care Certificate which aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Other staff told us they were supported to achieve National Vocational Training Awards.
- People and relatives told us they felt staff were competent. One relative said, "My [family member] has a small team of carers who care for them; it varies between them who will turn up. They have to have two carers each time as they can't stand unaided. Staff are very professional and well trained to meet their needs." Another person told us, "I struggle with my mobility. So, I have a trolley zimmer, perching chair, commode, raised toilet seat and a bath board. The staff know how to help me with all of these."
- The provider maintained an oversight of staff training materials and operated a system to identify when staff needed to refresh their skills and knowledge. Staff had their competency and understanding of areas of care checked.
- Staff told us they could approach managers for support and guidance at any time, including out of hours and that they received regular communication from the office team on any updates or changes. Staff were provided with support and training to be able to meet people's needs effectively.

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

- People told us they were supported to eat well. One person told us, "I always have a choice of food for my meals and the staff ask me what I would like. I also have a snack box containing cake, chocolate and biscuits which the staff refill when required. They also ensure I have plenty to drink and leave me with a jug of water and fruit juice."
- Care plans were in place to help provide guidance to staff if they provided any care with nutrition. For example, people's likes and dislikes were recorded along with any known allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Where other professionals were involved in aspects of people's health and care, care plans reflected their advice and guidance. For example, we saw updates on a person's health condition had been provided by the person's GP, the speech and language team (SALT) and the person's occupational therapist.
- People and relatives told us staff helped them access healthcare services and support when needed. One relative told us, "If my [family member] is unwell the staff will talk to me about it. Two weeks ago, my [family member] had a [health concern] and the staff phoned the District Nurse for me." Actions were taken to help people receive effective care.

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.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes.
- People and relatives told us staff checked people consented to their care and treatment when providing it. Care plans involved people and showed where their consent had been discussed with 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were caring. One person told us, "They are very kind and compassionate and put us at ease." Another person described how staff provided respectful care. They said, "When I have a shower, staff close the blinds, shut doors. They always wrap me in warm towels as they help me dry and dress."
- Staff had received annual refresher training that included caring with respect and dignity. Staff we spoke with were mindful of how they could support people respectfully. One staff member told us they would talk with a person to work out how they could make them feel more comfortable to receive the personal care they needed.
- Care plans promoted people's independence and provided guidance to staff on what people could do for themselves independently. One person told us, "Staff help me to maintain my independence where possible, for example I can wash most of myself, but they do the bits I can't reach. I also clean the bathroom afterwards and can get to the toilet independently."

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

- Where people and relatives had religious beliefs, these were supported by the care arrangements in place. One relative told us, "My [family member] has no religious or cultural needs but I always and have always gone to church on Sunday's; it makes it easier knowing the care staff will come and attend to [family member] as usual. As their main carer it means I can continue to get the support I have always sought through my church knowing [family member] will be okay while I am not there." Staff told us how they supported people with their faith. One staff member told us they knew one person always liked to have their bath and get ready to watch their religious programmes on the television every Sunday morning.
- People's equality and diversity needs were respected. Whilst not everyone we spoke with recalled being asked what gender of care staff they would prefer for personal care, records showed this was considered. The provider's equality and diversity policy included information on people's different cultures and what this could mean when providing people with personal care. For example, haircare, diet and preferred cultural health and medical approaches.
- People told us they felt comfortable to talk with the care staff. One person told us, "The communication between myself and the care staff is very good, we have a great rapport and I can always have a two-way conversation with them. They are just like family."

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

- Information had been provided in the service user guide for people to access advocacy services when needed. Advocacy services provide help to people to represent their views and opinions.

- People told us they felt involved in making decisions about their care. One person told us, "I have got a care plan, I have it here. I look through it regularly and I'm happy. If there were any niggles, I'd call the office". Care plans recorded meetings and reviews with people and reflected their choices and preferences.
- Staff understood the importance of enabling people's choices in their care. One care staff told us, "I have a regular route and getting to know the person helps to understand their needs. Even though I know them, I know to ask them as they can change their mind."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People had choices and control in their care decisions. One person told us, "The carers always ask me what I want done and they do listen to me and where necessary will adjust what they are doing." Another person said, "On the whole I am given time to make decisions about my care and when I have wanted changes I have been listened to and changes made."
- Staff understood how to provide personalised care to people. One staff member told us, "Yesterday one of my clients didn't want to get up and I asked if they would like breakfast in bed and then after that they were ready to get up. I took them to the wardrobe, and they chose their clothes and then they wanted to watch the TV, so we switched that on and had a chat before I left."
- Care plans reflected people's choices and decisions and recorded where they had been involved in discussions about their care. People's lives, their interests and what was important to them had been discussed and recorded to help care staff understand the person they cared for.

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.

- Assessments identified any communication needs people had and any aids they used to help with communication. For example, hearing aids. One person told us they had difficulty hearing the care staff and we made the provider aware and they told us they would review this further.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Actions had been taken to help reduce social isolation for people. For example, people had been supported to involve others that were important to them in their care plans and reviews. One relative told us, "We were both involved in the content of [family member's] care plan."
- People told us they enjoyed speaking with the care staff when they attended their care calls. One person told us, "It took a bit of getting used to when they first came around, but now we have a bit of a giggle." One relative told us their family member appreciated being able to talk with male care staff, they said, "[Family member] really likes him as he feels he can chat to him about things he can't chat about to the female carers." Another person told us, "The carers are extremely kind to me and I can talk to them about anything and know they will listen to me and cheer me up when I am a bit depressed."

- Staff told us they knew what pastimes people enjoyed and would make sure their favourite TV programme was on for them if required. All staff we spoke with told us they enjoyed spending time with the people they cared for and enjoyed talking with them.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with told us they knew how to make a complaint if needed. Information on the provider's complaints process was provided to people in the service user guide. One person told us, "I have never had to make a complaint but would know what to do if I wanted to complain. They left me with a telephone number to use should I require to raise an issue." Another person told us they had raised a complaint and told us, "This was resolved to my satisfaction and I would not be afraid to raise other issues if necessary and feel confident they would be resolved to my satisfaction."
- The provider kept records of any complaints and how they had been investigated and resolved. One complaint was in the process of being investigated at the time of our inspection. Positive feedback about the service was also shared with care staff so they could see what people and relatives had appreciated about the service.

End of life care and support

- No-one was receiving end of life care at the time of the inspection. Training to support staff provide this care had been made available by the provider.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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; Continuous learning and improving care;

At our previous inspection the provider had failed to operate effective systems and processes to identify, monitor and reduce risks and assess and monitor and improve safety. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the above regulation.

- There was no registered manager in post at the time of this inspection. However, a manager had been recruited and told us they had started the process to register with the Commission.
- Since our last inspection, the provider had implemented and was working to an action plan for medicines management including audit processes. This audit process needed further time to fully embed improvements in the service. For example, recent audits of eMAR charts had not identified records had not recorded whether one or two tablet medicines had been given where this was an option. However, we saw improvements were being made in line with this action plan to continue to improve the service.
- Other audit processes had been developed to review safeguarding incidents, complaints, accidents and any late or missed calls and whether any incidents were notifiable to the Commission. These were designed to identify where lessons could be learnt to further improve the quality and safety of services. The provider had created a new quality assurance role who could spend time at each of the provider's locations to focus on quality improvements.
- The provider had up to date policies and governance arrangements in place, including notifying the Commission of any relevant incidents or events. The governance arrangements included regular reporting and oversight arrangements by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People and relatives told us they felt listened to and that the senior staff and managers in the service involved them. One person told us, "I think the service is well managed. I chat to the manager most weeks." A relative told us, "From time to time someone rings to check all is well. They listen to me and I can chat to them about anything I am worried about. They are very efficient, and I have every confidence in them." Records showed regular telephone calls were made to people and their relatives to listen to feedback and see if anything could be improved.
- Staff told us they could raise any feedback with senior staff and managers. One care staff told us, "If I have

any opinions on anything, I ring the office and they listen and take on board my views." Another care staff said, "I feel it is well-led, its friendly, organised and you get help and support when you need it." The provider had taken steps to regularly communicate with staff and promote a positive culture.

- People and relatives told us, and care records confirmed they were involved in planning what care they required. Assessment processes considered people's equality characteristics.

Working in partnership with others; 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's care records recorded the contact details for other professionals involved with their health and care needs. Records showed where other relevant people had been involved in planning care, for example relatives. People told us care staff would involve other health and social care professionals when needed.

- Records showed the provider investigated complaints and issues that had been raised with them.

- The provider had a 'duty of candour' policy in place to ensure they would meet their legal responsibility to be honest should anything go wrong.