

Fen Homecare Ltd

Fen Homecare

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Fen Homecare, provides personal and domestic care and support in people's own homes. At the time of the inspection 39 people were using the service.

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. At the time of our inspection 34 people were receiving the regulated activity of personal care.

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

The management team completed regular checks and monitoring of the service. However, these checks had not identified areas that required improvement. Not all identified risks had a relevant risk assessment in place. People's changing needs were not always reflected in their care plans. The provider was implementing better documentation in relation to mental capacity assessments and best interest decisions.

People received safe support from staff who received appropriate training. The provider had a robust recruitment process in place. People told us they received good support and care in areas such as health needs, medicines management and meals. Accidents and incidents were monitored to ensure appropriate actions were taken.

Staff promoted people's choice and independence. People were involved with decision about their care and support. Staff understood the importance of infection control.

People and relatives were happy with the care provided by Fen Homecare staff. People told us the care staff were kind, caring and compassionate. People had the opportunity to express their views and had developed caring relationships with staff. People had access to other professionals to ensure their health needs were met.

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 us on 21/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Fen Homecare

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

The inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This person is also the provider for Anglian Care and Domestic Support Services Limited. This means that they are 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 December 2019 and ended on 17 December 2019. We visited the office location on 12 December 2019.

What we did before the inspection

The provider was not 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. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff, including the registered manager, director and the compliance and training manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- Risks to people's health, safety and well-being were assessed and were regularly reviewed. However, we found that risk assessments were not always in place. For example, one person who was at high risk of developing pressure ulcers did not have a risk assessment in place to ensure this risk was managed appropriately. The registered manager confirmed this would be addressed immediately.
- Staff were aware of the persons risks and had received the appropriate training to support the person's needs. The person told us, "[Staff] look after me as good as any nurse." They also told us, "The nurses only need to check on me monthly as the staff are doing a good job."
- Accidents and incidents were logged and reviewed to ensure all appropriate action had been taken and to identify any emerging themes or patterns.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify and appropriately report any concerns relating to the risk of abuse.
- The provider had an out of hours on-call system to support staff and people outside of normal office hours.
- People and their relatives told us they felt safe when staff provided their care. One person said, "I trust the staff implicitly, I feel totally safe, staff are very experienced." One staff member said, "I would always call the office if I had any concerns."

Staffing and recruitment

- People were supported by staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and criminal records checks.
- Each staff member had a formal introduction process and worked with qualified staff until signed off as competent to work independently.
- There were enough staff to meet peoples needs and systems in place to cover short notice vacancies.

Using medicines safely

- People's medicines were managed safely. Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area.
- People confirmed they received their medicines on time. One person said, I have to be supported to take my medicine as my hands aren't as good as they once were."

Preventing and controlling infection

- Staff received training in infection control practices and personal protective equipment such as gloves and

aprons were provided for them.

- Staff confirmed they collected protective equipment from the office and always had a good supply.

Learning lessons when things go wrong

- The registered manager confirmed any lessons learnt were discussed at staff meetings and supervisions. The provider had also recently introduced a staff monthly newsletter, this was used to share information with staff, give reminders and updates with regards to the company and to praise staff for their hard work and dedication.

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

- Before care delivery started the registered manager completed assessments to establish if people's needs could be fully met.
- Care plans were developed from these assessments for each identified need. The registered manager confirmed care plans were regularly reviewed. However, people's care records were not always updated as required. For example, one person had an extra night visit added to their care package to support their changing needs, this change had not been updated in the care plan. There was no documented guidance for staff on what was needed with the night time visit.
- The director for Fen Homecare explained that only they and one other staff member had provided the care and they had verbally passed on the information. However, this information should be in the care plan to ensure that staff members who were unaware of the person's needs have the guidance required to support the person. The Registered manager confirmed the care plan would be updated with the appropriate information and guidance for staff.

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.

- The registered manager confirmed that mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. However better documentation was needed with capacity assessment and best interest decisions. The Registered manager had already identified this was an area for improvement and was developing better documentation.
- People told us staff asked for their consent before they delivered any aspects of care. One person told us, "Staff always give me plenty of choice."

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. Newly recruited staff members were supported with an induction and appropriate training. One care worker told us, "I had my

training when I started, and I also had shadowing (working with competent staff) until they were happy I could do the job properly."

- Competency assessments were completed regularly to ensure staff worked to best practice
- People and relatives told us that staff were sufficiently skilled and experienced to do their roles. One person said, "I would recommend them to any one they are brilliant."

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

- People who required support with their food told us that staff prepared their meals for them. One person said, "Staff cook all my food. I thought I would always get ready meals, but the staff cook all my meals fresh every day, which is lovely." People and relatives confirmed that where required staff supported people with their nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately. One person said, "[Staff] know me really well and what I need."
- Staff and management worked in partnership with health and social care organisations sharing information about people to ensure that the care and support provided was effective and in people's best interests.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthy life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.

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 and their relatives told us the staff team were kind and caring. One person said, "Staff I see are friendly, helpful, cheerful. They make a big difference."
- Staff took the time to ensure they knew people well and respected their needs. One relative said, "Staff are very professional, they have responded to all our requests. "A person told us, "Staff take the time to have a good old chat, if I have anything that is worrying me I talk to the staff." A relative said, "Staff are kind, caring and very supportive."

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

- People knew about their care plans and could decide what care and support they needed. One person said, "They have sat down with me and discussed my care, I don't want for anything. I feel supported." One relative told us, "They sat down to discuss care plan with[name of relative]."
- The management team told us that if people could not express their views and be involved in making decisions about their care, their relatives and health and social care professionals would be involved.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their dignity and privacy. One person said, "They encourage me to do what I can for myself, it's a lovely company."
- Staff received training around privacy and dignity as part of their training.
- The registered manager reported that people who used the service at the time of the inspection had no need for advocacy support. However, they would signpost people to advocacy support should the need arise.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

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

- The service responded to people's changing needs and offered a flexible service where possible. One relative told us about when their relative became unwell, the GP had recommended that they were checked daily and Fen Homecare were flexible with ensuring this happened.
- Staff supported people to access the community and to attend appointments where requested. People told us they received care and support as they wished.
- Care plans contained people's care needs, preferences, likes and dislikes with guidance for staff. One person said, "They live up to their name, they really do care. They do a good job."

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.

- People told us they were able to understand information from Fen Homecare. Where required staff took their time with communication. Staff confirmed they showed different options and used body language to support better communication.

Improving care quality in response to complaints or concerns

- Staff were responsive to any concerns people raised. We found where people had raised issues these were responded to in line with the provider's complaints policy. People had also taken the time to write and compliment the staff on the service they were providing.
- People told us they knew how to complain if something was not right. One person said, "I have the office number and know both the ladies very well." Both relatives and people knew who to contact should they need.

End of life care and support

- The service did not provide end of life care. People's preferences around this were not sought. However, staff received appropriate training in this area to enable them to correctly identify when people were nearing their end of life.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had established governance systems which enabled them to have an oversight of all aspects of the service. This included care plans, risk assessments and medicine records. However, measures were not robust enough to identify areas that required updating. For example, ensuring appropriate risk assessment were in place and relevant changes to people's care and support were updated appropriately in their care plan.
- Where one person was at risk from pressure sores the provider had not ensured the care plan contained a risk assessment with guidance on how this should be managed and had not identified this in their care plan audits. Another person who's needs had changed and required an extra visit had not had their care plan updated to reflect these changes, to ensure all staff who may need to attend would have the guidance needed. The registered manager has updated the relevant care plans and will be reviewing all care plans to ensure these are up to date.
- Staff understood their roles and responsibilities and knew where to go for support or guidance if they needed.

Continuous learning and improving care

- The registered manager used information gathered from quality monitoring and feedback to improve the quality of care people received. However not all areas for improvement had been identified.
- Staff felt supported by the management who reviewed their feedback and implemented changes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was committed to providing a high standard of care to the people they supported.
- People and their relatives spoke highly of the service. One person said, "I am definitely happy with the service. They are nice people, I can talk to them. I can find no faults." Another person told us, "Staff know what they are doing."
- The provider was in the process of implementing an electronic monitoring system. This meant the provider would have access to live updates with regards to monitoring peoples visits, therefore reducing the likelihood of a missed visit and better monitoring of call times. Training for staff had already been booked to ensure staff understood the new system.

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 provider understood their responsibilities under the Duty of Candour. They were aware of when to report notifications when required.

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

- People were fully involved in the service development and their views were sought to enable the registered manager to provide a safe and effective service that met people's needs. We saw surveys completed were positive about the care and support people received.
- People were contacted by phone and visits to their home to ensure they were happy with the service. People and relatives confirmed their views were sought about the care provided.

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as community health care professionals.