

## Fitzpatrick Total Home Care Limited

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### Inspection report

Unit 6  
Berewyck Hall Court  
White Colne  
Essex  
CO6 2QB

Tel: 01787 221622

Website: <http://www.fitzpatricktotalhomecare.co.uk>

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

The inspection took place on 14 July 2015 and was announced.

Fitzpatrick Total Home Care Limited is a small domiciliary care agency, providing personal care support to people in their own homes around the Halstead area. At the time of our visit the service was supporting 59 people.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People were not always safe because staff did not administer medication in a consistent way.

Risk assessments were carried out and measures put in place to manage and minimise any risk identified.

People received support from a consistent team of staff who were well supported and trained.

Care staff understood the need to obtain consent when providing care.

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health services when needed.

Assessments had been carried out and care plans were developed which reflected individual's needs and preferences. People knew how to complain and the service responded well when concerns were raised.

Staff were motivated to provide good quality care. The provider was open and transparent when things went wrong. They made difficult decisions when necessary to ensure the service remained sustainable. Systems were in place to monitor and audit the service and were used to drive improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 not always safe.

Staff were not always consistent when supporting people to take their medicines.

Staff ensured people were safeguarded from abuse.

There were enough staff to keep people safe.

Staff were appropriately recruited

**Requires Improvement**



### Is the service effective?

The service was effective.

People's needs were met by staff with the right skills and knowledge.

Staff sought consent prior to providing care.

People were supported to eat and drink.

People were supported to maintain good health and access health services

**Good**



### Is the service caring?

The service was caring

People felt staff treated them with kindness.

People were consulted about their care needs.

People's privacy and dignity was respected.

**Good**



### Is the service responsive?

The service was responsive

People had their needs assessed prior to receiving a service.

People knew how to complain and the concerns were responded appropriately

**Good**



### Is the service well-led?

The service was well led.

The service took people's views into account when developing the service.

There was a visible manager and provider who were open and transparent.

There were systems in place to measure quality and drive improvement.

**Good**



# Fitzpatrick Total Home Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 July 2015. The provider was given 48 hours' notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of two inspectors.

We reviewed information we held about the provider, in particular notifications about incidents, accidents and

safeguarding information. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We visited three people in their own homes. We spoke on the telephone to five other people who used the service and three family members. We met with the provider and registered manager and three care staff whilst on their visits. In addition, we spoke with five other care staff and a health care professional about their views of the service.

We reviewed a range of documents and records including care records for people who used the service, and those relating to the employment of staff, complaints, accidents and incidents and the management of the service.

# Is the service safe?

## Our findings

When we visited people in their homes we saw that although some people had medicine administration records (MAR) in place, we found one instance where this was not the case. Where MAR sheets were in place these were not always completed consistently and guidance wasn't readily available to staff. Staff were supporting a person with memory difficulties to take their medicines, but that person did not have a MAR sheet which increased the risk of errors as there was no record to show whether the person had taken the medicine. We discussed this with the manager who arranged for a sheet to be put in place.

Staff were not consistently clear about what to do when a person occasionally self-administered their medicines. Therefore, the MAR sheet had gaps on some days where staff had not signed, and there was no record or protocol explaining why this was. As a result there was not an accurate record of what support staff had provided or what medicines the person had taken. Whilst we were told medication checks and observations had taken place, they had failed to identify these issues, which also increased the risks of medication errors.

The service had not ensured the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst there were some areas of concern around medicine management, other people told us that staff supported them to manage their medicines safely. One person said, "The staff give me my medicines and I have never experienced any problems." Staff told us that they received training in the administration, storage and disposal of medicines and the training schedule confirmed this. Staff said that they would look on care records to inform themselves on how they should support people.

People we spoke with told us that they felt safe when receiving care. One person said, "I know all of the staff who come to me." Another person said, "If ever there is a new girl, she always comes out first with one of the other carers so I can get to know her first."

Staff demonstrated an understanding and awareness of the different types of abuse. They had been provided with training in the safeguarding of adults from abuse and this was also discussed at their supervision meetings. A

member of staff told us, "I did not realise there were so many types of abuse so I am glad I did the training." We saw that safeguarding training was provided as part of the staff induction to the service and was delivered again as on-going training throughout the person's employment with the service. Staff knew how to respond appropriately and who to contact both within the organisation and externally where abuse was suspected. Staff were aware of the whistle-blowing policy and told us they would feel confident to raise any concerns.

Assessments were carried out to minimise risks associated with providing care to people in their homes. Staff and managers discussed risk with people and had worked with them to identify what to do in an emergency. For example which relatives and professionals would need to be contacted. Staff had also been given guidance about monitoring water temperatures to avoid scalding, and about minimising the risk of pressure sores.

Assessments had been carried out regarding environmental risks at each person's home. One person told us, "The carers know not to move things into different places, because of my eye-sight and I might trip over." We observed that staff were mindful to ensure doors were shut and locked and keys were placed in key safes. Staff were provided with the necessary equipment to minimise risks within the home, for example where necessary, staff had equipment to help them safely support people getting out of bed.

There were sufficient staff to meet people's needs. Staff told us that there were always two workers when this was required, for example to assist someone in using a hoist. Staff told us that they had sufficient time to deliver the support required. If they experienced any difficulties with completing the schedule, they informed a manager who would then arrange alternative arrangements, which included carrying out the support visit themselves.

We looked at staff rotas and saw that these were well ordered. People confirmed that staff came on time, were not rushed, and when staff were running late, the head office usually rang to let them know. Any missed calls were monitored and followed up. We saw records where senior staff had arranged for people who had experienced a missed call to be visited, to check they were safe. The provider had arranged for staff to use a company vehicle for

## Is the service safe?

short periods when a staff member had experienced problems with their own vehicle. They had also driven staff themselves to provide support to people as another alternative when staff had experienced vehicle problems.

The provider told us that they made every effort to provide consistent staff to people and staff were assigned to provide support for people within geographical areas. One person told us, "I have a small team of carers that come, so we know each other."

The manager told us they had recruited staff recently and we saw from the recruitment files that the service had a clear process in place for the safe recruitment of staff. Staff members confirmed they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. They told us the service had sought information from the Disclosure and Barring service before they began working at the service and they had not started work until this clearance had been obtained.

# Is the service effective?

## Our findings

People told us that staff had the knowledge and skills to provide the care they required. One person told us, “All the staff know how they can help.” Another person told us that staff were, “Here on time and do what they are supposed to do.”

Newly appointed staff completed initial induction training which covered areas such as health and safety, safeguarding and moving and handling. They also informed us that they had shadowed other staff before they worked on their own. Staff told us that the induction training they received was good and provided them with the knowledge they needed. Staff also told us additional training had been provided regarding specific conditions so that they could provide care to people. This included training in diabetes and macro degeneration of people’s eye-sight. One person told us, “There is training going on every month.” We saw a training matrix which recorded when staff had received training and future planned training. Training was varied, accessible and easy to follow, for example a quiz had been used to remind staff about health and safety and there were a number of useful wall displays and flow diagrams to support staff learning and practice.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. When good practice was observed compliments were given and where improvement was needed, actions points had been agreed with staff. For example, a member of staff was complimented on their good communication with people but also reminded to call out when entering a person’s home.

The manager had a good knowledge of the Mental Capacity Act (MCA). Staff told us they had received training in mental capacity both during induction and regular refresher training. They said they would recognise if a person’s capacity deteriorated and that they would discuss this with their manager. Staff were also aware from their training of the need to gain people’s consent with regard to the care they provided. We saw information and documents in training records and care files confirming this. We saw that staff had been involved in best interest meetings with family members and other professionals, to understand and provide the agreed support to people.

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. Staff had information about people’s food likes and dislikes, their fluid intake and any specialised diets in order to support people appropriately. Staff told us that they would know if there were any concerns from talking to people about their diet and observing any food that had not been consumed. Staff used food charts and diaries to record and monitor people’s intake. When a person’s consumption was of concern, they would refer to health professionals if needed. Support plans also identified the need to prepare light snacks for people and their preferences had been noted. We observed staff offer people choice when preparing them a meal.

People were supported by the service to maintain good health and access healthcare services. Visits by the GP and district nurses were recorded. A health care professional told us that the service contacted them appropriately. People told us that when their needs changed they were supported to access the relevant health care professionals. One person told us, “They are very quick to say you’re a funny colour and offer to call the GP for you.”

# Is the service caring?

## Our findings

People told us that the care staff were pleasant and understood their support needs. A family member told us that staff were, “Very friendly and kind to my [relative],” and another told us, “The staff are friendly and take care to handle my [relative] with consideration.”

Visits from staff were not purely task focussed and a number of people told us that the visits helped cheer them up as staff took time to talk with them and made them feel like they mattered. One person said, “We laugh together, if I’m feeling a bit miserable, [staff member] makes me feel better.” Another person told us that they enjoyed the visit from staff, “We all get on well together, we have a good laugh about football.” One person told us how well supported they had felt when they had fallen out of bed and that the member of staff had insisted on staying with them until help came.

The staff we accompanied on visits to people’s homes knew the people they were caring for and we observed that they had a good relationship which had built up over time.

Staff involved people in decisions about their care. People told us that staff checked with them before providing care, for example whether they wanted a shower or a bath and they told us, “I am happy with the care, no complaints.”

Staff told us how important it was to have regular schedules so that they saw the same people which enabled them to build up positive relationships. One person told us, “It is really nice to be able to get to know carers,” whilst another person said, “I know who’s coming and if there is a problem they always let us know in advance, so we have no concerns.”

People confirmed their privacy and dignity were respected at all times. Staff understood the importance of respecting and promoting people’s privacy and dignity. They gave examples of how they did this, such as making sure doors and curtains were closed when they provided personal care. We observed care staff providing care and support in a respectful manner. We saw that when care workers left a person after providing care, they took action to ensure that the person’s needs were met. For example, staff made sure anything the person might need was within easy reach of them, one person told us, “They always make sure I have water next to me and up in my bedroom.”



# Is the service responsive?

## Our findings

People told us staff were flexible. One person told us, “I tell the carer if I want a shower on a different day and they change it.” We were also told that if people wanted to make changes to the support they received the head office was very flexible and tried to accommodate them where possible.

People were assessed prior to receiving a service to determine whether the service could provide the required support. Assessment meetings were used as an opportunity to discuss and record people’s views about their care and a support plan was developed from there which outlined their needs. People had support plans in their homes and a copy was held in the office. Although we found one support plan was missing from a person’s home, the manager showed us it was being updated at the office, and arranged for it to be returned immediately.

Staff members we spoke with were able to outline the needs of the person they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit. People’s preferences were recorded and acted upon. For example, one person told us they preferred male staff and the service had actioned this. The service responded to changing need, for example people told us the service responded flexibly when care needed to be increased or decreased. The provider showed us an amended style of support plan which was due to replace the current one and was more personalised and detailed.

Whilst we saw records that the service had carried out reviews, the people we spoke to were not aware of having

had a formal review of their care. However, people told us they regularly met with one of the senior staff and felt able to discuss any concerns with them. The review form being used by the service did not specifically ask people or their families for their views, and people were not always supported to contribute to the review process. However the manager was aware of this issue and we were shown an updated review plan being introduced, which prompted staff to consult with people and their families.

Staff supported people to maintain contact with their families and kept them informed of any concerns or changes in their support needs. One person told us that, “If they have any doubts they phone my daughter, they are very good like that.”

The service responded well to complaints. People felt confident to contact the office to make a complaint or raise a concern. A number of family members told us that where there had been issues, they had felt comfortable raising them with the manager, or senior members of staff and their concerns were resolved swiftly. One person told us, “I have never had need to complain, but I would speak with the manager if I needed to do so.”

The service had a policy and procedure for reporting complaints. Three complaints had been made in the last year, which mainly related to late visits. We saw that the service had followed their procedure to resolve the situations to the satisfaction of all parties. Communication with complainants was open and personalised, and the manager had apologised in writing and explained that new staff had been recruited to resolve the concerns raised.

# Is the service well-led?

## Our findings

The service was focused on developing a supportive culture. A member of staff told us, “I feel supported and it is good to have the on-call support available.” We were told this was a friendly service to work for. Another member of staff told us, “One of the benefits of a family run business is that it’s very friendly and everyone gets on.” They gave examples of an established rota and annual leave requests being granted.

The provider explained to us that arranging staff meetings proved difficult as staff struggled to attend given the requirements of the rotas. However, the provider and manager contacted staff by text message, email and phone. There was an open door policy and we noted that staff were encouraged and felt comfortable visiting the office. Staff told us they were informed in plenty of time of the training that the service arranged. We also saw that the service kept people using the service and staff informed through a service magazine.

There was a clear management structure in place which included the provider, manager and senior member of staff. The service was in the process of recruiting an additional senior staff member to support the current management team. The provider explained how responsibilities were assigned to the senior members of staff and in turn they organised the duties of staff and arranged supervision, spot checks and provided on-call support.

The manager and provider were honest and transparent about the challenges of running the business and about some of the tough decisions they had made over the last year. They felt the service had expanded quickly and the increased demand had impacted on the quality of the care being provided. Our discussions with a family member confirmed this. They told us that over this period staff had been, “Faced with unrealistic schedules and they couldn’t possibly arrive on time.” In response, the provider had

reduced the number of people being supported, increased staff levels and relocated the head office from a town centre to a more rural setting. They were in a period of rebuilding the service, to ensure it remained sustainable and provided good quality care. The provider told us they had communicated openly with the local authority throughout the process. Our records show that the provider also notified CQC as required and made contact when necessary to clarify his responsibilities in this area.

The staff we spoke with were motivated and positive about working for the service, one member of staff said, “They really work around what availability I have”. The provider and manager demonstrated that they had learnt from recent experiences and were implementing positive changes as a result.

The service consulted with people who used the service and staff and information received from them had been acted upon. The manager showed us the results of a client satisfaction survey and a family member also confirmed they had recently completed a questionnaire. This consultation had shown that some people had been unhappy with issues such as timekeeping and we saw the manager had taken action to resolve the issues, and had let people know what they had done

The manager carried out ongoing audits, including risk assessments, infection control and medicine management. These audits informed their annual service improvement plan which outlined measures to drive improvements. For example, the plan outlined that as a result of staff observations and audits the manager was rolling out a training programme, providing established staff with some training courses which had originally only been available to new staff. A member of staff we spoke to told us that they had attended a course as a result of this change and had found it useful. The provider demonstrated a commitment to ensuring a high quality service and that changes were sustainable over time.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The service had not ensured the proper and safe management of medicines