

Foremost Healthcare (Leicester) Limited

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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

We inspected the service on 29 September 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care; we needed to be sure that someone would be in.

Foremost Healthcare (Leics) Limited is a domiciliary care agency that provides personal care to people in their own homes. On the day of our inspection the service was supporting 3 people.

There was 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.'

People told us that they felt safe. Staff were aware of their responsibility to keep people safe. Risks were assessed and managed to protect people from harm and staff understood what to do in emergency situations. Safe recruitment practices were being followed.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported.

People made decisions about their care and the support they received. People were involved in reviewing their care and their opinions sought and respected. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutrition and hydration needs were assessed and met. People's health needs were met and when necessary, outside health professionals were contacted for support. People's health records were being maintained.

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. Dignity and respect for people was promoted.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service. People contributed to the planning and reviewing of their care.

People and most staff felt that the registered manager was approachable and action would be taken to address any concerns they may have. People and staff were kept informed of changes to the service and

their feedback was sought.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made.

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

People told us that they felt safe. Risks were assessed and managed to protect them from harm. Staff understood what to do in emergency situations. People received their medicines as required and medicines were administered safely.

Is the service effective?

Good ●

The service was effective

Staff had received training and support to meet the needs of the people who used the service. People were supported to maintain their health, their nutritional and hydration needs were assessed and met.

The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring

Dignity and respect for people was promoted. People's independence was promoted and people were encouraged to make choices and felt involved. Staff treated people with kindness and compassion.

Is the service responsive?

Good ●

The service was responsive

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals. People were involved in planning and reviewing their care. The registered manager had sought feedback from people using the service.

Is the service well-led?

Good ●

The service was well led

Systems were in place to monitor the quality of the service being provided. The staff team felt supported by their manager. People knew who the manager was and would feel comfortable to address issues with them.

Foremost Healthcare (Leics) 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.

We inspected the service on 29 September 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care for people requiring personal care; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had concerns about the service.

We telephoned two people as part of the inspection to ask them about the support that they received. We spoke with four support workers and the registered manager.

We looked at the care records of two people who used the service, people's medication records, staff training records, three staff recruitment files and other documentation about how the service was managed. This included policies and procedures, staff rotas and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "Safe, yes." Another person said, "Very safe." Staff understood their responsibilities for keeping people safe. One staff member told us, "Everything you do you risk assess before you do it. You always have to think ahead." Another staff member told us how they check the equipment that people used for their mobility in order to ensure that it is safe.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I would definitely report any thing that I thought was not right." The provider was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. This aided people to be protected from harm and abuse.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that some of the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Some staff who had been working for the provider for over three years had not had their DBS checks repeated in line with current guidance. The registered manager had not formally established if staff had the right to work in the UK. We pointed this out to the registered manager. After the inspection they provided us with assurances that they would repeat staff DBS checks and ensure staff right to work in the UK was kept on file. We were satisfied with this response.

People were protected from risks relating to their conditions. We found that risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these. Where people required specialist equipment to maintain their safety this was in place. Consideration had also been given to risks associated with the home environment. We saw that staff had taken action when a hazard had been identified to ensure that people were kept safe.

We saw that accidents or incidents were recorded. Records included details about dates, times and circumstances that led to the accident or incident. Staff were clear about how to respond to accidents or incidents. We saw that changes were made as a result of the accident or incident where needed. The manager had systems in place that enabled them to look for trends in incidents or accidents. A staff member told us, "[Registered manager] always takes any incident report very seriously. They always act."

People could be assured that they received their medicines as prescribed by their doctor. The service had a policy in place which covered the administration and recording of medicines. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was

then used to check and dispense the medicines. A staff member told us, "If there is a medication change we have to update the manager so she can write a new chart. We saw that the registered manager had contacted a person's GP to ensure that the records were correct and reflected a medicine change after they had come out of hospital. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet their needs. One person told us, "[Staff member's name] who I have now, I couldn't fault her." Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they had been allowed to support people on their own. We saw training records that confirmed this. New staff were required to complete induction workbooks to show their learning.

The staff training records showed that staff received regular refresher training and ongoing learning. One staff member told us, "The are always up dating, it comes round like clockwork." Staff told us that they had attended courses such as, moving and handling and safeguarding. We saw that staff's understanding of the training materials used had been assessed. Staff were required to complete evaluations to test their understanding of completed training sessions to demonstrate their understanding.

The registered manager told us that staff had access to senior support at all times via the client emergency line. Staff confirmed this, one staff said, "The manager is always on call, 24 hours a day you can get hold of her." Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. One staff member told us that they had requested additional training during their supervision and that the registered manager had arranged for them to be put on the relevant course. Staff knowledge around safeguarding policies and procedures was also checked during their supervision meetings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibility to ensure that the service met the requirements of MCA. The service had a policy in place to guide staff and some staff had received training on the subject. One staff member told us, "Everybody is entitled to make their own decisions." One person had a lasting power of attorney agreement in place regarding their finances. This is a legal agreement that allows another person to manage a person's finances. During our inspection the registered manager updated the staff hand book to include information for staff about the MCA.

Staff gained consent from people for the care they gave. One person told us, "They ask if it's ok. They always ask me." A second person confirmed this. When we asked staff how they ensured that people

consented to the care that they provided a staff member said, "You only have to ask." Plans of care provided information about how best to gain consent from people. For example we saw that agreements had been come to as to how a person wanted staff to support them with managing their medicines. People's care plans made reference to their ability to make decisions for themselves.

People's health care needs were met. One person told us, "If I don't feel well they will make me as comfortable as they can. They take me to hospital and doctors' appointments." We saw from people's records that health professionals were contacted in good time when required. Staff confirmed this. The records that the service kept with regard to health professional input were clear and in depth. Staff were clear on the information within these records and used them to ensure that people received the medical care they required. We saw that the support people received had been changed in response to people's health care needs. When people needed emergency care this was provided and up to date guidance was available to health care professionals to ensure that they were kept informed about people's needs.

People were supported to have sufficient to eat and drink. One person told us that staff, "Makes me a cup of tea and sandwiches and helps me prepare a meal for the evening." Where people had specialised nutritional needs these were catered for. Staff had received specialist training in order to help one person meet their needs. Where staff were required to monitor how much fluid and nutrition people were having we saw that records had been completed. We saw that the amount of fluid that they had was in line with the instruction that had been given by their doctor. This was important as their health condition meant that they were at risk of dehydration and malnutrition if staff did not follow the instructions closely.

Is the service caring?

Our findings

little family." Another person said, "If they can they will go the extra mile."

People told us that staff protected their privacy. One person told us, "They are very good with privacy. I am a very private person and they know that." Staff confirmed that they understood that people's privacy was important and they knew how to maintain it. One staff explained to us how they would ensure people were kept covered while receiving personal care. Another staff member told us that they, "Treated people the way I would want to be treated."

People told us that they were supported by staff who knew them well and understood their needs. One person said, "I'm very happy with them. They put my clothes out exactly as I like them, they know what's important." The registered manager told us that staff predominantly only work with the same people so that they can build a relationship and to ensure consistent support. People and staff confirmed this. We checked the service rota and found that only the same staff members worked with people.

People told us that staff helped them to maintain their independence. One person said, "They are very good they know I can wash certain parts of me." A second person confirmed that staff enabled them to remain independent in everyday tasks such as food shopping. One of the objectives as identified in the statement of purpose is to 'encourage independence'. People's care plans gave staff guidance on how to support people to remain independent and what things they were able to do for themselves. For example one person manages their own medicines. When an error occurred this was discussed with them and a strategy put in place that meant that staff could help them manage the risk while still ensuring that they were able to be in control of how they took their medicines.

People told us that they felt involved and that their opinions mattered. One person told us "They have always brought [prospective staff members] to me, if I don't like them then I don't have them." The registered manager told us that they recruited staff based on people's individual needs, preferences and interests. Once they had identified a suitable candidate they would take them to meet the person using the service that they would be employed to support. The person then had the opportunity to feed back about the candidate and based on this feedback an offer of employment would be made or not. This demonstrated that the provider had put the opinions of people using the service first and acted on their feedback.

People felt that they were routinely listened to and information about the care that they receive was shared with them. One person said, "They are very good at keeping me up to date." They told us that the registered manager regularly visited them to check that the care that they were receiving is meeting their needs and that they are happy with it. One person said, "[Registered manager] comes down often to see me and ask if I have any problems."

Is the service responsive?

Our findings

People told us that their care needs were met. One person said, "Oh yes, I've recommended them to lots of people." Another person said, "Yes, it's been really beneficial. I've had good carers." Staff understood about people's individual needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. One staff member told us, "Any information or query, it's in the care plan." We saw that the level of detail in the care plans ensured staff had the information they needed to provide care as people wished. We saw that staff were provided with guidance about how to support a person when their physical health needs were higher than usual and that this differed from their general support plan.

Staff were required to record the support that they provided in daily notes. We saw that these records were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing we saw that they had done so and recorded this in the daily notes.

People were involved in planning and reviewing their care. When asked about care plans one person told us, "I am due a review with [registered manager] it will be soon." People that we spoke with, described how they had had review meetings with the registered manager, who would check to make sure that the care plan was up-to-date and whether any changes were required. Records reflected that reviews happened regularly, changes to care packages were made as a result and that people were involved.

People told us that they would feel comfortable making a complaint. One person said, "I know I can just ring the office if there is something I'm not happy with. I know I can just tell staff. I've no need to complain." Another person said, "I would ring the company up, they would address it." We were told by the registered manager that the complaints procedure was available to people who used the service. When people start using the service they received a copy of the service user guide which tells people how to make a complaint if they needed to. People using the service and staff confirmed that the guide was available to people in their own homes. The registered manager told us that they had not received an official complaint. We did see that a concern had been raised by a relative of a person using the service and that this had been considered and appropriate action had been taken by the registered manager.

The provider conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. One person said, "Every so often you get a letter to fill in about the staff and send it back."

People were supported to maintain their interests and engage in activities that were meaningful to them. Both of the people that we spoke with told us that without staff support they would not be able to access the community. One person said, "If I didn't get out I'd just look at four walls." Staff knew what people's interests were and how to help them to engage in the activities that they enjoyed. One staff member told us how they spent time reading magazines to a person. We saw in this person's care plan that this was their preferred hobby.

Is the service well-led?

Our findings

People knew who the registered manager was and felt that they were approachable. One person told us, "She has been alright with me. She knows, she sits and listens." Another person said, "I get on well with [Registered manager], I can talk to them and can tell her anything."

Most staff that we spoke with told us that they felt valued and that the provider and registered manager listened to them and responded to their concerns. One staff member said, "They have always been fair. They do what needs to be done." Another staff member said, "I've never been frightened to say something."

There was a statement of purpose which was shared with people and stated that the service aimed to deliver a high quality service. Staff were clear about this aim and told us that they felt that the aim was achieved. One staff member told us, "[Foremost health care] are very good, They look after the clients very well."

Staff had access to policies and procedures and understood how to follow them. The registered manager had ensured all staff had received the employee hand book. This was to make sure that staff were clear on their role and the expectation on them. It included the staff code of conduct and the confidentiality policy. We saw that action was taken when staff had not met the required standard and that investigations had taken place into incidents that had occurred. Where necessary staff had been managed in line with the provider's disciplinary policy and provided with additional support.

There was a culture of openness and accountability. We saw that there had been an occasion when an error had occurred. The provider met with the person who had been affected and made clear what the error was and what action was being taken to ensure that this situation would not re-occur. We saw that practice was reviewed and changes made as a result of an investigation into the circumstances surrounding the error.

Staff were communicated with and their ideas and opinions were sought. The registered manager ensured staff meetings took place regularly. Staff confirmed this. During the meetings, the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. One staff member told us, "They keep us informed." We also saw that care team meetings took place regularly. The staff team for each person using the service meet and discussed the person's current needs and support requirements. Staff were encouraged to offer ideas to develop the service or discuss anything of concern. People using the service were aware that these meetings took place and could request feedback from them if they wished. One staff member told us, "We get updated about everything."

Systems were in place to measure the quality and care delivered and so that improvements could be made. We saw that the registered manager had implemented systems to ensure the smooth running of the service. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager completed regular checks to ensure that systems were in place and were working appropriately. These included visiting people in their homes and observing staff practice. Records confirmed that these visits had taken place. The provider also employed a registered nurse to conduct

regular checks of the care that people received. The registered manager told us that this was to ensure that internal systems had not missed anything. We saw records that confirmed that these checks had taken place and where action needed to be taken to address a shortfall in practice this had been taken.