

Heart Homecare Cambridge Ltd Fuchsia Homecare Cambridge

Inspection report

Units 1 & 2, Ebenezer House
Rooks Street, Cottenham
Cambridge
CB24 8QZ

Tel: 01954252486
Website: www.fuchsiahomework.co.uk

Date of inspection visit:
06 November 2019
07 November 2019
11 November 2019
18 November 2019

Date of publication:
11 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fuchsia Homecare provides personal care and support for people in their own homes. At the time of our inspection there were 30 people using the service.

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

The registered manager had quality assurance systems to ensure the monitoring and improvement of the service. People, relatives and staff felt the registered manager was approachable and the registered manager had an open-door policy. However, the registered manager had not recognised an incident that needed to be raised as a safeguarding or investigated to ensure all appropriate steps were taken. They had not documented or informed the provider.

Staff did not always document or report incidents when required to ensure these could be appropriately reviewed and measures put in place to reduce reoccurrences. Staff and the registered manager understood their responsibilities, however, in practice the provider's policies and procedures were not always followed to ensure best practice and lessons were learnt.

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 felt safe and were happy with the care and support they received. There were enough staff employed to ensure people's needs were met in a timely way.

Staff were knowledgeable about people's needs and how to support them safely. People and relatives told us staff were kind, caring and respectful towards them. Relatives confirmed they felt staff provided good care and support. People were involved in their care and where appropriate their relatives as well.

Staff received regular training, supervision and appraisals to develop further. Their skills and knowledge were regularly reviewed through competency assessments.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Fuchsia Homecare Cambridge

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 means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 6 November 2019 and ended on 18 November 2019. We visited the office location on 7 November 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 reviewed information we had received about the service since

they registered with CQC. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Accidents and incidents were not always logged or reported appropriately by staff. This meant they were not reviewed to ensure all appropriate action had been taken and to identify any emerging themes or patterns.
- Risks to people's health, safety and well-being were assessed and risk assessments put in place to remove or reduce the risks. For example, supporting people to transfer by means of a mechanical hoist to help them remain in their own homes and be as independent as possible.
- A relative confirmed their family member had sustained a bruise whilst being hoisted by staff. This was not documented. The relative told us, "Staff were not good at using the hoist and banged [person's] legs, they ended up with a bruise on their toe."
- There had been no incidents logged by staff, however the provider assured CQC that they would visit all people using the service to ensure there had been no other incidents. They would be reviewing the procedures with staff.

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. However staff did not always report incidents or document these appropriately.
- 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 relative said, "[Relative] is safe in their hands." One person said, "I feel absolutely safe."

Learning lessons when things go wrong

- The provider told us that lessons were learned and discussed with staff at meetings and supervisions. For example, staff started using new processes, such as electronic monitoring of medicines, when medicine errors had been identified, which reduced the risk of reoccurrence. However, incidents and complaints were not dealt with appropriately and did not support lessons learnt and improvements. We have discussed this further in the well-led section of the report.

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.
- All staff spoken with felt there were enough staff available to meet people's needs and to maintain

people's safety. One person said, "Staff arrive on time and if they are running late they let me know".

Using medicines safely

- People's medicines were managed safely. People and their relatives told us staff were knowledgeable about their medicines and supported them safely.
- Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area.
- Staff had to input the medicines they had given into a hand held device before they were able to log out from a home visit. This ensured people's medicines were given as prescribed.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.
- People told us staff used personal protective equipment properly and said staff worked cleanly and professionally.

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.
- Plans were developed from these assessments for each identified need people had and staff had guidance on how to provide the appropriate support. Care and support plans were reviewed every six months and when people's needs changed to ensure people's support needs were appropriately reflected.

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 completed an induction that provided training and the introduction of Fuchsia Homecare policies and procedures. One staff member told us, "I had training and we covered medication, safeguarding, mental capacity act, moving and handling and we were shown how to work with the customer." .
- Unannounced spot checks were completed to assess staff competency to ensure best practice.
- People and relatives told us that staff were sufficiently skilled and experienced to do their roles. One relative said, "Staff are very professional." One person told us, "They behave professionally."
- There was an electronic monitoring system in place to ensure people received their visits on time. Staff used hand held devices from which they logged in and out of visits. They were also required to sign off tasks such as medicines before they were able to log out from a visit. This meant that important tasks were completed as required.
- Staff confirmed they felt supported and received regular supervisions.

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

- People confirmed staff prepared their meals if required. Staff offered people drinks. One person said, "They cook my food for me." Staff followed people's care plans to ensure any nutritional needs were met.

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

- Staff knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately.
- 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.

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.
- People told us staff asked for their consent before they delivered any aspects of care.

Is the service caring?

Our findings

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

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

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

- People and their relatives told us the staff team were kind and caring. One relative said, "[Staff member] is one of the best care workers we have ever had." A person told us, "Staff are very good, they are kind to me." Another person said, "They are lovely, they understand me."
- Staff demonstrated they knew people well and understood their support needs.

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.
- The registered manager 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.
- The registered manager told us they would signpost people to advocacy support should people require this service.
- People were given the opportunity to talk with staff and complete surveys to ensure they had a voice. Surveys completed were positive about the care and support people received.
- A relative said, communication is really good, we have no complaints."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their dignity and privacy. One relative said, "[Relative] is happy. Staff are kind, they talk to my [relative] in a respectful way." A person said, "staff are very kind, they are good to me."
- Staff understood the importance of promoting people's dignity and supporting people to be independent. One staff member said, "It is important they feel independent."
- People's records were held securely 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 requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Not all complaints were logged or processed appropriately. For example, one relative had discussed concerns around poor moving and handling. We found no evidence of an appropriate investigation or retraining for staff to ensure appropriate improvements were implemented.
- There was another concern raised by the relative that had not been documented or investigated appropriately by the registered manager. These concerns were not discussed with the provider. This meant complaints and concerns were not always dealt with in line with the provider's policy and procedures.
- People told us they would be confident to raise any concerns with the management team. One person said, "I have their contact details, I know how to complain but never had to."

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

- People told us they received care and support as they wished. One relative said, "[Registered manager] came around to do the six-monthly review to see if there were any changes. We went through everything. The staff are perfect, the time keeping is spot on."
- Care plans detailed people's care needs, preferences, likes and dislikes with clear guidance for staff to follow.
- The registered manager confirmed information included in the care plans was up to date and supported staff to deliver safe, effective and person-centred care. One care worker told us, "People are happy with the care."
- Staff supported people to maintain family relationships and attend various appointments where appropriate.

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 Fuchsia Homecare including their care plans and how to make a complaint.
- We received mixed feedback from relatives and people about being able to understand staff accents. Some people confirmed they had no problems while others confirmed they did not always understand what staff had said.
- We discussed this with the provider who confirmed they provided staff with a weekly English and maths class that all staff had to attend. This was to support the development of their communication skills. They

also confirmed that part of the employment process was to assess staff's abilities in this area and only competent staff were allowed to provide care and support.

- Staff we interviewed demonstrated they could understand and communicate using the English language.

End of life care and support

- Fuchsia Homecare provided end of life care to people when required. At the time of this inspection people were not in receipt of end of life care.
- Care plans included information about people's end of life wishes and preferences. Staff received end of life care training.
- One letter of thanks stated, "I would like to express my heartfelt thanks for the care your company provided for my [relative] in the final months of their life. Your carers treated them with respect and allowed them to maintain their dignity at all times."

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. Continuous learning and improving care

- The provider had guidance and processes for the registered manager to follow when reporting concerns, accidents and safeguarding's. However, these processes were not followed. We found there had been one incident reported to the registered manager that required a safeguarding to be raised and for CQC to be informed.
- The registered manager had not recognised the potential risks and seriousness of the incident and had not raised a safeguarding or addressed the situation with appropriate steps to ensure people were safe.
- The incident was not documented, and the provider had also not been informed. This meant the provider was not aware of these incidents.
- We spoke with the provider about this and they raised a safeguarding immediately and have taken over the role of manager for this service.
- Some staff had not followed the appropriate guidance for documenting and reporting incidents as required.
- The registered manager had not responded to complaints or documented them as required. They had not ensured learning and improvements were made from information received. They did not demonstrate they used this to improve the quality of care people received.

The registered manager failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The above evidence demonstrated a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others; 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 were happy with the service. One relative said, "Fuchsia provide very good care and support, they communicate very well. I would honestly recommend them to anyone." One person said, "Happy with the staff they do a good job."

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

- People were fully involved in the service and their views were sought to enable a safe and effective service that met people's needs.

- The provider had ensured surveys were being distributed to people who used the service and their relatives where appropriate to ensure people had a voice.
- Staff were supported with regular training, supervisions and staff meetings. This enabled staff to have a voice and have the right skills to support people's needs appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p>