

Caring Hearts (Essex) Ltd

# Fuchsia Homecare Colchester

## Inspection report

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20 November 2019

21 November 2019

22 November 2019

29 November 2019

02 December 2019

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19 December 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Fuchsia Homecare is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a personal care service to older adults, younger disabled adults, people living with dementia and mental health conditions. At the time of our inspection there were 62 people using the service across Essex and villages between Colchester to Ipswich.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found the quality of the service had improved for people since the last inspection.

The service lacked a robust process for monitoring late and missed calls. We have made a recommendation

People capacity was assessed in line with national guidelines. However, assessments were not recorded to formalise outcomes, but staff understood people's capacity well

All known and expected risks in the service had been identified and mitigated. Staff were supported with best practice knowledge and information

Staff were recruited safely.

People's health was well managed, and relationships had been developed to ensure that individual health and nutritional needs were met.

People's medicines were well managed, and people received them when they were required.

End of life care plans were not always in place for people. We have made a recommendation about this. Improvements have been made to the oversight of the service.

Relatives and professionals made positive comments about the management team at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below

# Fuchsia Homecare Colchester

## **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 carried out by three inspectors and an Expert by Experience. Two Inspectors visited the office location on the 21 November 2019. On the 6 December 2019 we visited people in their own homes and on the 20 and 22 November 2018, an Expert by Experience spoke with other people who used the service and their relatives.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

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

#### During the inspection

We spoke with four people who used the service and 11 relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, registered manager, directors, care co-ordinator and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly worked with the service.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to provide Care and treatment in a safe way for people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Following concerns raised at the last inspection about staff knowledge of safeguarding, staff were provided with an easy read guide on safeguarding. The registered manager told us, "We introduced the easy read guide for staff to read when I first started so staff knew how to implement safeguarding in practice."
- People were protected from potential harm and abuse. Staff understood their responsibilities on how to protect people. One member of staff told us, "If I saw something I was not happy with, I would report it to the office but if they didn't take action I would go to my supervisor, managers, or directors. If this still didn't work, I would go to CQC or safeguarding teams."
- People and relatives consistently told us they felt safe. We received comments including, "[Person] had no falls since being cared for by them. She's safe." And "The staff are very friendly and I'm really at ease and feel safe with them."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the use of hoists and ensuring people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments relating to people's individual needs were in place prior to care starting. These included medicines, mobility and manual handling and gave detailed information for staff to follow in how to support people.
- Risk was constantly reviewed, and assessments were updated in line with people's changing needs. People were supported to understand and manage risks. The registered manager told us, "One person wanted to use bed rails because they kept falling out of bed. So, I spoke to them about the risks from using

these. I suggested putting a mattress on the floor so that [person] didn't injure themselves."

- Staff knew people well and understood the risks of any missed calls to that person. However, the service did not have a dedicated procedure in place to highlight at risk people who may come to harm if a call was missed.

We recommend the provider introduces a tool to prioritise and risk assess calls in the event they are unable to make support visits.

### Staffing and recruitment

At our last inspection the provider had failed to protect people from being cared for by unsuitable staff because robust recruitment procedures were not in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed. Risk assessments had been completed where care staff were related and were reviewed by the registered manager to minimise potential risks.
- Staff completed audits of recruitment files to ensure all necessary checks had been completed. Where information was missing, the registered manager was required to act. They told us, "The administrator checks everything and will come to me if anything at all is missing, no matter how small."
- There were enough staff deployed to meet people's needs at the preferred times. People confirmed that staff arrived at the expected time and informed them if they were going to be late. However, the service did not have robust systems in place to monitor missed and late visits in real time. We spoke to the registered manager who told us the service was looking to purchase a more robust system. They told us, "We have a system but where we work in remote areas, staff don't always have a signal to sign in."

We recommend the service uses a reputable source to monitor late and missed calls

### Using medicines safely

At our last inspection the provider had failed to ensure people received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines systems were organised, and people received their medicines when they should.
- People's medication records confirmed they had received their medicines as prescribed.
- Staff received training and competency assessments before administering medicines

### Preventing and controlling infection

- People told us staff wore appropriate personal protective equipment (PPE) when supporting them. One person told us, "Staff use gloves and an apron as well as feet covers."
- Staff told us they understood and followed infection control guidelines to prevent the spread of healthcare related infections. The nominated individual told us, "To make sure staff understand what they



should, we have white gloves for personal care and blue gloves for medication and food preparation. This also shows people and their relatives know we take infection control seriously."

#### Learning lessons when things go wrong

- Lessons were learnt in the service when incidents happened. The registered manager told us how the service had procedures in place to learn from safeguarding's. They told us, "We discuss any safeguards in our management meetings and outcomes and will implement any recommendations that have been made. After this, we then discuss it with care workers in supervision and team meetings, so everyone takes learning."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider, did not understand their roles and responsibilities in relation to the Mental Capacity Act. To make sure staff were trained and familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, or when to apply for an assessment for people. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's capacity was assessed by the service in line with the MCA 2005. However, the service did not formally record this or discussions they had with people. We spoke to the registered manager who told us they were not aware they needed to do this. Following the inspection, the registered manager told us they were working with other branch managers to develop documentation that would suit the needs of the service. We found this had not impacted on the care provided as staff knew people and their capacity well.
- Staff received training and told us they understand the requirements of the Mental Capacity Act in their day to day job. One staff member told us, "We always assume capacity. If I'm not sure about someone's capacity, I would go to the office and to the person's family and speak to them."
- Staff understood the importance of gaining consent before providing support. Observations of staff with

people in their homes showed us this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service commenced to help determine if the service could meet their holistic needs fully.
- People and relatives were involved in the assessment process to ensure care delivery would meet people's needs. The registered manager told us, "When we receive a new package, the supervisors or me will meet with the person. Initially, the assessment is around tasks but supervisors will have a chat with them to find out a bit more about them and make it person centred."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the quality and range of training they required to meet people's needs and equip them for the role they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us they were supported by staff who had appropriate training and skills. One person told us, "The staff are well trained. They recently needed to start using a gel with me and they are doing it right, so they must be getting the training." A relative told us, "I think the staff are well trained. They know what they are doing"
- At the last inspection, concerns were raised about staffs understanding of English where it was a second language. Since then, the provider has supported staff to undertake English classes.
- Staff received blended training both face to face and e learning training. This included medicines administration, infection control and manual handling.
- Staff had the training they needed to support people's individual needs. One member of staff told us, "There is lots of training and support from the trainer if we need it. One person has a PEG feed and we needed more training, so the trainer booked it straight away."
- Staff completed a comprehensive induction into the service. This included shadowing other staff, care planning and training. The service completed learning in line with the Care Certificate for staff who did not have prior care experience or qualifications. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

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

- People were well supported to eat and drink. Where the service had identified a need for support, risk assessments and care plans were in place. One person told us, "Staff do my meals, I stay in bed in the morning and they do me a sandwich for lunch and any food is done ok."
- The registered manager told us they monitored people who were at risk and made appropriate referrals to professionals such as dieticians for advice and or intervention. They said, "One person has a care plan stating they need certain foods to maintain weight. Any concerns and staff will report back to us." "When a person refused to eat we called the person's social worker and GP for advice."

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

- People had good access to healthcare services and support.
- People's records confirmed they had regular support from healthcare professionals and support from the service where required to maintain their health needs.
- People told us staff worked well with healthcare professionals to support their needs. One person told us, "I have a bed sore. The carers follow the district nurses' instructions and they do that well." Another said, "They keep an eye on me for sores and they are helping me to avoid them very successfully and I've none at present."

# Is the service caring?

## Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, relatives and professionals told us people liked being cared for by Fuchsia homecare and were well looked after. We received positive feedback about the service provided. One person told us, "The consistency of the care is brilliant, and the staff are very kind. Staff are very personable and friendly." A professional told us, "I can't praise them enough for the service that they provide to a range of patients."
- People and relatives told us staff were very kind, caring and compassionate towards people. People were supported with their own individual diversity. the registered manager told us, "We support people who have specific protected characteristics. Staff are aware of the person's needs, but everyone is treated the same. Staff also do equality training and understand people's protected characteristics."

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

- People and relatives told us they were involved in making decision about their care. One person told us, "Staff do reviews of my care. They listen, and they also ask when they leave if they can do anything else they ask each time." A relative told us, "Staff alert us if anything needs attention or if they see marks or anything like that."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was always maintained by staff.
- People and relatives told us how staff-maintained people's dignity and independence when providing personal care. One relative told us, "The personal care is done with such dignity." Another told us, "(Person] receives a lot of personal care from staff and it's all done with dignity. Staff always check with her as they help her she is ok and happy."
- One person told us how staff were creative in supporting them to use their wheelchair buttons and tablet screen to control their house. They told us, "The carer has invented a way for me to be able to use the buttons to control his chair and has a tablet to control his whole house. I use a dibber that they put together with two handles and a dibber that you can use for a touchscreen."

# Is the service responsive?

## Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- People's care plans were detailed and had clear information about specific needs, personal preferences, routines and how staff should best support them.

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.

- The registered manager was able to demonstrate how people's communication needs were being met. For example, service user guides were available to people in different formats including braille.
- Staff demonstrated a detailed awareness of people's individual communication needs and how to support these. Care records also provided detailed guidance to staff on meeting these needs.

Improving care quality in response to complaints or concerns

- A complaints process was in place and was made available to people in their service user guides.
- Complaints were logged and tracked by management and outcomes of investigations were shared with people who had raised the concern. The registered manager told us, "if there are any trends with the complaints, then this is picked up on my tracker and I will then look to see what these are and what can be done."
- People and relatives told us they could raise complaints and felt supported to do so. One person told us, "I would recommend them, I've had no complaints so far."

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. However, should anyone require end of life support this could and had been provided.
- Documents to record the arrangements, choice and wishes people may have for the end of their life were not in place to ensure people's final wishes were met. We spoke to the registered manager who told us that this was being developed.

We recommend the registered manager develops and implements end of life care plans for people in line

with national good practice recommendations.

- Despite this, we received extremely positive feedback from a professional about the end of life care provided. They told us, "The service immediately updates us if there is a change in care needs for a palliative patient they are supporting. They have gone beyond their normal service by assessing patients for us with the local Hospice to reduce patients' anxieties of returning home for palliative care. We have had very positive feedback from families stating that the staff take a personalised approach to care delivery, there is no rushing and spend time with patients and their families at times of distress."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager demonstrated they fully understood their responsibilities and staff had clear roles and responsibilities. The registered manager took over the role six months after the last inspection.
- The registered manager knew all about their regulatory and legal responsibilities and had robust systems in place to support the requirements effectively.
- Audits were regularly completed by the registered manager and nominated individual for the service. These audits included medication, environment and care planning. Where issues were identified in audits, action plans were put into place and followed up upon. We spoke to the registered manager who told us, "If we find any themes from the audits, action is taken. For example, we ran a workshop on MAR charts because we found some staff were making minor errors. This was picked up from the audits."

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

- The registered manager, nominated individual and directors demonstrated an open and transparent culture throughout the inspection process.
- Staff provided positive feedback about the registered manager. Comments we received included "She's a very good manager, I love her!"
- The provider and registered manager demonstrated that they fully understood their responsibilities in relation to duty of candour. For example, they told us, it was about being open and transparent when things go wrong. For example, the registered manager told us they sent a summary of the last inspection to people when they first joined the service and talked them through the report and improvements made. One person told us, "I asked them to have a chat, and they came out and reassured



me after the bad inspection report I had read about."

- The registered manager told us the franchise had recently created a manager forum. They told us they were supported to attend and complete other training. They said, "The support I get from the directors is wonderful. I just did my train Education and Training level 3 aware. I didn't need to do it, but it was something I wanted to, so they paid for it and have put me on additional training I asked for. If I say I need something, they are very good and supportive."

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

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

- People and relatives had completed a survey about their views on the service. Once these were received, the service analysed the information and implemented an action plan. This was then shared with people and relatives to show what action was being taken. Alongside six monthly quality surveys, people and relatives were also asked their views of the service via reviews every three months. During the inspection, people and relatives told us they were always being asked their view and these were taken onboard by management

Working in partnership with others

- The service was connected to the Suffolk County Council training programmes. The registered manager told us they planned to get more involved in further training once changes in the service had been further embedded.