

Jason Consulting Limited

Fresh Tree Care

Inspection report

The Old Courthouse
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Grays
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Tel: 07411770470

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07 November 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fresh Tree Care provides personal care and support to people who require assistance in their own home. At the time of the inspection 41 people were being supported by the service. 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 the service and what we found

Improvements were required relating to recruitment checks, some aspects of medicines management and carrying out robust internal investigations following safeguarding concerns.

People were not receiving care at their preferred times. The quality systems had not identified these concerns.

People were protected by the providers prevention and control of infection practices and arrangements. People said they felt safe and had no concerns about their safety or wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good [published February 2020]. The service is now Requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about recruitment practices and management of people's care and visits. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment practices, quality assurance and person-centred care.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we inspect next.

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 well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Fresh Tree Care

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 team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 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 3 November 2022 and ended on 15 November 2022. We visited the office on 7 November 2022.

What we did before the inspection

We reviewed information we had received about the service since registering. We sought feedback from

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

During the inspection

We spoke with 1 person and 7 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, care team leader and office administrator. We also received feedback from a health professional.

We reviewed a range of records. This included 4 people's support plans. We reviewed 8 staff records in relation to recruitment and staff supervision and a variety of records relating to the management of 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 Requires Improvement. At this inspection the rating has remained the same.

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.

Staffing and recruitment

- The registered manager had not always ensured staff were safely recruited. Relevant recruitment checks were not always completed before staff started work.
- There were multiple concerns with identification documents and issue dates. Examples included a residence permit which was issued on 26 July 2022 but had been verified on 07 July 2022. Another example included a different date of birth on a person's passport and their voter's card.
- Staff were subject to Disclosure and Barings checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The registered manager told us, "Staff shadow with others until their DBS comes through". However, it was unclear from the start dates in staff recruitment files if staff worked independently prior to their DBS check.

The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had processes in place to ensure all staff received an induction and staff we spoke to told us they had an induction. However, the completed induction found on staff files comprised of one day. The registered manager said this is not a true reflection of the induction process and they will update the induction form kept on file.
- There were enough staff to support people's needs. However, variable comments were raised relating to call times during the inspection.

Using medicines safely

- The provider used an electronic system for recording people's medication administration. Information viewed for one person showed there were occasions whereby 'not required' was recorded giving no indication if the person had received their medicines or not, and if not, the reason why was not recorded. The registered manager clarified the person self-medicated and had already taken their medication. The registered manager told us they were in discussions with the electronic system to review this recording process to avoid any confusion.
- Information to guide staff on the administration of 'as required' prescribed medicines was limited. The registered manager told us they would update the protocols to ensure comprehensive information was

available to guide staff on the potential circumstances this medicine may need to be administered to people.

- Staff had training to ensure they were competent to support people with medicines. Medicine competency assessments were seen on staff files.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff demonstrated a basic understanding of what to do to make sure people were protected from harm or abuse. Staff were able to tell us about the different types of abuse but not all staff knew which external agencies to contact, such as the Local Authority or Care Quality Commission if abuse was suspected.
- Where safeguarding concerns were raised, and an internal investigation undertaken, not all investigations completed by the registered manager were robust and improvements were required.

We recommend the registered manager seeks advice from a reputable source to ensure robust procedures are adopted to investigate safeguarding concerns.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. For example, assessments described risks to people's home environment.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records and stored them securely. The registered manager told us, "I involve families and health professionals when formulating and reviewing the care plans and work closely with them on a regular basis."

Preventing and controlling infection

- Staff confirmed they had received appropriate infection, prevention and control training.
- Staff had access to Personal Protective Equipment [PPE], including face masks, aprons, gloves and hand sanitiser, and confirmed there were adequate supplies available.

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 our last inspection we rated this key question Good. At this inspection the rating has been changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality assurance and governance arrangements in place were not always effective in identifying shortfalls in the service.
- It was unclear if a member of staff had undergone the appropriate recruitment checks before supporting people unsupervised due to the various start dates recorded in staff files. Following the inspection, the registered manager sent a staff files audit. However, the audit did not identify the shortfalls.
- An audit to monitor call times was in place but not effective. The audit did not highlight the concerns with visits and calls times.
- Following the inspection, the registered manager sent a safeguarding register which is used to audit their safeguarding. However, the audit contained limited information and lacked detail. The actions taken did not include any dates and details of who needed to complete the actions.

We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were either not in place or robust enough. This demonstrated a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The day to day running of the service was managed by the registered manager. There was a clear staffing structure in place which included a care team leader. The registered manager told us they have stopped taking on new packages until they can rectify the shortfalls.

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

- People did not always receive care at their preferred time. Review of data showed 45% of calls were more than 45 minutes late and 49% of calls were less than half the planned time. One relative told us, "My view is they don't spend enough time. They are definitely rushing. I am not happy with the amount of time they spend with [relative]."
- Variable comments were raised relating to call times during the inspection. People told us they were not always contacted by Fresh Tree Care if staff were running late or where there was a change of carer. One person told us, "Sometimes staff don't turn up and they don't ever ring to notify us. They never call us. They need to sort their timings out. They haven't been on time for a long while."
- A person told us, "The staff member only stays for 3 minutes and is very rushed and we have someone different on each visit."

- Another person told us, "I get up very early at 6am but by the time they come it is too late. That's not good as I become a vegetable sitting on a chair all day."
- Feedback from a healthcare professional told us, "Fresh Tree Care should try and improve their punctuality as people are dependent on them. One person has a catheter fitted and if the morning call is late, they are left with the night bag connected for too many hours. There is a lot of room for improvement."

We found no evidence people had been harmed, however the provider had not delivered care in a person centred way. This demonstrated a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager is aware of the concerns and has stopped taking on new packages until they are able to rectify the current call time issues.

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

- People's comments relating to communication with the domiciliary care service were variable. Not all people or those acting on their behalf felt the service's communication arrangements were effective. One person told us, "I don't know the manager's name. If I have a problem with them, I phone them, but they don't answer back. They are probably busy." Where positive comments were recorded these included, "If they don't answer my phone, they send me a text message."
- The registered manager had engaged people and relatives with surveys for feedback on the service they were receiving. However, these needed to be analysed for themes and trends positive or negative and any action plans put in place.
- People's equality and diversity characteristics had been considered and integrated into their care plan.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about trainings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "Our manager is very supportive, and we all work well together. I like my job and I enjoy supporting people."

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence people had been harmed, however the provider had not delivered care in a person centred way. This demonstrated a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had been harmed. However, systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager was not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents when appointing staff.</p>

