

Mrs Amanda Jackson

Fountains Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 5 and 6 January 2015. We contacted the registered manager on the day in December 2014 when we wished to carry out inspection. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be in. Due to illness the registered manager was unable to meet our notice period and the inspection was arranged for the following week. This meant we gave four day's notice to the provider of our intended inspection.

At our last inspection in the service was compliant.i

Fountains Homecare is a domiciliary care agency which provides personal care for people living in their own homes to meet their individual social care needs and circumstances. At the time of our inspection there were six people using the service who required personal care.

The service had a registered manager who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider also delivered care to people in their own homes.

We found the provider had not carried out appropriate recruitment and did not have sufficient checks in place which ensured people were cared for by staff who were of good character and had the qualifications, skills and experience to perform the work.

We found staff had not been assessed as competent to administer people's medicines in line with the provider's policy.

We found the registered manager had not supported people to carry out their role. This included provided staff with training and supervision.

People we spoke to told us they liked the service and felt they could ask for the support they needed. We found the service to be caring of the person and their household members.

We found the provider had in place care plans and risk assessments which were personalised and described people's needs in detail. We also found the provider had included people's social needs and their interests in the care plan.

We looked at the quality checks carried out by the registered manager and found these needed to be more robust.

We found there were gaps in the registered manager's record keeping particularly with regard to staff recruitment.

You can see what action we told the provider to take at the back of the full version of the report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found staff had been recruited to the service without appropriate checks being carried out to ensure they were of good character and had the appropriate skills and experience to perform the tasks required of them.

We found staff had not been assessed as competent to give people their medicines

We saw the current staff had received information on how to recognise and report abuse.

Requires Improvement



Is the service effective?

The service was not always effective.

We found the registered manager had no staff training in place to ensure the staff employed were effective, but relied on people's training in previous employment to support the delivery of care.

We found staff had not been engaged in supervision meetings with the registered manager.

We saw the registered manager had made a suggestion and put in place arrangements to meet people's nutritional needs.

Requires Improvement



Is the service caring?

The service was caring

We found the manager had referred a person onto another service in order to meet their needs.

People we spoke to told us they liked the service and felt they could ask for the support they needed to.

We found the provider had a caring approach and one which encompassed other people who lived in the same house.

We found the registered manager was aware of the need for confidentiality.

Good



Is the service responsive?

The service was responsive.

We looked at the care planning and risk assessment documents and found these described people's needs and wishes.

We saw the provider had in place a complaints policy.

We found the provider considered people's social needs and incorporated their interests and activities into their care planning.

Good



Summary of findings

Is the service well-led?

The service was not always well led.

We found the provider had in place a set of values on their website which had yet to be used to be embedded in the organisation.

The registered manager told us they had not carried out spot checks as staff had shadowed her to carry out people's care needs. We found quality checks needed to be more robust.

We found there were gaps in the registered manager's record keeping particularly with regard to staff recruitment.

Requires Improvement



Fountains Homecare

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 registered manager 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.

This inspection took place on 5 and 6 January 2015. We contacted the registered manager in December 2014 on the day we wished to carry out our inspection. Due to illness the registered manager was unable to meet our notice period and the inspection was arranged with the provider for the following week. We gave notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in. Due to the circumstances the provider had four day's notice of our intended inspection.

The inspection team consisted of two adult social care inspectors.

We looked at four people records, visited one person and spoke to two relatives. We spoke to the registered manager who was also the provider and carried out personal care tasks and the one staff member who was employed at the time of our inspection.

Before the inspection we reviewed notifications and information provided by whistle blowers. Prior to the inspection we also spoke to the local authority contracts team and found the provider was required to do further work before the local authority could contract with Fountains Home Care. At the time of the inspection the provider did not have a contract with the local authority and only provided care by private arrangements.

Before the inspection, we did not ask the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Is the service safe?

Our findings

On Fountains Home Care website we read, “New staff are vetted in their interviews and carefully analysed to ensure that only the very best people come on board. CRB’s are performed on each new recruit and 2 employment references are gained before working in the community, with constant monitoring to ensure continuity and to gauge a true picture of the person’s personality and abilities.” In the provider’s policy on staff recruitment we found, “All staff need to be CRB checked and two written references.”

We looked at staff recruitment and found over the period since our last inspection a number of staff had been recruited and then left the service. We looked at six staff recruitment files and saw the provider had required prospective staff to complete an application form. We saw there were gaps in each recruitment file. These gaps included no photographs of the staff member; one reference when two had been requested and in one person’s file no information about previous employment. This meant the registered manager was unable to assess if a person had the right experience for the role of care worker.

We found there was a pattern of the registered manager starting to employ staff a week after they had been interviewed. For example one person’s application form was dated 12 November 2014 and they started work on 19 November 2014. We spoke with the registered manager about undertaking sufficient checks to make sure staff were safe to work with vulnerable people. We saw the registered manager had used recent Disclosure and Barring Services (DBS) checks carried out by previous employers and not carried out their own DBS checks. Previous DBS checks can be used in this way. DBS checks replaced Criminal Record Bureau (CRB) checks

We saw people who had been employed by the registered manager had convictions for offences. We asked the registered manager to see the risk assessments carried out to see if the people with convictions were safe to work with vulnerable people. The registered manager stated they had not carried out the risk assessments because they had assessed the staff as being suitable for the work.

We spoke with the registered manager about how they knew people could legally work in the UK, they said, “Because they are not foreign.” We found the registered manager needed further understanding on good recruitment practice.

This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found the latest employee did not have an ID badge and therefore if challenged could not provide evidence they worked for Fountains Home Care. This meant people could not be given the assurance the person who had arrived to deliver their care was from the correct provider.

We discussed people’s key safe numbers to see if the numbers were secured. The manager told us the numbers were recorded on her phone which was protected. A staff member told us they had a good memory and did not need to have the key safe numbers recorded for their use.

We saw the current staff had received information on how to recognise and report abuse. The registered manager told us she had not yet been required to make any safeguarding alerts to the local authority.

We looked at people’s medicine records and their Medication Administration Records (MAR). We saw the registered manager had recorded people’s medicines, including the name and dosage of the medicine and what times the medicines was required on each MAR. We saw in people’s care plans a description of how people were to be supported to take their medicines. We also saw in one person’s records there were gaps on particular days and were advised by the registered manager on those days a family member gives the person their medicines. We spoke to the family member who confirmed this happened.

We found the provider’s policy on people’s medicines stated, “Careworkers should only administer medication when they have been assessed as competent to carry out the tasks after appropriate training.” We found the provider did not have in place records of staff being assessed as competent. The current member of staff had undertaken a handling medication course with a previous employer but had not been assessed by the current manager as competent to administer people’s medicines.

Is the service safe?

We saw people were asked by the provider to sign to consent to care and support forms which meant the provider was seeking people's consent before delivering their care. These documents were held within the care files.

When we first gave notice to the registered manager of our intended inspection she told us she was ill and unable to meet us. The registered manager carried out personal care. We checked on how the service was being delivered in her absence and we were told by the registered manager her member of staff would carry out the calls. We spoke to the staff member who confirmed their actions and were able to give us information about each person they were visiting and their care needs. We spoke with the manager about

the names of the people she had listed on her board and asked her to tell us about the scheduled calls in the morning. The registered manager felt it was possible for one person to fit the calls into a schedule and all personal care calls were within a one mile radius of the office. One relative told us of a visit which had been missed in November 2014 prior to the new member of staff starting their employment. The relative told us about the impact of the missed visit and the person had got themselves 'into a stew'. We found there were risks associated with the running of a small domiciliary care agency and the provider needed further contingency planning.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We discussed the Mental Capacity Act with the registered manager who was not aware of the requirements outlined in the act.

On the website the provider had recorded, “Our training and policies and procedures are robust which helps eliminate poor conduct and practice from any member of staff and protects the Service User from receiving a poor service. Meeting nutritional needs is also so important and all care staff undergo Basic Food Hygiene course before they commence their caring role. This ensures that they are fully knowledgeable on food hygiene and preparation and Service Users can be secure they are receiving a good level of service.” We saw the provider’s training policy and read, “All care staff are trained to a high standard.”

We found the registered manager had no staff training in place to ensure the staff employed were effective. The registered manager had copies of staff certificates obtained whilst employed by other companies and told us they had contacted one previous company to check to see if the person had completed their training. We found there was no consistency in the training staff required to ensure they could meet people’s needs for example we saw staff prepared people’s meals but had not done food hygiene training. One person had last received food hygiene training in 2004. The registered manager told us training had been arranged for later in January 2015 but was unable to give us specific details.

Prior to our inspection we received a call from a relative regarding the service providing only one carer when two people were needed for to support some people who used a hoist. We saw the registered manager and another member of staff had visited one person on their own and supported them with use of a hoist. We checked to see if the provider could safely respond to this person’s needs. One staff member had last completed moving and handling training in 2008 and there were no records to indicate the second staff member had any moving and handling training. This meant that the provider did not have in place suitable training to enable them to support a person.

The registered manager told us staff shadowed other staff to learn about how people liked things to be done before going out on their own. We found no records to indicate people had been supervised and any lack of competencies addressed before staff were able to work with people.

We asked the registered manager about supervising staff. She told us she had not done that in the past.

This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw in people’s care plans staff were expected to prepare people’s meals. We found meal preferences were recorded and carried out. A concern had been raised by one person and their partner regarding their meal arrangements and their ability to cook. In the records we found it was written, ‘[The partner] struggling to cook nutritious meals for both.’ We found the registered manager had suggested the option of a slow cooker so meals could be prepared and eaten later. We found the family had followed this idea which meant people nutritional intake was maximised.

Is the service caring?

Our findings

One person told us they had, “No problems” with the service and another told us the service was, “Brilliant.”

The provider told us on their website, “Dignity and respect is a very important part of providing personal care and is implemented at all times, we respect the privacy a person has while showering, toileting etc.” and “We give assistance when needed to respect the privacy of all our service users while performing personal care tasks.” We spoke with the registered manager about employing a male carer. They told us they had been introduced slowly to people and there had been no problems. We spoke to one relative who told us their parent was becoming increasingly anxious about having a male carer for her due to him being required to carry out her personal care. The relative was concerned the person may not tell a male staff member what she needed and planned to share this with the provider. The manager confirmed with us the relative had contacted her and the person's care plan had been changed.

We saw the provider had detailed the likelihood of a person's falls and when they were most likely to happen. The registered manager had referred the person for an occupational therapy assessment and had been assessed as needing a walking frame. This meant the provider was seeking to work with other agencies to minimise risks to people.

The registered manager told us about visiting one person and finding them ill. They stayed with them until help arrived and made contact with family members. This was confirmed by relatives.

The registered manager told us they preferred to keep Fountains Home Care a small and personal organisation so that people are treated individually and they are, “Not just a number on an invoice.” People we spoke to told us they liked the service and felt they could ask for the support they needed.

The registered manager who also delivered personal care was able to describe to us people's needs, their preferences and the arrangements with family members to help and support people. We found the service had in place next of kin contacts and people knew the manager by her first name. One person told us her family felt more confident they could leave her now that she was being cared for by the registered manager.

We saw that whilst care and support was directed to a person consideration extended to other people in the household to ensure their safety and wellbeing. For example in one person's care plan we noted, ‘Husband may need things picking up off the floor’. We found the provider had a caring approach and one which encompassed other people who lived in the same house.

We found the provider had in place information for people about what they could expect from the service. The information explained what the service was able to do including the use of equipment, handling people's money and maintaining confidentiality. The registered manager told us some of the people they cared for were related and they needed to carefully manage people's confidentiality.

Is the service responsive?

Our findings

We saw the registered manager had in place a complaints policy, the policy stated the registered manager would personally deal with any complaints received either or verbally or in writing. People were given the address of the service where they could write to. The policy said, " [The registered manager] will ensure a written reply within five working days." We asked if any complaints had been made since our last inspection and we were told none had been made. People we spoke to told us they would contact the registered manager if they had a complaint but they had not made any complaints. We found if the complainant was not satisfied with the outcome of the investigation they were not given information on what to do next.

We looked at the care planning and risk assessment documents and found these described people's needs and wishes. For example one person was at risk of losing body heat and arrangements for that person were put in place to keep them warm. We identified from the information given in one set of notes the person wanted to be as independent as possible and they could clean their own glasses and did not use hearing aids. We saw they had an assistance dog

and in the event of them not being able to walk the dog the person's care plan stated that the staff member was to walk the dog around the block. We found the information contained in the care plans were person centred.

In a person's care plan we found detailed information including visits to a physiotherapist, food provided by a named company and the person's attendance at social club coffee morning on specific days. This meant the provider had considered people's social needs.

We read another person's care plan and found there were detailed tasks to be carried out at each visit including make breakfast, prompt to eat and take fluids and check pressure areas. A procedure had been agreed if the person had begun to wander and there were records to indicate the agreed actions had been taken alongside contact with the family. We found this person's plan had been reviewed and extended the service to include a social walk in the garden. As the person's needs had changed the care plan highlighted the need for staff to encourage and support a bedtime routine. This meant the provider was providing person centred care and responding to people's individual activity needs.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw the service had in place a set of values. The values were as follows:-

“Fountains home care as an organisation believes in the old fashion values of family, integrity, reliability, service and care. And our commitments to you are:

You Matter: Putting people first; you’re a real person and not a number! We value and treat our service users and Carers fairly with respect and dignity.

Dependability of Service and continuity of care

Peace of Mind for the Family. Fountains home Care can help your loved one live independently at home for many wonderful years to come!

Quality Service and continuity of care

Partnership: Working in partnership with you, your family, staff and other services such and social services, doctors and district nurses.”

We looked at ways the provider had used the values and permeated them through the service provision. For example we looked to see if the values had been shared and discussed during staff induction and supervision and we found they had not been embedded in the service. However we found the registered manager had in place a

quality assurance questionnaire which had been sent out by the deputy manager who was no longer in the employ of the service. The questionnaire reflected the values and the feedback was largely positive. The registered manager told us she used a satisfaction survey carried out after the person had been in receipt of care for two weeks.

We found the provider had written on their website, “Quality assurance spot checks and medication audits are performed on all members of staff to ensure their competence in the administration of medication and are fully trained in this area.” We asked to see the quality assurance spot checks, the registered manager told us they had not carried out any spot checks because staff had shadowed her. We found quality checks needed to be more robust.

We looked at the records of the service and found whilst a new care plan and risk assessment format had been introduced there were gaps in the records. For example there was no clear process documented to reflect the provider’s recruitment and selection policy and there were no records to show people had received training to meet people’s needs. We saw the provider’s statement of purpose and this required updating.

Following recent information received from the registered manager we spoke with her and advised about the need to make appropriate notifications in line with the CQC registration requirements. We showed her the CQC website and the registration requirements page. This meant the provider was better informed to fulfil their registration requirements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

The provider had not ensured staff received appropriate training, professional development and supervision.

Regulated activity

Personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations
2010 Requirements relating to workers

The provider did not operate effective recruitment procedures.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.