FPS (Peterborough) Limited

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Inspection report

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Date of inspection visit:
08 February 2016
09 February 2016

Date of publication:
10 March 2016

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?	**Good**

Summary of findings

Overall summary

FPS (Peterborough) Limited also known as Cambridgeshire Home Care, is registered to provide personal care to people who live in their own homes in the Peterborough, Eye and Yaxley areas. At the time of our inspection 80 people were receiving personal care from the service and there were 55 care staff employed.

This announced inspection took place on 8 and 9 February 2016.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the scheme is run.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. Peoples care plans contained person focussed information, but in one case the information was not up to date or correct, which meant that the person could be at risk of poor practice from staff.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions.

People were not always supported to be as safe as possible because risk assessments had not been completed for all risks. This meant staff did not always have the information they needed to reduce risks. The risk of harm for people was reduced because staff knew how to recognise and report abuse.

The provider's recruitment process was followed and this meant that people using the service received care from suitable staff. There was a sufficient number of staff to meet the needs of people receiving a service.

People's privacy and dignity was respected by staff and staff treated them with kindness. People and their relatives were aware that there was a complaints procedure in place and felt confident to use it if they needed to.

Systems were in place to monitor and review the safety and quality of people's care and support. People and their relatives said they had been contacted for their comments about the service.

Staff meetings and individual staff supervision sessions were held regularly. Staff were supported by management in the office and the registered manager during the day and an out of hours system was in place for support in the evening.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's safety and welfare were not robustly assessed and managed.

People received the correct medicines as prescribed.

There were enough staff to provide the necessary care and support for people.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected.

People's health and nutritional needs were effectively met.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, friendly, and efficient.

People and their relatives had opportunities to comment on the service provided and be involved in the care planning process.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People, and their relatives, were involved in their care assessments and reviews.

People's care records were not always updated to provide staff

with sufficient guidance to provide consistent care to each person.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and the registered manager responded appropriately to people's concerns or complaints.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and staff were trained to provide people with safe and appropriate care.

There were systems in place to continually monitor and drive improvement of the standard and quality of care that people received.

The registered manager had clear plans in place for further improvement and development of the service over the next 12 months.

FPS (Peterborough) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 9 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by one inspector.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Fifty questionnaires were sent out to people who use the service, 50 to relatives of people who use the service by the commission, 48 to staff and 17 to community professionals. Twelve completed questionnaires were returned from people who use the service, one by a relative, 12 by staff and three by community professionals.

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During the inspection we spoke with three people who received a service and two relatives. We spoke with the service's registered manager, training manager, service manager, deputy service manager and five care staff.

We looked at seven people's care records and their daily care notes. We looked at medicine administration records and audits in relation to the management of the service such as checks regarding accidents and incidents and quality assurance. We also looked at staff recruitment, training and supervision records.

Requires Improvement

Is the service safe?

Our findings

We saw that risk assessments about the person's home environment had been completed. However, individualised risk assessments were not always completed and where they were available they were not always updated with the most current information. For example, in relation to one person the information about their mobility was not correct, which meant they could be at risk of inappropriate care by staff who did not have the necessary information to meet their needs safely. Information about another person showed that there were no risk assessments in place about what to do in the event of a fire or illness of the care support worker, who supported them 24 hours a day. In another file we saw that a person who had behaviour that challenged themselves and others, had no risk assessments in place for staff to follow. This meant people and staff could be at risk of inappropriate or unsafe care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said all staff had received training in safeguarding people from harm, including refresher training where necessary and further training including through the local authority training. Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. One staff member said, "Yes I have done the training [in protecting people from harm] and we have to log it then report to the office. I know we can report to outside agencies [such as the local authority and Police]."

There were records about four safeguarding issues that had been raised by the registered manager and referred to the local authority. Information showed the registered manager had investigated three safeguarding's and how the service had learned from these. One safeguarding was still on going at the time of the inspection.

Staff were aware of the whistleblowing policy in the service and where to find all the necessary telephone numbers made available. One staff member said, "I know who to go to and the [phone] numbers." Another said, "Yes, whistleblowing is when you have any issues about other staff [work practices]." They confirmed how they would raise concerns, but had never had to do so.

People were administered medicines by trained and competent staff. The provider had a policy on the management of medication. Staff told us that they had received training in the administration of medicines and that their competency was assessed by senior staff. This was confirmed by the registered manager. We saw that each medication had a separate MAR (Medicines administration record) chart. This meant any changes in that medication, for example different doses, could be easily identified for care staff. There were regular audits completed and signed off by the senior staff in the service. Where there were gaps found as part of the audit, the registered manager provided evidence that showed care staff had received further training, and were checked for their competency in medicine administration.

We checked MAR charts of four people and they showed that people had been prompted or administered

with their prescribed medicines. One person told us, "Staff take the tablets out [of the packets] and then I take the tablets myself." The person confirmed and records we saw showed that staff noted in the daily notes and the MAR chart that medication had been given. We saw written protocols of medicines that could be taken when necessary. This meant people received the medicines they needed safely and as required.

Staff were able to tell us how they would report any incidents or accidents involving people they cared for, and the forms they would have to complete. They told us the forms were available and one member of staff said they were in the process of completing two incident forms which were the result of incidents that had happened that day and on the previous day. The registered manager had not been told of the incidents, but said there would be an investigation and changes, where necessary, made in the plan of care being provided.

We saw one completed accident form and that was in relation to an accident a member of staff had been involved in. We saw how the accident had been dealt with by senior staff in the office and what had been put in place to ensure the safety of the person who was being accompanied by the member of staff. People using the service and members of staff could be assured that they would be cared for in the event of any accident or injury.

People and their relatives told us that they felt safe. One person said, "I feel safe. I know exactly what we're going to do." Another person told us they felt safe but that because of the level of care (24 hours a day) this meant there were challenges if there were personality clashes. We discussed this with the registered manager and it was evident the person's concerns had been addressed to ensure their safety and wellbeing.

Care staff were only employed when checks had been completed and they were deemed suitable to work with people in the service. Care staff explained about the recruitment system undertaken by the service and that they had not been employed until appropriate checks had been returned and acceptable. Where there were any disclosures recorded on a valid certificate from the Disclosure and Barring Service (DBS), (which carries out a criminal record and barring checks on individuals) these were investigated. We saw that changes had been made in the recruitment process and monitoring of new staff as the result of an issue raised in the service.

There was a sufficient number of staff available to meet the needs of people who were receiving a service. People we spoke with said that none of their care calls had been missed. Some people said there was the 'odd late call', but someone always arrived to provide them with their care they needed. One person told us, "They [staff] always arrive. [Although] we haven't had a rota and the two staff were changed yesterday but we weren't told. Different carers just turn up." Although another person said, "It's more or less the same carers [care staff]." Where there were two care staff required to assist people to move and transfer them, people told us that two staff always arrived and provided their care. People said that where there were two carers one was a 'regular' carer, which meant there was some continuity of their care. It was evident that each person had a number of care staff who provided their care on a regular basis. Care staff told us that they covered shifts and provided care if the main member of staff went on holiday or was unexpectedly off absent. They also said that senior staff in the office would always provide emergency care to people if needed.

There were 55 care staff employed by FPS (Peterborough) Limited at the time of the inspection, and 80 people who used the service. The registered manager said that they ensured staff availability before they agreed to provide care to any new people.

Good

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the MCA and had received local authority training in this subject.

The registered manager confirmed that people using the service had capacity and three of the people we spoke with told us that they were able to make decisions for themselves. However there was nothing in any person's file to show capacity was recorded, which should have been provided as part of the local authority information. Staff told us they had undertaken training in the MCA and were able to tell us what that meant in relation to their work with people. One staff member said, "It's giving people different choices and ways of providing choice. [For example] we always ask people if they want a shower or a wash." A new member of staff said, "It [MCA] means they [people] are capable of doing things for themselves and they can make their own decisions and what care is in place. You always need to ask before you do anything."

Staff told us about the induction training programme, which provided all the mandatory training expected by the provider. Staff confirmed that their competency was assessed through observations in areas such as medicine administration and moving and repositioning people. Information supplied by the registered manager showed that the training for current staff was up to date.

Staff told us they received a range of training that supported them with their roles, such as safeguarding people from the risk of harm, moving and repositioning, dementia and medication administration. One staff member told us, "I am doing the NVQ II [a national qualification in care]. Diabetes care is on line. I've done dementia and moving and handling with the council. The courses are really helpful. It's the first time I've done care [as a job]." Another staff member said, "[Specific training] I've done suction, cough assist and PEG [a tube inserted into the stomach to provide food &/or medicines]."

People and their relatives told us that the staff were able to provide the care they needed in a way that was competent and professional. One person said, "They [care staff] are really good at the job. They have the skills and knowledge [they need]."

Staff told us that they were supported by face to face supervision meetings including spot checks (visits from senior staff to check that staff could demonstrate continuing competence). One staff member told us, "I get supervision quite often. We also have a newsletter and that informs us about any new information [about best practice], I have had one to one meetings and been to the staff meeting last week." Another said, "When

I came here [to provide care to person] I did loads of shadow shifts [to observe staff who have provided care to the person for some time]."

People were supported by staff who ensured that they could see a range of healthcare professionals when it was required. These included GP's, district nurses and emergency services. One relative was very happy with the care staff as they had recognised and reported a health concern about their family member. This resulted in a change to the care plan and the medical issue had improved. One member of staff said, "If the catheter gets blocked then the district nurse has to be called as soon as possible." They told us the medical needs of the person and what they would do in the event of an emergency for that person. It was clear they understood their responsibilities and there were procedures in place to support the person's healthcare needs.

Two people we spoke with told us they did not require support to eat and drink. One person did need to be encouraged to drink and appropriate charts had been put in place to check their fluid intake was recorded and their health and wellbeing ensured. The same person was able to say what they wanted to eat and we saw that they had been assisted to prepare and cook pancakes. One relative said, "I'm not a cook but I do my best."

Good

Is the service caring?

Our findings

People told us that the staff were caring and kind. One person said, "They [the care staff] treat me fine, really nice and I like them, especially [name of staff member]." A relative told us, "The staff treat him well and they are very friendly". We observed how staff talked with the people they were caring for and this was excellent. People were encouraged to do as much for themselves as possible and were treated with kindness and respect by staff.

People said that they had been involved in developing and reviewing their care. They said that they had talked to staff, provided information and made decisions about the care that they wanted. Staff were able to tell us about the people they were caring for and how they supported those people in their own homes. One relative said, "They are good girls [care staff]. They know what to do. They are pretty punctual and have had a call if they're running late. They call me [name], that's good."
People told us that they had a good relationship with the staff who provided their care. One person told us, "Staff understand most of the time. I don't always explain [what I want], I just get angry." The person said they had staff they could talk with so that their views would be heard and said, "I know a few people who would advocate on my behalf. I know how to [get an advocate]." People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. The registered manager said that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff told us, and we observed how they ensured people's privacy and dignity by closing the curtains, keeping doors closed and covering people when providing personal care. They told us how they involved people in their everyday decisions about their care and how they provided choices to them. People told us and we saw how staff treated them with respect. One relative said, "They [staff] respond immediately and support me and make suggestions [to help them with the health and wellbeing of their family member]."

One member of staff said, "I'm really enjoying it [the job]. It's nice to see loads of different people. We help people remain in their own homes and keep their independence. We just go in and aid them with food, personal care and toileting. It's to make them feel more comfortable."

Requires Improvement

Is the service responsive?

Our findings

Although people had individualised care plans in place, some documentation about people's care and wellbeing was not up to date. We went through the care file for one person to check that the information was correct. The person confirmed that the care plan was followed but some information about who to contact in an emergency was incorrect. We informed the registered manager who said it would be dealt with immediately. We went through a second file with the person and their relative. The relative told us, "I was definitely involved in [family member's] care plan. There have been changes made due to [name's] illness and the care plan was updated." However we found that changes in the person's mobility, from being able to walk to being taken by wheelchair, had not been updated in the care plan. This meant staff could provide inappropriate care and possible harm to the person. The registered manager was informed and they stated a senior member of staff would visit the person's home to check and update the care plan as a matter of urgency.

One community professional commented in the CQC questionnaire that, "Staff [from the service] have come into the hospital so that we could meet with service users to ensure they [the service] can meet their needs to ensure an appropriate hospital discharge. I find this agency to be extremely reliable and they have a very clear person centred approach to service users [people who use the service]."

People's care needs were reviewed regularly and, where there were changes in those needs, most had been updated. For example we saw that there had been a lunch call added and a medication call for one person as the result of their review. However we saw that another person had recently had changes made to the tea call to enable them to go to bed but there was no evidence of this in their care plan. Staff said the GP had agreed this but there was nothing in the file to confirm it.
Staff told us that if there were changes in a person's health or care needs they reported them to the office and a senior member of staff "will come out and assess and change the care plan".

One community professional commented in the CQC questionnaire that they found the service "approachable, flexible and very helpful". They said the service ensured "appropriate care was put into place as quickly as possible" and that they had received positive feedback from people who used the service.

There was information on how to make a complaint about the service in each person's file in their home. Some people were aware of the information, others said, "I don't have anything to complain about. If I had any issues I would just ring the office and they would deal with it." Information received from one relative showed that where they had raised issues they had been dealt with and put right. They said they would definitely recommend the service to others.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection and they were supported by the provider, branch manager, a training manager, service managers, deputy service managers and care staff. The registered manager showed us some of the new policies and procedures in relation to the new electronic monitoring system used for care staff and new recruitment and monitoring checks. They also explained that other paperwork to improve the smooth running of the service would be in place, together with procedures in place in the event of unforeseen circumstances such as adverse weather conditions or fuel shortages.

The registered manager told us there were systems and processes in place to monitor the quality of the service provided so that people could be confident their needs would be met. They told us that there was a system of spot checks to observe the care provided by staff on a regular basis. Staff and people confirmed that was the case. One relative said, "When someone from the office covers [the care provided to their family member] they make a point of asking about any problems, do we need to change something? I find that reassuring."

All people and relatives we contacted said they had received a recent questionnaire from the provider about the service. The registered manager said questionnaires about the service being well led had been sent to 97 people who used the service and 41 had been returned; and 75 staff had been sent questionnaires and nine had been returned. The registered manager stated that they had analysed the responses made in the questionnaires to assess for any trends or themes that could improve the service. They found the responses showed that people knew the names of many of the care staff and managers, but did not understand the individual staff roles and responsibilities within the service. The registered manager said this would be addressed as soon as possible. Another questionnaire about safety of the service had recently been sent out and responses were still being returned, therefore the registered manager had yet to analyse them.

Information from the questionnaires sent by the commission showed that people knew who to contact if they needed to speak with someone in FPS (Peterborough) Limited. Eleven out of 12 people also commented that the information they received from the service was clear and easy to understand. All staff said they would feel confident about reporting any concerns about poor practice to managers. The three community professionals confirmed that the service tried hard to continuously improve the quality of care and support to people.

One community professional said that the service had "some good systems in place". We saw that there were a number of audits that had been completed, which included daily notes, care plans and MAR charts. Any issues had been addressed with evidence to show what action had been taken. This meant people could be assured the service was improving through regular and robust audits.

One staff member said, "I can always get through to the office [staff]." Another told us about the out of hours support and that calls were logged. They felt this was a way that senior staff supported care workers in the field.

A staff member told us that they did not have staff meetings (they were in a different geographical area). The registered manager had already noted that some areas did not have meetings and intended to ensure all staff had the opportunity to attend and they would now be held at the main office in Eye. One staff member said they attended the staff meetings and they "felt welcomed to the meetings". They felt they were useful and used to update staff on changes in people's needs or information on changes to update their practice. Staff also said they were listened to and responded to about the care they provided to people to improve people's care. One staff member said that they had been asked how they provided care for one person who was new to the service, when other staff found them difficult. "I told the managers and other's [staff] so that they could manage them too." Another said, "They listen to your ideas. I suggested about using a slide sheet to help move someone in a smoother motion and that was done."

Records we held about the service, and our discussions with the manager, showed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed that the registered manager had an understanding of their role and responsibilities.

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	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way. Risks to people's health and wellbeing had not been appropriately assessed.