

Saxon Healthcare Ltd

# Fosse Healthcare - East London

## Inspection report

Radial House, third floor  
3 Ripple Road  
Barking  
IG11 7NP

Date of inspection visit:  
22 May 2019

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27 June 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

The service is based in the London Borough of Redbridge. The service provided personal care to adults and children living in their own homes. At the time of our inspection, the service provided personal care to two people.

### People's experience of using this service:

Risks to people were not always robustly managed. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks. This placed people at risk of not being supported in a safe way at all times. The provider's audits had not identified the shortfalls we found during the inspection.

Pre-employment checks had been carried out to ensure staff were suitable to support people. Arrangements were in place to ensure staff attended visits. Safeguarding procedures were in place to ensure people were safe.

Staff had completed essential training to perform their roles effectively. Care plans were person centred and included people's support needs. Care plans had been reviewed regularly to ensure they were accurate.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

### Rating at last inspection:

This was the first inspection of the service since they registered with the CQC on 15 June 2018.

### Why we inspected:

This was a planned inspection based on when the service first registered with the CQC.

### Enforcement:

We identified one breach of Regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to risk management.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk). Please see the action we have told the provider, which can be found at the end of the full report.

### Follow up:

We will speak with the provider prior to this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received, we may

inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always Safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was Effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Fosse Healthcare - East London

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service is a domiciliary care agency. At the time of the inspection, the services provided personal care to adults and children living in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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:

Our inspection was announced. We gave the provider 48 hours' notice 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 the inspection, we reviewed relevant information that we had about the service. The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with the registered manager and provider. We reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, which included risk assessments and staff files, which included pre-employment checks. We looked at other documents such as training and quality assurance records.

After the inspection, we spoke to two staff, one person that used the service and one relative of a person that used the service, for their feedback about the service.

# Is the service safe?

## Our findings

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

Requires Improvement: 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. Regulations were not being met.

Assessing risk, safety monitoring and management:

- Assessments had been completed on moving and handling and some health conditions such as epilepsy on what staff should do if a person had a seizure.
- However, people with a history of heart attacks, breathing difficulties, diabetes and Parkinson diseases did not have a risk assessment in place.
- In addition, one person was at risk of falls and skin complications, but risk assessments had not been completed to ensure these risks were minimised.
- When asked about the potential risks associated with a specific medical condition, staff were able to tell us the signs and symptoms of some health conditions but not others.
- Failure to complete risk assessments meant there was a risk people may not receive safe care and therefore may be placed at risk of harm.
- We fed this back to the management team who told us that they would ensure risk assessments were put in place immediately.

The above concerns meant that risk assessments were not being completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- People and relatives told us people were safe. A person told us, "As far as I am concerned, I am fine." A relative told us, "[Person] definitely is. When I go out, I leave [person] with them. I would not do that if I was worried about safety. It is very safe."
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.

Learning lessons when things go wrong:

- There was a system in place to learn from lessons following incidents.
- The provider and registered manager told us that should incidents occur, then this would always be analysed to learn from lessons, to minimise the risk of re-occurrence.

Using medicines safely:

- The service did not support people with medicines.
- There was a 'medication profile' that detailed any support people may require with medicines and the type

of medicines people took.

- Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to.

Staffing and recruitment:

- People and relatives told us that staff were on time. A relative told us, "Staff has been on time. It is very good."
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. A staff member told us, "I was given enough time."
- Systems were in place to monitor staff time keeping. Staff had to complete timesheets, which were also reviewed by the registered manager.
- Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely.
- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection:

- Systems were in place to reduce the risk and spread of infection.
- Staff had been trained on infection control.
- Staff confirmed they had access to Personal Protective Equipment (PPE) such as gloves and aprons.
- People and relatives confirmed that staff used PPE when supporting people with personal care. A person told us, "They wear aprons and gloves, which on the whole I prefer. When they have finished they throw it away, so it is fresh each time."

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- People and relatives told us that staff were suitably skilled to support people. A person told us, "They do exactly what I want." A relative told us, "They know what they are supposed to be doing."
- Staff had received an induction, which involved shadowing experienced care staff, looking at care plans and meeting people. A staff member told us, "She [registered manager] supported me very well at induction. She showed me everything. I shadowed and met the person I would be supporting."
- Staff participated in mandatory training and refresher courses to perform their roles effectively. This was in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life. A staff member told us, "I did get training. It was very intense but helpful."
- Regular supervisions had been carried out. Supervisions enabled staff to discuss any issues they may have and their development.
- Staff told us they felt supported. A staff member told us, "She [registered manager] did very well, supporting me."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them. A relative told us, "I gave a pre-assessment. They took all the right information. They were very professional. Form was very detailed."
- Reviews had been carried out regularly to ensure people received support in accordance with their current circumstances.
- This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- The service only provided limited support with meals for the people they supported.
- Care plans included the level of support people would require with meals or drinks if required and their likes and dislikes with meals.

Supporting people to live healthier lives, access healthcare services and support:

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "People that have mental capacity, you have to ask for consent with everything."
- Records showed that people's consent had been sought prior to receiving care from the service.
- Assessments had been completed to determine if people had capacity. Information included that if a person did not have capacity, then an MCA assessment would be required.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were caring. A person told us, "The people [staff] who come are very nice and kind." A relative commented, "All of them are friendly and very approachable."
- Staff told us they used care plans to find out about people, in order to get to know the person and build positive relations with them.
- People and relatives confirmed that staff had a good relationship with people. One person told us, "Whilst [supporting person], we chat, we get to know each other."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- Records showed that people or relatives were involved in decisions about their care. Care plans showed that people or their relatives had been involved. A person told us, "Right from the beginning, what I wanted, they have arranged it."
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A person told us, "They do exactly what I want."

Respecting and promoting people's privacy, dignity and independence:

- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "When giving a wash, I will cover the person and close the door."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. A person told us, "I want to be independent as I can, if I say what I want, they are very agreeable."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans detailed people's support needs. Care plans included information on how to support people with personal care.
- There was an 'All about me' section that included information on what was important to people and what they wanted from the service. Information on one care plan included that a person wanted a bath once a week and specifically their back scrubbed.
- A staff member told us, "Care plans are quite helpful." A person told us, "Yes, care plans are good because it's what I wanted." A relative commented, "Carers know what to do. They understand the need of [person]."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure which they followed.
- No complaints had been received since the service registered with the CQC.
- People and relatives were aware of how to make complaints. A person told us, "It is all written down on a leaflet they gave me. I will ring the local office, but I do not have any concerns."
- Staff were able to tell us how to manage complaints.

End of Life Care:

- The registered manager told us that they did not support anyone with end of life care support but if they were to support people with end of life care, then they would ensure staff would be trained to ensure they can provide personalised support. An end of life policy was in place.

# 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.

Requires improvement: The management and leadership of the service was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was aware of their regulatory responsibilities and knew that notifications would need to be sent to the CQC such as on serious injuries or safeguarding.
- The registered manager carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff approach and performance when delivering care.
- Audits had been carried out on the running of the service to ensure people received personalised high-quality care.
- However, these had not identified the shortfalls we found at the inspection with risk assessments to ensure people always received safe care.
- This meant that quality assurance processes were not robust to identify shortfalls and take prompt action to ensure people were safe at all times.
- The provider told us that audit processes would be made more robust to identify shortfalls and prompt action taken to ensure people always received safe care.

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

- There was an effective system to gather people's and staff feedback on the service.
- Quality monitoring visits were carried out to gather people's feedback about the service.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People and relatives told us they liked the service. A person told us, "They do exactly what I want. She [registered manager] has been very helpful to me." A relative commented, "She [registered manager] is very professional, very friendly."

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

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "She [registered manager] is a good manager. I like working for them."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

#### Continuous learning and improving care:

- Quality monitoring such as telephone and visits were carried out to obtain people's thoughts about the service and act on their feedback where possible, to create a cycle of continuous improvement.
- The registered manager told us that this was carried out as they were always looking to improve the service by acting on people's feedback.

#### Working in partnership with others:

- As the service had been supporting people for a limited amount of time, they had not been able to work in partnership with others.
- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.  Regulation 12(1)(2)(a)(b).