Fairmeadows Home Care Limited

Fairmeadows Home Care Office G05

Inspection report

Upper Office (1st Floor)
56-60A Front Street West
Bedlington
Northumberland
NE22 5UB

Tel: 01670719990
Website: www.fairmeadowshomecare.co.uk

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12 July 2017
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21 July 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Fairmeadows Homecare provides personal care and support to people in their own homes. This inspection took place on 6, 12 and 13 July 2017. The inspection was announced as the location provides a domiciliary service and we needed to be sure someone would be in. We also contacted relatives and staff by telephone on the 21 July 2017.

At the time of the inspection, the service was actively providing care to 85 people in Northumberland.

At our last inspection of this service in April 2015, we gave the service a rating of 'requires improvement' and asked the provider to take action to make improvements. This was because we found the provider had breached Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining the action they would take to meet this regulation. At this inspection, we found these regulations had been met and the rating had improved from 'requires improvement' to 'good.'

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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 service is run.

We checked the management of medicines and found that improvements had been made and these were being managed safely. New paperwork had been introduced to ensure instructions were clear to staff.

Staff were seen to follow correct infection control procedures and used personal protective equipment correctly. There were ample supplies of gloves and aprons. This had improved since the last inspection.

Risks to people were identified and plans were in place to mitigate these. Risk assessments were carried out to identify potential risks to staff in people's homes including whether there were any obvious hazards or pets present.

Staff recruitment procedures included checks on the suitability of staff to work with vulnerable people. Staff did not work unsupervised with people until full recruitment checks had been completed. Some staff records did not contain full dates of previous employment history and we have made a recommendation about this.

Staff had received training in the safeguarding of vulnerable adults, and a safeguarding and whistle-blowing policy was in place.

We received mixed reports about staffing. The provider was in the process of recruiting additional staff, and some staff told us they were very busy. Other staff and people using the service told us they thought there were sufficient staff available. Steps had been taken by the provider to review workloads and new work patterns had been introduced to help relieve pressure on staff.

Accidents and incidents were recorded and reviewed on a regular basis.

An in-house trainer was employed by the service who was qualified to deliver training to staff. There was a mixture of e-learning (computer based training) and face to face. Staff received an induction and shadowed experienced staff until they were confident and deemed competent to work alone. Staff received regular support and supervision from office based staff.

The service was operating within the principles of the Mental Capacity Act 2005. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people with meals, and food hygiene training was provided. Where people required specialist support with eating for medical reasons, bespoke training was provided to staff by the district nurse.

We observed that staff were caring and courteous when visiting people. They displayed warmth and a good knowledge of the individuals, with whom we saw they had a good rapport. We received positive feedback about the staff from people and their relatives.

The privacy and dignity of people was maintained, and staff were sensitive and discreet when discussing their care needs. They involved people during their visits and supported them to maintain their independence where possible.

Person centred care plans were in place and we received positive feedback from people and relatives about the responsiveness of the service. Other people and relatives were critical of how responsive the service was due to fluctuating visit times and high numbers of staff involved in some people's care. Staff told us the only complaint they had about working for the provider was lack of travel time between visits. The provider had picked this up through their own quality monitoring and plans were in place to address these concerns. We have made a recommendation about this.

A number of office based staff had been recruited since the last inspection to support the provider in the running of the service. These included coordinators and human resources staff. Office staff had additional responsibilities such as training and quality improvement, and there had been investment in computer systems to support the effective operation of the service.

We received feedback that office staff including the provider were supportive, approachable and helpful. They listened to staff and supported them to work flexibly where required. Morale appeared good amongst staff who told us they enjoyed working for the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Improvements had been made to medicine administration systems including records for oral medicines and those applied topically to the skin. Clear lists of people's medicines were held.

Staff followed infection control procedures, wore personal protective clothing such as gloves and aprons and had ample supplies of these.

Risks related to people, staff and the environment were assessed. Care plans were in place to mitigate these risks.

Suitable staff recruitment procedures were in place which helped to protect people from abuse.

Is the service effective?

Good

The service was effective.

The service worked within the principles of the Mental Capacity Act 2005 and staff sought consent prior to providing care.

Training, induction, supervision and appraisals were carried out to ensure staff had the correct level of knowledge and skill to care for people effectively.

People were supported with eating and drinking and staff reported any concerns related to the nutritional needs of people to the office staff so that appropriate support could be sought.

People's health needs were supported by staff who accompanied them to medical appointments. The office based staff received expert support with aspects of care planning from relevant health professionals when required.

Is the service caring?

Good

The service was caring.

We received positive feedback from people and their relatives

who told us staff were friendly, kind and attentive.

Staff maintained the privacy and dignity of people and supported them to be independent and make choices about their care.

The views of people were sought through surveys and questionnaires provided by the service.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

Many people were happy with the responsiveness of the service and numbers of missed visits were low. Some people and their relatives were dissatisfied with the timings of visits which fluctuated and interfered with their routines and preferences.

Person centred care plans were in place which were up to date and reviewed on a regular basis.

A complaints procedure was in place. Complaints that had been received were responded to in a timely manner with transparency and candour.

Is the service well-led?

Good

The service was well-led.

New systems and personnel had been put in place to support the management and governance of the service.

Staff told us they felt well supported by the registered manager and senior staff team.

Systems were in place to monitor the quality and safety of the service.

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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.

The inspection took place on 6, 12 and 13 July 2017. 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 carried out by one adult social care inspector. We also contacted relatives by telephone on 21 July 2017 to obtain their views.

Prior to the inspection we reviewed all the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also spoke with the local authority safeguarding and commissioning teams.

During our inspection we spent time with four people that used the service and spoke with three over the telephone. W spoke with five relatives and a variety of staff including both directors, one of whom was the registered manager, and three care coordinators. We also spoke with seven care staff and a care manager. We looked at five care plans, five staff files and a variety of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe with them. I feel safe when they bath me."

At the last inspection we found that medicines were not always being managed safely. We asked the provider to take action to make improvements and this action has been completed Lists of medicines being administered were maintained and new paperwork was being used. Yellow forms had been introduced to clearly identify when people were taking Warfarin. Warfarin is a medicine used to prevent blood clotting. Careful records need to be maintained as doses are frequently adjusted. Medicine administration records (MARs) were in use and included records of the application of topical medicines such as creams and lotions. Clear instructions were available to staff and body maps were in use which showed the area of application. Staff received training in the administration of medicines and told us they contacted the office if they were ever unsure about anything.

We checked that staff were following correct procedures to avoid the spread of infection. At our last inspection, we found that staff were not always using personal protective equipment such as gloves and aprons, as they were not always available to them. Staff meeting minutes showed they had been reminded of the procedures to follow. At this inspection we found that staff adhered to the provider's infection control policy. Gloves and aprons were available in people's homes and staff told us they kept spare supplies in their cars.

Risks to people were identified and plans were in place to mitigate these. Clear information was recorded about risks such as falls, moving and handling or nutritional risks. When equipment was in use such as stand aids and hoists, staff received training and instruction. Advice to staff was also included about each individual. In one moving and handling plan for example staff were made aware the person had a tendency to lean to one side.

Environmental risk assessments of potential hazards within people's homes were carried out prior to staff visiting and included lighting, steps, the external environment, pet animals that might be present and whether carbon monoxide detectors were in place. The meant the provider sought to maintain the health and safety of staff. A lone working policy was in place and an on call system was available to staff outside office hours to seek help and support.

Safe recruitment procedures were in place which included checking people's suitability to work with vulnerable adults through carrying out checks with the Disclosure and Barring Service (DBS). Staff did not work unsupervised with people until these checks were fully in place, although they did shadow experienced colleagues in a supervised capacity. A small number of staff files we read did not include all of the exact dates of previous employment. Regulations require employers to obtain full employment history, together with a satisfactory written explanation of any gaps in employment for all staff who provide personal care. We discussed this with the provider who told us they would ensure these records were fully completed in future.

Staff received training in the safeguarding of vulnerable adults. We spoke with a staff member who told us, " I would recognise signs of abuse. We have done training and I would report anything to the office and escalate it if I needed to."

Procedures were in place to prevent the risk of financial abuse and to protect people using the service and staff. Staff were not allowed access to bank cards or pin numbers. An acceptance of gifts policy was in place which recognised people may wish to show their appreciation of staff but a financial limit was placed on the value of gifts staff were able to accept and these had to be declared to the registered manager.

We received mixed feedback about the numbers of staff employed. A number of people, relatives and staff told us there were sufficient numbers of staff available. Other people, relatives and staff told us staff were over worked and they sometimes received their visits late. We spoke with the provider about this who told us they were aware of these concerns through their own quality monitoring and were in the process of recruiting more staff. Staff hours and working patterns were being reviewed to reduce long days and to ensure they had regular days off.

Two people told us there had been missed calls. Problems with the computer system used to allocate calls had recently caused a small number of missed calls which the provider reported to us. The provider was in the process of transferring to a new system to improve the reliability of the service and reduce the risks of this occurring. They had identified people who were at most risk should they miss a call during this period, and manually double checked all their calls were covered.

Procedures were in place in the case of no reply or missing people. A business continuity plan was also in place to ensure care continued to be provided in the case of inclement weather for example.

A record of accidents and incidents was maintained and reviewed regularly by the provider.

Good

Is the service effective?

Our findings

People and relatives told us staff appeared well trained. One person said, "They seem to know what they are doing." Staff received an induction prior to starting work in the service. They also spent a period shadowing other staff and were subject to a probationary period before being employed permanently.

A new coordinator had been appointed since the last inspection who had a dual role as in house trainer. They were trained to deliver courses considered mandatory by the provider. Training provided included safeguarding, medicines, infection control, basic fire training, basic first aid, dementia and health and safety. Moving and handling training was provided in house and a hoist was available at the office to facilitate practical training to take place. Specialist training was provided by district nurses for the use of specific medical equipment including for people with stomas or catheters.

The principles of care were included in training and elements of the Care Certificate were incorporated in training. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. The provider was looking to outsource Care Certificate training to an external training provider.

Staff received regular supervision and told us they felt well supported. Competency was assessed in areas such as the administration of medicines. Two relatives told us most staff appeared skilled and experienced. They had also been visited by less experienced staff who they felt needed additional support including around how to support people living with dementia. We spoke with the in house trainer who confirmed training in dementia care was available to staff and explained they tried to place inexperienced staff with more experienced ones to support their learning.

Staff supported people with eating and drinking. People told us they were happy with the support provided. One person told us, "(Name) makes my porridge, it's beautiful." Staff received basic food hygiene and told us they reported any concerns about people's dietary intake to the office.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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.

Information related to Mental Capacity was recorded in people's individual files. During our inspection we observed staff seeking consent prior to offering support and we did not observe any restrictive practices. No one was subject to any formal restrictions on their liberty at the time of our inspection.

The health needs of people were supported. Staff reported concerns about people's health to the office and professional advice was sought when necessary for example from an occupational therapist, GP or dietitian.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. Comments included, "They are very polite nice and friendly", "I have no bother with the staff at all, they are all lovely people", "We like them all, they are very polite", "I have amazing carers that go the extra mile", and "It's a pleasure to recommend them, they are very good."

We observed that staff were polite and courteous with people during our visits. They knocked on doors before they entered and double checked that people were happy for us to join them. The relationship between people and staff was warm and friendly, with a good deal of humour shared between them. Staff were also concerned about the comfort and well-being of people. One person had a hospital appointment and a staff member told another that they may be tired for their evening call, as they had been up earlier than usual in the morning. They had also made them a packed lunch to take and told us this was because they weren't sure how long they would have to wait and didn't want them to be hungry. A senior staff member told us, "I try to get to know as many people as possible, because if I have to cover a shift at short notice, they will have met me and it won't be as much of a shock having a completely new face." This demonstrated that the senior staff member was aware of the potential for people to be upset if too many new staff visited.

We were made aware of another example of kind care, where staff visiting a person reported to office staff that a person did not have any food in their home. Staff were advised to go the home of one of the director's nearby where they collected some ready meals from their freezer until arrangements could be made to re stock the person's own supplies.

The privacy and dignity of people was maintained by staff. We did not observe personal care, but could hear staff speaking with people while they supported them. They were discreet and ensured privacy was maintained by closing doors, blinds and curtains. The staff uniform was smart but casual in style. We asked the registered manager about the staff dress code which allowed staff to wear smart jeans, and the company polo shirt which included the logo. Identification (ID) badges were also carried at all times. The registered manager told us they did not wish for the uniform to be too obviously from a care agency as some people had said they did not want their neighbours to be aware they were receiving support at home. Staff we observed were smartly dressed and had the correct ID.

Staff received training about people's rights and choices and independence and how to treat people with respect. This formed part of the induction training. Satisfaction surveys completed by people recorded that they were given choices and treated with respect by staff.

There was no one receiving end of life care during our inspection. There were no formal advocacy arrangements in place. The staff and registered manager told us they knew how to access an advocate for people if necessary. Advocates provide independent support people to make and communicate decisions.

Requires Improvement

Is the service responsive?

Our findings

Five people and their relatives told us they received their visits on time, and that the service was generally reliable. Comments included, "I have never missed a visit. They ring if they are going to be late but that is normally because of an emergency elsewhere and doesn't happen often", and "Staff are very punctual. I have fewer people (staff) visiting now which is very much better. I don't have to explain everything all the time or where I keep things. They always stay until the end of their time."

Four people and their relatives told us their visit times could be erratic. One person said, "The staff are overworked and over stretched and often late. They were an hour late today." A relative told us, "They can be almost an hour late. They are meant to ring if they are going to be more than fifteen minutes late. Some do but not all. They have never missed a visit though." A staff member told us, "The only thing I would change about working here is that there isn't enough time between visits. We don't get enough travel time so we have to rush to the next visit."

We spoke with the registered manager about this, and coordinators who planned staff visits. They told us, and we saw, they had already picked these issues up through their own internal quality monitoring system. There had also been recent problems with the electronic rostering system. The provider had therefore invested in a new computer based system which tracked staff whereabouts using their work phone and alerted the office if they were more than fifteen minutes late. They were reviewing staff work patterns to try to resolve some of these issues and reduce the number of staff visiting people to improve consistency and reliability.

We recommend that reliability and time keeping remain under close review.

Person centred care plans continued to be in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. A staff member who had worked for other care providers told us, "Care plans have always been brilliant here compared to others. A lot more substantial than others I've seen." We observed that some extra information about people had been added to the front page of some care records. There was limited space to record people's likes, dislikes, hobbies, interests or life experiences and staff told us they would find a one page summary of this information helpful. We have told the provider about this. An activity timetable was available which included tasks and activities to be carried out, and an entry was made in daily records by staff following each visit.

A complaints procedure was in place. People and relatives we spoke with told us they were aware of how to make a complaint. There were no serious formal complaints under investigation at the time of the inspection, and we noted most concerns raised related to timekeeping. The provider had carried out satisfaction surveys which included asking people and relatives if they were aware of how to make a complaint. A small number of people responded they were unsure so were sent details by the provider.

Complaints records were clear and included responses which were polite, apologetic, honest and transparent, and action taken. We spoke with one person who had made a complaint about staff rushing

and they told us, "The owner came to see me. He told me he would have a word with the staff." Another person told us, "I know how to make a complaint but I'm very happy with the service. I have nothing else to say, no complaints at all."

Good

Is the service well-led?

Our findings

At our last inspection we found the management of the service required improvement. We had not been notified of certain events the provider was required by law to notify us of within the required timescale, and records related to recruitment and selection of staff were unsatisfactory. Quality monitoring systems had not identified all of the concerns we found at the inspection.

At this inspection we found that improvements had been made. Statutory notifications were sent as required, and records related to Disclosure and Barring Service checks were satisfactory. A number of safety and quality checks were carried out and included gathering the views of people that used the service, their families, and staff. We found that where areas for improvement had been identified, plans were in place to address these.

A number of audits and spot checks were carried out. This meant that directors including the registered manager, care coordinators and senior care staff visited staff unannounced in people's homes to ensure they were following correct procedures, including the management of medicines. Staff told us that the registered manager and all office based staff were helpful and approachable. The registered manager told us they operated an open door policy and that they always met with staff face to face if there were any serious issues to discuss. Staff called in to the office to see members of office staff to seek information or to discuss any issues they might have. We asked them if they thought the service was well-led and they all agreed it was, with the exception of the lack of travel times between visits.

Staff told us, "This is a great place to work. The manager supports us to work flexibly to help with childcare for example. Some other agencies don't do that; you are just a number." Another staff member told us, "Staff in the office are always helpful. You feel welcome when you come into the office." A relative told us. "The management seems spot on. Not frightened to muck in and help at the sharp end."

We spoke with the registered manager who told us, "I have experience of working as a carer so I understand what they do. When I set up this company I wanted to be the best and eradicate all failings. It isn't easy but we try to be better than everyone else."

The provider had invested in increasing the number of office based staff employed to support the running of the service. This included the recruitment of three additional office staff to work on setting up new care packages including assessing people, allocating and preparing staff and answering staff queries for example. A member of staff with a qualification in Human Resource (HR) management had been appointed, and a special HR computer package had been introduced. This helped to ensure that as the service and the numbers of staff grew, they had access to the necessary expertise to ensure they followed employment law correctly. The system flagged for example, whether they were missing any necessary recruitment documentation which might constitute a breach of employment regulations.

The provider had good links with the community and sponsored a local football team. They had also held an open day for the local community to learn about the service and explore potential employment

opportunities. The registered manager told us they had plans to arrange coffee mornings locally for some of their clients to support them to socialise outside of their homes as the number of day care facilities had reduced.

An employee of the month award had been replaced by other staff recognition and incentives which the provider felt was fairer for all involved. These included gift vouchers for staff going 'above and beyond' and paying for Christmas lunch. Staff also had access to a 'Talking Matters' pack. The provider told us staff could come in and talk about non work related problems in a supportive environment. Talking Matters Northumberland offers a free psychological treatment, support and recovery service for the people of Northumberland experiencing anxiety depression or other mental health related disorders. This meant the provider sought to support the psychological well-being of staff.