4319 Fountain Care Ltd

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Inspection report

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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

We undertook an announced inspection of 4319 Fountain Care Ltd on 6 and 7 December 2016. We gave the provider notice before our visit that we would be coming because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us.

4319 Fountain Care Ltd provides a range of services to people in their own home including personal care. People using the service were mainly older people who had a range of needs such as physical disabilities and dementia. At the time of our inspection 21 people were receiving personal care in their home. The care had either been funded by their local authority, Clinical Commissioning Group (CCG) or people were paying for their own care.

This was 4319 Fountain Care Ltd's first inspection at this location since registering in 2015.

There was a registered manager 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.

There were some systems in place to monitor and assess the quality of the service. However, these needed to expand to cover more aspects of the service and identify where improvements needed to be made.

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

There were medicine procedures in place and care workers received medicines training. However, we had identified improvements that needed to be made.

We made a recommendation for the provider to seek national guidance on medicine management.

People gave us complimentary comments about the service they received. People felt well looked after.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

Care workers received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people. Training in the important areas needed to be booked in a timely manner to ensure care workers were always up to date.

People's needs were assessed and care was planned to meet these needs. The care reflected personal preferences and supported people in a person centred way.

The risks to people's safety and wellbeing had been assessed and there were plans to maintain individual people's safety.

People's healthcare needs were monitored and the service liaised with other professionals to make sure these were met.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

People had consented to their care and treatment and were involved in decisions about their care.

There were enough care workers to support people. Recruitment procedures were designed to ensure care workers were suitable to work with vulnerable people.

We received positive feedback about the registered manager and how they supported the care workers in their role.

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

Some aspects of the service were not safe.

Care workers had training on medicine management and audits were carried out on medicine records. However, we recommended for the provider to seek national guidance on good medicine management.

There were appropriate procedures to safeguard people. Care workers knew how to respond if they had concerns about a person's welfare or safety.

The risks to people's safety and wellbeing had been assessed and there were plans to maintain people's safety.

There were enough care workers to support people. Recruitment procedures were in place to ensure care workers were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Care workers received the training and support they needed to care
for people safely. Moving and handling practical training needed to be provided in a timely way.

People had consented to their care and treatment and were involved in decisions about their care.

People's healthcare needs were monitored and the care workers liaised with other professionals to make sure these were met.

People were supported with their meals and drinks.

Is the service caring?

Good

The service was caring.

People told us they had a good relationship with their care workers and usually had the same regular care workers.

Guidance on how to support people was individual to them and noted personal preferences.

People told us the care workers treated them with respect and ensured their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service regularly conducted satisfaction surveys for people and their relatives. These provided information about the quality of the service provided.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

There were some systems in place to monitor the quality of the service. However, this needed to be expanded to work towards continuous improvement.

Feedback on the service and the registered manager was positive.

4319 Fountain Care Ltd

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 6 and 7 December 2016 and was announced.

The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

As part of the inspection we carried out telephone calls to five people using the service and three relatives to gain feedback. We also received feedback via email from a relative and a commissioner of the services.

During the inspection we spoke with the provider who was also the registered manager and the coordinator. We viewed a variety of records including recruitment and training details for three care workers, care records for three people using the service, a staff rota and a sample of audits carried out.

Following the inspection we received feedback via email from seven care workers to obtain their views about working for the service.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe receiving care and support from the care workers. One person told us "I feel safe" with care workers visiting them and a relative confirmed, "I trust the carers."

Three people currently received support with their medicines. We viewed a sample of training records which showed care workers had completed online training on this subject. The service had also started to introduce competency assessments on care workers to assess their knowledge and observe them administering medicines. Care workers we asked could explain the difference between prompting and administering medicines. One care worker said that to administer a medicine to a person they needed "to ensure that the person is given correct medication, at the correct time and in the correct way."

People's care records outlined how to support someone with taking their medicines and reminded care workers to observe and check that the person had swallowed their medicine before leaving them.

Medicine audits had been carried out on the three people's medicine administration records (MARS) but for one person we saw that the October and November 2016 MARS were still to be checked. In addition, the September 2016 medicine audit had not picked up that there were two dates where the dose of the Warfarin medicine had not been recorded and care workers had not always stated in the daily records what dose they had given to the person. The dose varied each day and the person's relative ensured this was checked by a medical professional to ensure the dose was correct. However, there was no evidence in the person's home up to the point of the inspection to inform the registered manager and care workers that this dose was correct and that it had been confirmed by a clinician. The registered manager told us that they had discussed this with the relative, as they had identified this as an issue, and that they would now have confirmation from the health professionals what the dose was for that forthcoming week.

We were also informed that the relative had been placing the Warfarin into daily boxes to minimise errors occurring. However, as confirmed when we checked with the Care Quality Commission pharmacist inspector, this was secondary dispensing and did not follow national guidelines on good medicine management. The registered manager two days after the inspection confirmed via email that this practice no longer continued and that the care workers would be administering the prescribed varied doses directly from the original packaging.

At the time of the inspection there were no medicine risk assessments or medicine profiles in place. These documents usually recorded any potential risks in prompting or administering a medicine to a person. The profile would also outline all the medicines the person had been prescribed, along with the reasons for taking them and any possible side effects. Two days after the inspection, the registered manager confirmed that these documents had been completed for all three people who had support with their medicines and we were sent evidence of this for one person.

Although addressed either during or shortly after the inspection, we found several areas that required attention and reviewing in relation to medicine management. Therefore we recommend that the provider

seeks relevant national guidance on medicine management.

Care workers understood their role in protecting people from avoidable harm. They had received training on the safeguarding of vulnerable adults. Comments from care workers about any concerns they had were, "I would report it to the manager," "If changes are not made with immediate affect I would take further action by reporting to the authorities" and "inform the agency and manager." The registered manager had a sound knowledge of safeguarding and had raised issues with the local authority's safeguarding team when concerns had been identified. There were also policies and procedures in place on this subject to ensure everyone followed guidelines and best practice.

One relative provided us with feedback about the care workers. They stated, "The night carers do seem to take the opportunity to sleep if they can. I have no problem with this if they are able to respond to X (person using the service) kindly and effectively when necessary." We fed this back to the registered manager and co-ordinator as the care worker should have been carrying out a waking night shift and be available to support the person at all times during the night. They confirmed this would be investigated to ensure this practice did not occur again.

There were risk assessments in place which recorded any known risk to the person and/or others. They were designed to encourage people to maintain their independence and live as ordinary a life as possible. These assessments had been completed to provide care workers with guidance on how to protect both the person from each identified risk and provide information to the care workers on ways to minimise risks occurring. On the first day of the inspection we noted on one person's file that documents did not record all the potential risks. The registered manager, by the second day of the inspection, had ensured the documents on this person's file were all up to date and informative.

Risks looked at a range of areas such as the person's environment, if they needed help with mobilising and required particular support to move safely, such as using a hoist. Equipment was noted on the records so that care workers could be confident that they were using equipment that was deemed safe and had been serviced and checked by the relevant persons.

Where accidents and incidents had occurred, these had been reported to the registered manager and documented. These had been reviewed to reduce the likelihood of a similar incident reoccurring.

We viewed a rota and found people were supported by a sufficient number of care workers to keep them safe and meet their needs. The registered manager and co-ordinator also worked directly with people if necessary. This also enabled them to see how other care workers worked and to check on people who used the service to ensure their needs had not changed. People who used the service and relatives told us they did not always know who was coming to visit them and did not receive a copy of the rota. This was fed back to the registered manager who confirmed that the rota would be given to people and their relatives.

Care workers told us they received a rota so they knew who they were working with. Some care workers explained how they might cover different areas than the usual ones but did not say this was an issue. We saw from the rota that care workers were mainly given travel time to ensure they could get to each person. Where the rota showed a slight overlap in visit times we were informed that people were flexible and did not mind visits being slightly later than what had been recorded on the rota. However, the registered manager and co-ordinator said they would amend the rota to show accurately when care workers were expected to arrive at each visit.

We asked people using the service and their relatives if the care workers usually arrived at the time agreed and stayed for the whole scheduled visit. We received mixed feedback on this. Some commented, "The care workers are sometimes late but it is usually due to traffic problems," "there should be two care workers but sometimes the second one comes later but they sign to say they both arrived at the same time" and "they come together but can be half an hour late sometimes." We informed the registered manager about this feedback and they confirmed they had checked the comments with people or their relatives to aim to resolve any issues. We also saw they had visited one person's home to take the daily records where they could see the time for the arrival of both care workers did not reflect the actual time of one of the care workers. The registered manager showed us evidence of where they had taken steps previously to address lateness and stated this would be addressed to ensure all care workers were reminded that they had to record the actual arrival time and to let the office know if there was a delay.

Although several people spoke of late visits others people's comments included, "they (care workers) usually come on time" and "timekeeping of visits is quite good." We saw evidence that in the time the service had been operating, which was approximately 16 months, there had been only one missed visit. Those people we asked confirmed there had never been a missed call.

The provider was introducing a new system for call monitoring which would be implemented in January 2017. This included issuing all care workers with a mobile phone application which showed when they had logged in and out of a visit. This would be linked to the provider's system so that they could track where every care worker was and if any potential problems with lateness were likely.

The service supported people living in specific postcodes so that the care workers did not have to travel a long distance from one person to another. In cases of an emergency where a care worker's car might break down, the registered manager confirmed they had pool cars which care workers were insured to drive if they needed to get to their planned visits.

Care workers confirmed that there was a recruitment and selection procedure in place. They all confirmed that checks had been carried out on them before they started working for the service. The procedure included a formal interview and completing an application form about their experience and skills. References from previous employers and a character reference, if an applicant had little work experience had been obtained. Disclosure and Barring (DBS) checks were also carried out. The service also checked people's identification and eligibility to work in the United Kingdom. We talked with the registered manager about ensuring the application forms clearly noted dates of education and start and end dates of employment as this was not always recorded and had not been identified as a potential issue. They confirmed this document would be reviewed and amended.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the care workers and the service they received. People said that the care workers knew what they were doing. The registered manager explained that new care workers completed an induction which included visiting the office to read policies and procedures and shadowing experienced care workers. The shadowing visits were not being recorded and the registered manager said they would do this so that there was evidence of when this had taken place.

All the care workers confirmed they had received an induction to the service and people using the service. Comments included, "I had an induction and I shadowed the more experienced carers. I had some care mandatory training," "I shadowed with the staff for a week" and "I did shadow staff and completed the online training." We saw the registered manager had introduced an induction booklet for new care workers which gave them the chance to work through the various aspects of working in social care. They also confirmed they would be supporting care workers to complete the Care Certificate. The Care Certificate is a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support.

The majority of training was completed online where care workers were tested on their knowledge before they gained a pass mark. Several care workers had completed practical moving and handling training in November 2015 but some had only completed this course online and had not received any practical moving and handling training. The registered manager explained that few people using the service needed assistance with mobilising or using equipment such as a hoist. Two days after the inspection, the registered manager confirmed that they had booked two days training for care workers in December 2016 to ensure they were up to date with the information and knowledge to move people appropriately. They also told us when the training had taken place to evidence care workers had now attended face to face training on this subject.

Records showed that care workers completed training on a range of subjects, including, food hygiene, dementia and fire safety. The registered manager was looking at alternative ways to ensure care workers received more face to face learning which could encourage a different way of learning information and would enable them to ask questions.

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's capacity to make decisions had been considered and they had been asked to consent to their care and treatment. People told us that their consent was sought before care was carried out. Where people lacked capacity, consent was obtained in their best interests by people who knew them well. People we spoke with told us they had been consulted about their care and had agreed to this.

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 told us that the majority of people using the service had the capacity to make daily decisions about their lives. Where people struggled to do this the registered manager confirmed they would raise this with the relevant authorities. There was no evidence that people using the service were being deprived of their liberty unlawfully.

People and their relatives told us that care workers gave them the chance to make daily choices. Care workers confirmed they had completed MCA training. They also told us, "I give clients choices by giving them options" and another care worker said that they "promote choice by giving options and sometimes show the person the options available."

People confirmed that if they needed help with meals the care workers cooked them what they wanted. Comments included, "they (care workers) ask what meals I want, I have a say" and "Care workers always leave me a drink." We asked care workers how they supported people with their nutrition and hydration. They told us, "We record the food they (people using the service) take and the drinks as well on daily basis" and "I always ask clients what they want to eat and drink and record it." Currently what people ate was recorded in the daily records which could make it difficult to monitor the amount people were actually eating and drinking. Although we were informed that there was no-one at risk of malnutrition, the registered manager confirmed they would review this and look at ways to separately record food and fluid where this was necessary.

People's healthcare needs were assessed and recorded as part of their care plan. Where they had a specific need this was recorded and there was information for care workers about their condition. This included guidelines on how to support the person if they had been assessed by the speech and language therapist. Relatives or friends of people using the service supported them to attend health appointments.

The registered manager and care workers understood the action to take if a person's condition deteriorated and they required medical care, including contacting the emergency services. A relative confirmed that when their family member had been unwell the registered manager had responded quickly and appropriately to ensure they received the healthcare input they needed.

Good

Is the service caring?

Our findings

People told us they liked their care workers. Some of the things they said were, "They (care workers) are good and kind," "they are very caring," "the care workers always ask how I am when they visit," Care workers are chatty with me" and "the care workers are polite."

We asked people and their relatives if they felt the care workers were treating them with dignity and respect and they told us, "The manager and carers are respectful," "they (care workers) have good manners" and "Care workers always go to X (person using the service) and say hello before starting their work."

Relatives commented on care workers. They said they were, "excellent" and "One of the current carers is gentle, patient and cheerful."

A commissioner of services told us that the service "seemed very patient-orientated and kind" and that they had "always been very happy with the service that Fountain Care provide."

During the initial assessment, people were asked what was important to them, for example if they had a preferred name they wanted to be called. Where we were contacting people to ask for their views on the service, the registered manager informed us of the person's preferred name so that we did not offend them. During the initial assessment questions were also asked if a person had a preference and had requested a care worker of the same gender as themselves. One person told us their care worker had changed and that would have liked to have a particular gender of care worker supporting them. The registered manager confirmed this was being arranged as soon as the care worker became available.

A relative described how previously any new care workers would be introduced to their family member, but they were not sure if this occurred in more recent times. The relative described this as a "nice touch" when this had previously taken place. They went on to tell us overall they were happy with the care workers.

The registered manager told us about the importance of involving families in helping to make decisions about care and informing them of changes. Often the registered manager and care workers relied on the relatives to keep them up to date with any health or medicine changes to ensure they continued to care for people appropriately. They were aware that having positive good working relationships with relatives or any next of kin enabled the support they provided to be safe and correct if they had all the information about the person's needs.

We asked people if they had the same care worker or if they regularly changed. People and their relatives confirmed they mainly had a regular care worker. One relative said they had two care workers visiting their family member and that one was regular but the second care worker might be a different person. Another relative stated "we have the same care workers." One person told us that at weekends the care workers could vary.

Care workers we asked said they mainly supported the same people and comments included, "I work with

the same clients regularly" and "I get a rota each week and usually work with the same service users each week."

People using the service were asked if they felt the care workers supported them in maintaining their independence. People confirmed that they felt they were supported to do things for themselves if they were able to. The care plans we looked at indicated when the person could complete an activity independently and when they needed additional support.

Good

Is the service responsive?

Our findings

We asked people and their relatives if they had met with member of staff from the service prior to receiving support from them. Everyone confirmed they had met with someone, often this was the registered manager or coordinator. They told us the visit was to ask them lots of questions to find out about them. The registered manager would receive a referral, usually from the local authority, describing the care to be provided and the number of visits per day required. The referral might also be from people who paid for their own care. The initial visit to meet and assess the person's needs was to ensure the service could provide the type and level of care required.

Care plans were person specific and took into consideration people's choices and what they were able to do for themselves. They contained information about the person's background, life history, communication needs, routines, personal care needs, health needs and anything specific to the person such as their religion and cultural needs. One the first day of the inspection we found one person's care records were not detailed enough and did not provide sufficient person centred information about their needs. By the second day of the inspection this person's records matched the other people's records that we had viewed and were more informative and personalised.

People and their relatives all confirmed there was a care plan in the person's home. One person stated, "Yes, there is a copy of a care plan in my home." They also confirmed that care workers read this to ensure there were no changes. We asked care workers about care plans and information in people's homes. They all told us copies of care plans were in people's homes and that, "The managers ensure that we read the Service User's care plan" and they confirmed "We read the care plans and risk assessments."

The registered manager gave an example of where they had worked with other professionals to ensure a person's needs were being met. They had identified that a suitable wheel-chair needed to be provided so that the person could be safely taken out into the community. They confirmed this was provided after their requests.

Although there were agreed times for when care workers visited people when this needed to be changed relatives told us the registered manager was accommodating to their requests. They said the service was "flexible when they are able to be" and a second relative also told us that the service responded if they were asked to change the time of a visit.

At the end of each visit the care worker wrote in the daily record the support and tasks carried out. These were returned to the office approximately at the end of each month. People and relatives confirmed that this task was completed by the care workers. One person using the service told us the care workers wrote "in detail" at each of their visits.

Reviews of people's needs took place about every three months. A relative confirmed they had been a part of a review which gave them the chance to ask questions and to chat about the service provided.

The registered manager had encouraged feedback from the people who used the service and their relatives. They were in regular contact with people, either by telephone or via home visits. They had also sent out satisfaction surveys in 2016 to gain views on the service. The registered manager informed us that they were in the process of analysing the results as there were areas they had identified that needed addressing.

The service had a policy and procedure in place for dealing with any concerns or complaints. Details of the service's complaints processes were provided to the people who used the service. People and their relatives told us they understood how to report any concerns or complaints about the service. They told us, "I haven't had to make a complaint but if I did the manager would deal with it 100%," "Never had a complaint, if concerned the manager would sort it out" and "I know if there is an issue, X (the registered manager) will deal with it effectively."

The provider kept a record of complaints and how these had been investigated and acted upon. We saw that action had been taken to resolve concerns.

Requires Improvement

Is the service well-led?

Our findings

The registered manager confirmed they recognised that there needed to be more evidence that different aspects of the service were being checked and monitored. We saw there were some audits in place, but there were gaps in effectively checking the various areas of the service. For example, we were informed that the daily records that were returned to the office were looked through but we saw no evidence of this and therefore no indication if any action had needed to be taken if there were any problems with the information recorded. We had found some discrepancies within these records such as not always being correct with whether care workers had prompted or administered medicines to people. One daily record had talked about "assisted with change into dry nappy" which was not appropriate language to use and sometimes what people had been given to eat was not always recorded.

Until the second day of the inspection, there was no written record or system of monitoring and responding to late calls. We saw that a form had been developed during the inspection and we were told that this would be used until the new system was all set up which would help the registered manager and coordinator check on late calls.

Another area that had not been checked or acted on was practical moving and handling training. We had identified that several care workers had either not completed any practical training or care workers were due their annual refresher training on this subject. This was booked shortly after the inspection but we saw no evidence that this had been deemed a potential issue.

Medicine audits that were in place were due to be carried out each month. However, this had not always occurred. One medicine audit had not been effective in noting that two doses of a medicine had not been recorded.

Furthermore some communication, usually via the telephone, with people using the service, relatives and professionals had not always been recorded. This could make it hard to know exactly what had been discussed and if any action had been agreed to be taken. We saw a sample of text messages between the registered manager and a relative which showed that communication took place but there needed to be clearer evidence of when regular contact was made with everyone who had contact with the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there were some monitoring systems in place. Approximately each month people's care records were checked to ensure the registered manager had current information about the person. This might involve a telephone call to the person, their relative and to the care worker or a home visit to the person. We saw where care workers had one to one meetings with the registered manager if there had been issues so that they could respond to any problems. We saw evidence of where a care worker's performance had been discussed in a meeting showing the registered manager sought to make improvements with the care worker's performance. We also found the registered manager and coordinator were quick to address many

of the areas that we had identified during the inspection that needed to be improved.

There was a registered manager (who was the provider) in post. Feedback we received about them was complimentary. The views from people using the service and relatives were that they were responsive and approachable if there were any problems. Comments included, the registered manager was "professional, pleasant, courteous and always helpful," they were "polite and respectful" and the registered manager "always phones me back quickly". A relative told us "I would recommend this agency."

Care workers also spoke highly of the registered manager and their feedback included, "I can reach the manager anytime," "The management team are very accessible and helpful," "The manager tries to be helpful to everyone" and "The manager is fair and wants everything to be done properly."

The registered manager was a registered nurse and had experience in working in the care profession. They had a management qualification and told us they had attended a forum where providers met each other and received updates from organisations such as Skills for Care. This was a social care organisation that provided advice and guidance to care providers.

We saw evidence that meetings took place both with the staff working in the office and with care workers. We saw the minutes from a meeting held shortly before the inspection. This meeting had discussed safeguarding adults. The registered manager confirmed that different topics would be talked about to ensure care workers received up to date information about providing good care. For those care workers not able to attend the meetings, they were sent the minutes. Much of the communication was done via the telephone and the group application which enabled information to be shared quickly. Care workers confirmed that there was regular communication between them and the office. Comments included, "We usually communicate through phones or have a meeting and "There is always good communication between the staff and agency. The manager is a good listener and is reliable."

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 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to ensure compliance. Systems and processes had not enabled the registered person to assess, monitor and improve the quality and safety of the services provided. 17(1)(2)(a)