Fisher Healthcare East Anglia 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?	Requires Improvement
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:

Fisher Healthcare East Anglia Ltd is a domiciliary care service based in Norwich, providing care in Norwich and the surrounding areas, primarily to older people.
At the time of the inspection, the service was providing personal care to 38 people living in their own homes and there were 28 staff.
Fisher Healthcare East Anglia Ltd is a new franchise of Fisher Healthcare Ltd and took over the service provision from Fisher Healthcare Ltd in January 2018.
Fisher Healthcare East Anglia Ltd had also established a second branch in Suffolk to provide a similar service which had yet to be registered with the Care Quality Commission. They agreed to also apply to register this location and its manager by the end of March 2019. This separate location was not inspected as part of this inspection; but will be inspected once appropriately registered.

People's experience of using this service:

Fisher Healthcare East Anglia Ltd had recently experienced a period of instability related to difficulties with poor performance of its management team. The provider had resolved this through major changes to the management team which occurred three months prior this inspection. The new management team has since been working to make improvements.
All the stakeholders involved, including people using the service, staff and commissioner had faith in the new management's open approach and their ability to return to providing high quality care.
The new management initially needed to prioritise ensuring delivery of care and stabilising the staff team; alongside this work they then reduced its service provision through appropriately serving notice to unsustainable packages of care. Whilst they had ensured they met all their commitments to provide care in this period, the management team acknowledged prioritising provision of care meant they had neglected other aspects of governance.
People usually received their medicines when they needed them. However, medicines administration records were not always completed fully and the management were significantly behind with auditing the medicines administrations records, so could not be sure safe practice was being maintained.
Care reviews were not always being completed with appropriate frequency to identify potential changes in needs and desired outcomes.
Risks to people's individual safety had usually, but not consistently, been assessed. However, staff acted to reduce risk wherever possible and were knowledgeable about how to support people to remain safe from abuse or harm.
People received support to maintain their health when needed and the care they received enhanced their wellbeing.
Care plans were appropriately person-centred and care practice reflected good knowledge and understanding of people's needs.
Feedback from people using the service was positive, both about the quality of the care provided and the

new management team.
The provider operated safe recruitment practices and now had sufficient staff to ensure people received the care they needed. Staff were suitably trained and skilled to provide safe and effective care that met people's needs and preferences.
Rating at last inspection:
Fisher Healthcare East Anglia Ltd was a new legal entity and as such had not previously been inspected or given a rating.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people received safe, compassionate, high quality care.
Future inspections will be carried out to enable us to have an overview of the service; we will use this inspection and information we receive to inform future inspection timescales.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always effective Details are in our Effective findings below.	**Requires Improvement**
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**

Fisher Healthcare East Anglia Ltd

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:
This inspection was completed by two adult social care inspectors and an expert by experience who had experience in physical and sensory impairments. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Fisher Healthcare East Anglia is a domiciliary care agency. It provides personal care to people living in their own homes. The service should have 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. However, whilst the service had a manager in place, the service had not registered a manager with CQC since November 2018.

Notice of inspection:
This inspection was unannounced; this meant that the staff and provider did not know we were visiting on the first day of the inspection. The inspection was carried out on the 5, 6 and 10 March 2019.

What we did:
Prior to the inspection:
The provider did not complete the required Provider Information Return. This is information providers must send us to give us key information about the service, what they do well and improvements they plan to

make. We took this into account in making our judgements in this report. The absence of this information was reported to be related to the unexpected changes in management that the provider had experienced.
We reviewed notifications and any other information we had received since they registered as a provider. A notification is information about important events which the service is required to send us by law.
We gained feedback from health and social care professionals who had worked with the service.

During the inspection:
We spoke to seven people using service and three relatives; We also visited one person receiving care and their family member.
We spoke to the manager, the nominated individual, the owner and four members of care staff.
We reviewed four people's care records.
We reviewed five staff member's employment files.
We reviewed records relating to the management of the service including: accidents, incidents and complaints; audits and quality assurance reports; policies and procedures; training and supervision records of care workers.

Requires Improvement

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 may or may not have been met.

Assessing risk, safety monitoring and management

- The provider acknowledged that due to recent instability in the management team they were not up to date with their reviews. They advised they had now recruited sufficient office staff and had a schedule planned to ensure reviews would return to being completed every six months.
- We found that evident risks were not always thoroughly assessed and appropriately recorded. For example, one person who was at risk of developing pressure ulcers, did not have an appropriate skin care risk assessment or care plan. However, we found staff were aware of these risks and were managing them on a day to day basis, utilising appropriately prescribed creams and referring to the community nursing team or GP when appropriate.
- In another case, a person had an unstable medical condition that required close monitoring, but the care plans and risk assessments did not give clear guidance to staff. However, care staff were able to explain how they managed the condition and the daily care logs showed appropriate actions were being taken when required, either providing appropriate support or seeking medical guidance when appropriate.
- Moving and handling risk assessments were not always completed appropriately. For example, risks relating to use of a stair-lift were found detailed in the environmental risk assessment and not within the moving and handling risk assessment.

Using medicines safely

- We found that the medicines management systems were not always well organised and we could not be assured that people were always receiving their medicines when they should. We found gaps in medicines administration recording charts (MAR). MAR charts we viewed had not been audited and so it was unknown if these were recording errors or represented administration errors.
- Medicines administration risk assessments were not always up-to- date, for example in one case care staff had been administering medicines on behalf of a person for several months as their family member was no long capable of doing so. The MAR charts were in place, but the care plans and risk assessments did not reflect this change.
- The provider had not systematically collated and audited the MAR. We found all of the MAR we looked at had not been audited for at least three months. This meant the provider could not ensure that mistakes were being identified and addressed in a timely and safe way.
- There were no separate protocols for 'as required' (PRN) medicines. PRN protocols are needed to ensure staff have clear guidance on when to support people with their medicines that were prescribed to be administered when required. The provider assured us that they would put protocols in place quickly.
- The provider appropriately used topical MAR and body maps.

•□Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was tested following the training and they had annual refresher training in medicines administration. The provider advised that further competency checks were planned to be incorporated as part of regular supervision of staff.

The above findings meant the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Safe care and treatment.

Staffing and recruitment
•□The current management advised that previously packages of care were taken on that were not sustainable, due primarily to their wide range of locations and staff retention difficulties. The provider had addressed this and had given appropriate notice to those packages of care it could not sustain safely. The local authority advised us the provider had managed this safely, avoiding missed visits. The provider acknowledged this had been difficult to achieve and had required the office staff (whom were suitably trained for care) to prioritise care-giving to the detriment of managerial tasks such as auditing and reviews which were now significantly behind schedule.
•□The provider had recently improved the staff numbers with an active program of recruitment including attending local jobs fairs, using an external recruitment agency and re-employing staff who had chosen to leave under the previous manager. This alongside the reduction in packages of care had ensured the service now had sufficient care staff and office staff were not now routinely used to provide care. They had also recruited additional office staff to ensure managerial tasks would be completed in a timely way in future.
•□People told us they usually had the same care staff visit. One person said, "I usually have the same carers and I like that."
•□People also said that the care staff usually arrived on time and if staff were running late they would get a telephone call. No-one reported missed visits but some reported visit times available were not ideal and that they were not always informed who was coming to assist them.
•□The provider operated a comprehensive recruitment process to ensure that staff were of appropriate good character to provide care in people's own homes.
•□Measures designed to promote retention of staff, such as carer of the month awards, had just been re-introduced to support greater consistency of care staff for people using the service.

Systems and processes to safeguard people from the risk of abuse
•□People using the service told us they felt safe with the care provided. One person said, "I have four different carers, they are all very respectful and they certainly know what they are doing. I am very happy with what they do for me."
•□Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training based upon these.
•□Staff demonstrated a good awareness of the types of abuse possible, safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them.

Preventing and controlling infection
•□Staff were able to explain safe practice in relation to maximising infection prevention and control.
•□Staff were provided with suitable personal protective equipment such as gloves and aprons; we observed staff changed gloves between care tasks.

Learning lessons when things go wrong
•□Staff told us that, after a difficult period under the interim management, the new management were proactive in dealing with concerns. Staff received messages to update them of changes.

• The provider used an electronic database to record concerns and their outcome. They did not have a systematic recording process for analysing incidents, outcomes and themes, nor lessons learnt for future practice. However, they had recently recommenced staff meetings and agreed this was something they could implement quickly to ensure any lessons learnt were incorporated across the service.

Requires Improvement

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The service was person centred and assessed people's needs and individual preferences to enable them to achieve their desired outcomes.
- The provider had clearly had difficulties being effective in the preceding six months. During this time visits were not always at preferred times and consistency of staffing was unreliable. However, the current management had addressed this. They were now providing effective care, rebuilding a more sustainable and effective service provision. The local authority confirmed to us that the service had improved under the new management.
- People told us the care was effective. One person said, "Nothing is a trouble to them and they always ask me if I am okay and need anything else before they go."

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. People were usually supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- The assessments and systems in the service did not always support best practice. Mental capacity assessments had not always been carried out where there was evidence of fluctuating or impaired mental capacity. These should be available to guide staff as to which decisions people were likely to be able to make and how decisions should be made were they unable to do so themselves.
- The provider had not always recorded with sufficient detail where another person had legal responsibility to make decisions on behalf of the person receiving care, when they lacked capacity to make particular decisions. For example, the provider noted a relative had lasting power of attorney but not whether this was for health and welfare decisions, financial decisions or both. The provider agreed they would review their mental capacity recording to ensure it was more detailed.
- People told us they were involved in decision-making and asked for consent before care was given. One person said, "Before I started having care they came from the office and we did my care plan and I signed it to say it was okay."
- Staff had a good understanding of the MCA and could describe how to support people to make decisions. One staff member said, "I always try to help them make their choice. If it's a big decision, they might need

some guidance. I look to see if they understand the decision and make sure they understand what you are doing."

Staff support: induction, training, skills and experience.
•□People using the service felt staff were well trained and suitably informed of the care required. One said, "We sometimes get sent carers we don't know, but the [staff] seem to know what they are doing, and they always come in with a smile on their faces."
•□The induction and training was comprehensive. One staff member told us, "The training was very thorough."
•□The induction was based on completing 'The Care Certificate', an industry recognised national training programme for staff starting work in health and social care.
•□Staff received annual refresher training in core skills and were supported to complete national vocational qualifications where appropriate.

Supporting people to eat and drink enough to maintain a balanced diet
•□People told us that they were supported to eat and drink appropriately and were offered choice. One person told us, "I get help with my meals and I always get what I want to eat, the carers will do me anything, nothing is a trouble."
•□The provider advised they had not assessed anyone as being nutritionally at risk at the time of the inspection, but were they to do so they would use food and fluid charts as appropriate. Records showed that when a person had declined to eat for two days the provider contacted both health and social care professionals to arrange urgent reviews to ensure appropriate treatment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•□Care records showed that staff were identifying and acting on health concerns appropriately. For example, a person's mobility had deteriorated and required an increase to the level of care required. The provider arranged for an occupational therapist to assess for suitable aids to try to maximise the person's independence and ability. They then referred to social services for the additional support that was required for some of the person's care visits.
•□People told us that staff supported them with managing their health when required. One person told us, "They often call the doctor or chemist if they find a rash or something amiss with medicines. Sometimes I get sore or a rash but I can't feel it. They put cream on it."
•□Records showed us that the provider took pro-active action to support people's health. For example, one person had a variable physical health condition which could cause intermittent confusion. Records showed they used medically advised methods to try to stabilise the condition or where necessary contacted the GP or emergency services if the condition did not respond to initial support or was more seriously impaired.

Good

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; respecting equality and diversity

- People all told us they were treated with kindness and respect. One person said, "I am treated with the utmost respect at all times by all of the staff. I have never had any one come who I haven't liked." Another said "They treat you as though you are number one. They are excellent. Can't fault them." Similarly, another person said, "I don't get the same carers all the time, but I know them all. They're like family now."

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

- The care plans included the person's own assessment of their needs detailing their background and pleasures; with a summary of their health concerns and the impact on their ability in their own words.
- We observed care staff asking what a person wanted help with in a kind and supportive way. The care staff knew the person well and their conversation during the visit was friendly and clearly valued by the person and their family member.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "When the [staff] are helping me, they all make sure that when they are washing me, the bits that they are not washing are kept covered to preserve my dignity."
- We observed that care staff ensured curtains and doors were closed when providing personal care.
- Another person noted the care staff supported maintaining their independence, "I can manage quite well to get washed but my carers always knock on the door to the bathroom if they need to come in."
- We saw records that showed referrals were made where appropriate to promote people's independence such as occupational and physio therapists.

Good

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

- People told us that they were involved in their care planning and this was reflected in the inclusion of the person's views of their own needs and wishes, written in their own words. This gave the background of their life-story and pleasures alongside their health summary and its impact on their ability.
- People told us they felt the responsiveness of the service had improved with the recent change in management. One relative said, "Both [family member] and I have very good rapport with the staff. I can always get through to the manager if I have a query and [they] really listen to what I have to say."
- People told us that they had not always been provided with a rota in advance and were not always informed when care staff were running late. The provider advised they had recently started sending out rotas by email or call people to advise of their rota. They were also planning on introducing an electronic call monitoring system in the next few months to enable live monitoring of visit times and better quality control checks.
- We found that people's preferences were respected such their choices relating to care staff.. One person said, "With the company I used before this one I had young carers and it didn't really work for me, so I asked for more mature [staff] and, up to now, I have had just that."
- Care staff we spoke with were knowledgeable about people's individual preferences and how they preferred to be cared for. One staff member told us, "I get the same people every day. You get to know their moods, you pick up on changes and what's bothering them. We get time to talk, I always make time to talk."

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. One person said, "Yes I do know how to complain, all the stuff I need is in the front of my folder." Another person commented, "Never had cause to complain but I'd speak to my carers if so."
- The provider showed that they recorded and responded to complaints appropriately. One person told us, "If I have a problem I ring [the manager], and [they do their] best to sort it."

End of life care and support

- The provider advised that they were not currently providing any end of life care, but they were planning to introduce training in end of life care to enable them to do so.

Requires Improvement

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: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider explained that in November 2018 they found that the service had not been effectively managed. With the support of the franchise owner, the provider therefore had made positive changes in the management team and office staff.
- The new manager and nominated individual were open about the challenges they had faced, primarily an unsustainable increase in care packages had been taken on without sufficient resources or appropriate planning. They described their initial priority was ensuring people were safe and received the care they required whilst they worked to resolve the issues. This meant that for the last three months, the management team had been heavily involved in direct provision of care, whilst appropriate notice to cease unsustainable packages of care was given to their commissioners. They acknowledged that, whilst this focus on care provision had avoid any missed visits or significant impact to people using the service, it had had detrimental effects on other managerial duties.
- Care reviews and quality control audits were disorganised and significantly behind schedule. For example, medicines administration and daily logs had not been systematically audited for over three months.
- Staff had not been consistently provided with regular supervision (planned for a minimum of three times annually). The provider could not demonstrate systematic spot checks on staff competencies such as medicines administration or infection control practices although senior care staff advised us they completed random checks on records in people's homes.
- The manager was aware they had not completed all regulatory notifications required such as registering the new manager and completing the provider information return (PIR) to CQC. The provider agreed during this inspection to immediately make appropriate applications to CQC to register their new manager and nominated individual.
- The manager acknowledged the shortfalls in management oversight of the service and advised that, now that they had established a sustainable level of care packages and stabilised the staff team, the next phase of work planned would address these governance issues.

These findings meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility.
• The staff, people using the service and commissioners all reported the new management was a positive change. People using the service said they were happy to call the office and that the office staff were accessible and responsive. One person told us, "Things are definitely better since [the new manager] took over." A staff member commented on the new management saying, "They're friendly and approachable. They literally couldn't have helped me enough." Another said, "The office staff are understanding and there to help you."
• The provider had not directly advised those people whose packages of care they could not sustain, they would be giving notice to cancel their contract to the commissioners. However, the provider had been open with commissioners about the difficulties they faced and had successfully ensured provision of care during the notice periods.
• The new management team had a strong commitment to providing person-centred care and support and this commitment was echoed by the staff who advised they felt the priorities of the provider had returned to being focused on the people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The new management team had held a staff meeting to discuss the recent changes and challenges faced by the service which staff felt was constructive. Staff reported they felt able to make suggestions and voice any concerns with the new management. One staff member commented, "Staff morale is a lot better. I would recommend working here now, I was thinking about leaving before Christmas due to [the previous management]. Any problems are now being sorted out and not being swept aside and left."
• The provider sent out quarterly feedback surveys to people using the service which could be sent back anonymously or personalised. The manager reviewed and responded to these forms individually, checking for themes that might need addressing. Most of the people we spoke with said they would recommend the service to others; with one person commenting, "Oh yes, I can't knock it. They're excellent."

Continuous learning and improving care
• The provider was aware of the challenges they faced to redress failures of the previous management and was working to develop a clear action plan.
• The provider had plans to introduce an electronic database system. This would enable live monitoring of visit times and issues arising for people using the service and facilitate better quality control monitoring.

Working in partnership with others
• The provider demonstrated a commitment to working in partnership with the commissioners when they coordinated safe completion of the notice period for unsustainable packages of care.
• The records showed close working relationships with allied health and social care professionals which promoted the well-being of people using the service and good practice.

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 Regulation 12 Safe care and treatment. HSCA 2008 (Regulated Activities) 2014. People who used the service were not always holistically assessed and reviews were not completed when appropriate to ensure risks relating to their health, safety and welfare were monitored and suitably mitigated for. Regulation 12 (2) (a) Medicines administration records were incomplete, and the provider was not auditing the medicines administration records to ensure mistakes were identified and dealt with in a safe and timely manner. Regulation 12 (2) (g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 Good Governance. HSCA 2008 (Regulated Activities) 2014. Systems and processes had not been operated effectively to ensure compliance with the regulations. Systems to assess, monitor and improve the quality and safety of the services provided and to mitigate risks relating to the health, safety and welfare of service users and others were not always robust. Accurate, complete and contemporaneous records had not been kept in respect of each service user in the carrying on of the regulated activity.

Regulation 17 (1) and (2) (a), (b), (c).