

Fern Care Services Limited

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Inspection report

7th Floor, 708 Wigham House
16-30 Wakering Road
Barking
Essex
IG11 8QN

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection of Fern Care Services Limited on 19 February 2018. Fern Care Services Limited is registered to provide personal care to people in their own homes.

The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service provided personal care to 35 people in their homes.

At our last inspection on 24 July 2014 the service was rated 'Good'. During this inspection, we found breaches of health and social care regulations that may put people at risk of harm. Therefore, the service has been rated as Requires Improvement.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Risks were not always robustly managed. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks. This placed people at risk of not being supported in a safe way at all times.

People and relatives told us that medicines were given on time. However, there were discrepancies in people's medicine records that had not been investigated and records did not detail the medicines dosage and frequency.

Staff had not received training on the Mental Capacity Act 2005 (MCA). Some staff did not know the principles of the MCA. Assessments had been carried out on people's mental capacity, which found people had capacity to make decisions.

Staff had not received specialist training, such as on PEG feeds and catheter care, which they required to do their jobs effectively.

Care plans were inconsistent. Some care plans did not include the support people would require in relation to their current circumstances. Pre-assessments forms had not been completed in full to assess people's needs and their background.

Effective quality assurance systems were not in place. The registered manager carried out visual audits, which had not identified the shortfalls we found during the inspection, to ensure people were kept safe at all times.

Accurate and complete records had not been kept to ensure people received high quality care and support.

Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and externally.

Pre-employment checks had been carried out to ensure staff were suitable to provide care and support to people safely.

There were arrangements in place to ensure staff attended care visits. Staff told us they had time to provide person centred care and the service had enough staff to support people.

People were being cared for by staff who felt supported by the management team.

People had access to healthcare if needed.

People's privacy and dignity were respected by staff. People and relatives told us that staff were caring and they had a good relationship with them.

Complaints and concerns were investigated but had not been responded to in a timely manner. We made a recommendation that response to complaints are sent in a timely manner. Staff were aware of how to manage complaints. People and relatives knew who to raise complaints and concerns to.

Staff, relatives and people were positive about the management. People's feedback was sought from telephone and surveys.

We identified two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to risk assessments, medicines and good governance. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks assessments had not been completed for people with identified risks. This is to ensure people were kept safe at all times.

Medicines were not being managed safely.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

There were appropriate staffing arrangements to ensure staff attended care visits.

Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Appropriate infection control arrangements were in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received essential training needed to care for people effectively.

Not all staff were aware of the Mental Capacity Act 2005 (MCA). Staff sought people's consent before carrying out tasks.

People's needs and choices were not being assessed effectively to achieve effective outcomes. Pre-assessment forms did not include people's care and support needs.

Staff were supported to carry out their roles.

People had access to healthcare services when required.

Is the service caring?

Good ●

The service was caring.

Staff had positive relationships with people.

People told us that they were involved in decision making.

People's privacy and dignity was respected.

Is the service responsive?

The service was not always responsive.

Some care plans were inconsistent and did not include up to date information.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints and people were confident with raising concerns if required. Complaints had not been responded to in a timely manner and we made a recommendation about this.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The systems in place to monitor and improve the quality of service provided were not robust. Shortfalls in the service were not always identified by the management team. Therefore necessary action was not always taken to rectify them.

Accurate and complete records had not been kept.

Staff, people and relatives were positive about the management. Regular staff meetings were held.

People's feedback about the service was obtained from telephone calls and surveys.

Requires Improvement ●

Fern Care Services Limited

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out on 19 February 2018 and was announced. We announced our inspection because we wanted to be certain that someone would be available to support us. The inspection was undertaken by one inspector and a specialist advisor in medicines.

Before the inspection we reviewed relevant information that we had about the provider. We also received a provider information return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority.

During the inspection, we spoke with the registered manager, deputy manager, care coordinator and two staff.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 12 people's care plans, which included risk assessments and five staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and supervision records.

After the inspection, we spoke to six people who used the service, three relatives and three staff.

Is the service safe?

Our findings

During our inspection, we found risk assessments had not been completed for people with identified risks. For example, records showed that one person had weakened muscles in their arm and leg area. A risk assessment had not been developed on how to support the person safely. Therefore, there was a risk that staff may not know what parts of the person's body to be aware of when supporting the person to ensure they were not in pain.

Records showed that some people had specific health conditions such as diabetes, Chronic Obstructive Pulmonary Disease and a history of strokes and seizures. Risk assessments had not been completed in these areas. There was no information regarding what action staff should take if people had a seizure, found it difficult to breathe or how to prevent hyperglycaemia (high blood sugar levels) or hypoglycaemia (low blood sugar levels).

Risk assessments had not been completed for some people, who the service supported with medicines to ensure they received their medicines safely. For one person, records showed that some medicines were to be left out for a family member, who would administer their medicine. However, a risk assessment had not been completed to ensure the person was provided the medicine at the correct times by the family member. Some people were supported with Warfarin medicine, which thins the blood in order to treat blood clots. Warfarin could increase the risk of severe bleeding, headaches, joint pain and swelling. However, risk assessments had not been completed on what staff should do to minimise these risks.

For one person, records showed that they were at low risk of falls. However, daily records written by staff, showed that the person had fallen twice in January 2018. Their risk assessment had not been reviewed to check the risk levels and if further control measures were needed.

The above concerns meant that risk assessments were not completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. Although some staff were aware of people's conditions, any unfamiliar, new or agency staff would not have this information. This placed people at risk of not being supported in a safe way at all times.

The service supported people requiring help with taking their medicines in their own home. We checked seven people's medicines and Medicine Administration Records (MAR). Guidance on the level of care and support to be provided to people that needed support with medicines, including administration of medicines, had not been documented in people's care plan. We also looked at, care plans, quality assurance records, a medicines policy and training records in relations to medicines management.

The provider's medicines policy did not provide detailed information for staff on medicines administration or effective record keeping and there was no policy on medicine audits. People's medicines records did not list people's full names, the strength of the medicines, the dosage and the frequency. The registered manager told us the prescriber's instructions were kept in people's home and medicines were administered against this and recorded on the medicines record. This was confirmed by staff.

Medicine administration times were observed to be set to care visits for one person and not necessarily those that the prescriber had indicated. One person's care plan documented that certain medicines were to be given at the last dose of the day, which was at 'Night'. One of the medicines was administered to treat insomnia. However, the person's medicines records indicated that medicines were to be administered at the last call of the day, at 6.00pm. The registered manager could not provide any evidence that the change of dosage time had been agreed with the prescribing doctor or supplying pharmacy and that the medicines could be fitted into the call times. The provider's medicines booklet required that the medicine and dosage was recorded. However, we found this had not been completed in full on the MAR.

People and relatives told us that they were given their medicines on time. One person told us, "Yes, the carers give me my medication on time in the morning and a few in the evening." Another person told us, "Yes, they do the medication on time and know what has to be given." A third person told us, "Yes, they make sure I take my tablets at 8.45 am." We found a number of discrepancies on people's MAR sheets. There were no records that showed that these gaps had been investigated to ascertain if the medicines were administered or if this was a recording issue. For one person, records showed a medicine commonly used to treat heart disease had been recorded as being administered twice, although the instructions detailed that it should be given once in the morning. The medicine audits carried out by the registered manager had not identified these shortfalls. Specifically, we found one medicine was administered three times a day by staff. However, there had been times when this was administered twice a day. The registered manager told us the person's family member administered as well and this was not recorded. These gaps had not been investigated and a process was not in place to allow the family member to record medicine administration to ensure the person received all their medicines on time.

Records showed that PRN medicines, which are to be given when needed had been administered for one person. This was recorded on the daily log book. However, the reason why it was given or the effect it had on the person, had not been noted on their records. This may impact on the person's health as staff may not be able to ascertain how many PRN tablets had been administered, the reason for administration and the positive or negative effect it had on them after administration.

Some people required complex medicine administration procedures, for example via a percutaneous endoscopic gastrostomy (PEG) tube. PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, as a means of feeding or medicine administration. We found that staff who supported people with medicines via a PEG tube had not received additional training for this.

The above issues meant that the service was failing to take proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe, as the service had failed to provide the proper and safe management of medicines.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People and relatives told us that people were safe. One person told us, "Yes, I feel safe with the staff they are just friendly and do what they have to do." Another person commented, "Yes, I am safe and I am very pleased with the carers." A third person said, "Yes, I am happy and I feel safe." A relative told us, "Yes, we feel safe."

Staff were aware of their responsibilities in relation to safeguarding people. A staff member told us, "It is the safety of your client and yourself. Abuse is when someone is harmed in many ways like through violence. If

this happens, I will let the office know and if nothing happens then I will go to social services or the police, if I need to." Staff were able to explain what abuse is and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. There was a safeguarding and whistleblowing policy available.

Pre-employment checks had been carried out to ensure staff that were recruited were suitable to provide care and support to people safely. We checked five staff records. Relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out as part of the recruitment process.

Staffing levels were appropriate. Staff told us that they were not rushed in their duties and had time to provide person centred care and support to people when needed. This was confirmed by people. A person told us, "If I am not ready they do not rush me. They are very patient and encourage me to relax. They spend time with me and are very reassuring." A staff member told us, "We can go to calls on time. There is always time given to travel." People and relatives had no concerns with staff attendance and time keeping. A relative told us, "Their timekeeping is very good. No, they have always turned up, they are reliable." Another relative told us, "Their time keeping is totally fine." A person told us, "Her [staff] timing is good and she comes for one hour." Another person told us, "If my regular carer can't make it, [family member] will tell them at the office and they will get somebody else."

The deputy manager told us that staff were always on standby should staff could not attend appointments. This meant that missed visits were minimised. Staff had to complete time sheets when attending appointments. The management team then reviewed the timesheets to monitor staff attendance and time keeping. Staff had a schedule of appointments and any changes were communicated to staff in advance. Appointments were scheduled in accordance with geographic areas, which would minimise time to travel in-between appointments. Staff told us and rotas confirmed that staff were given time to travel in between appointments.

We found that there were no recorded incidents or accidents since the last inspection. The registered manager told us that there had been no incidents or accidents since people started using the service. People, relatives and staff confirmed this. The registered manager and staff were aware on what to do if accidents or incidents occurred. There was a form in place that could be used to record them. In addition, the registered manager told us that if incidents or accidents were to occur, then this would be analysed and used to learn from lessons to ensure the risk of re-occurrence was minimised.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. We asked staff on how they minimised the risk of infection and cross contamination. They told us they were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. A staff member told us, "The office provides us with uniforms, masks, aprons, gloves and shoe covers for when we go into people's homes." Staff told us they disposed of PPE in a separate bag when completing personal care. They also washed their hands thoroughly. We observed that PPE were kept in the office and staff collected PPE when needed.

Is the service effective?

Our findings

During our last inspection on 24 July 2014, the service was in breach of regulations as we found staff appraisals had not been carried out. During this inspection, records showed that staff had received an appraisal and had received supervision in November 2017. Supervision included discussions on staff performance, team work and any training needs. However, prior to this, the last time most staff received supervision was in 2016. The provider's supervision policy stated that staff should receive supervision every three months. The registered manager told us after a discussion with the staff team, the frequency of this would be changed to two supervisions a year and an appraisal and the policy would be updated to reflect this. Staff told us that they were supported in their role. A staff member told us, "They [management] are all helpful." Another staff member told us, "Before we use to have online training but I felt I could learn more from classroom training and I raised this on my appraisal and they listened to me, so I would be doing classroom training now."

Observations of staff supporting people had been carried out and this had been recorded. This also involved speaking to people for their feedback. This was then communicated to staff and formed part of their supervision. A person told us, "Two weeks ago the manager visited to ask how I am and if everything was all right, if I am satisfied." A relative told us, "Yes, they come and visit [person] at the house and they check all the health and safety." This meant that the service was able to identify what areas staff were doing well in and identify if further development was required to ensure people received effective care and support.

People told us staff were skilled, knowledgeable and able to provide care and support. One person told us, "Yes, the carers are professional. What they do, they do it properly. I have never been let down." Another person told us, "All of them are well trained. The carers do know me, and what my needs are." A third person told us, "Yes, they are good at their jobs, well trained and informed." A relative told us, "Yes, the carers are professional they are from an agency and they all have had training."

Staff told us they got regular training and this helped them to perform their roles effectively. A staff member told us, "Training is helpful." Records showed that staff had received an induction. The induction involved looking at care plans and shadowing experienced members of staff. Records showed that staff received introductory training that was required for them to perform their roles effectively and in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life. The training included, infection control, food hygiene, moving and handling and health and safety. There was a training matrix in place, which meant the provider was able to track which staff had completed training and when a refresher was due. Records showed that when staff training was due, the registered manager sent letters reminding staff to complete their training.

Records showed that the service provided specialist care for people that required feeding through PEGs and also supported people with catheter care. However, specialist training had not been provided to staff in supporting people in these areas. The registered manager told us that a health professional had given specialist training to staff. However, records had not been kept of this. Staff had also not received training in the Mental Capacity Act 2005 (MCA). After the inspection, the deputy manager sent us an action plan stating

that training in these areas would be booked for staff as soon as possible.

Pre assessments had been completed prior to people receiving support and care from the service. Records showed that information was obtained on people's health conditions and support needs for three people, prior to delivering support and care. This was obtained from professionals and through meeting with people and their relatives. However, for two people this information had not been obtained. The service relied on the referral form from the placing authority to obtain this information and there were no records that this had been discussed with people also. This meant that staff may not know if people's needs had changed since the referral from the placing authority and therefore would be unable to deliver a personalised service.

The service assessed people's needs and choices through regular reviews. Records showed that at the time of our inspection, there were no changes to people's needs. The registered manager told us if there were any changes, the care plans would be updated and these changes would be communicated to staff. However, records showed a person had a history of seizures and the registered manager told us that the person had not had any seizures whilst being supported by the service. However, hand written care notes dated 10 January 2018 stated; "the person had a seizure yesterday." This had not been reviewed and the care plan had not been updated to reflect this. This meant that people's needs and choices were not being assessed to achieve effective outcomes. The deputy manager told us that he would be introducing an audit mechanism to review the information and care plans, which would enable the service to ensure information within care plans were accurate and updated when required.

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.

The provider and most staff were able to tell us the principles of the MCA and the best interest decision process and how this should be applied for people living in their homes. However, two staff we spoke with did not know the principles of the MCA. Care plans provided information about people's memory and recorded whether people might struggle to make decisions and this assessment was carried out by the management team. When people were unable to make a decision, records showed that they should be supported or prompted to be able to do so. A staff member told us, "If a person does not have ability to make a decision, then we would contact people close to them and make a decision on their best interest."

Staff we spoke with told us that they always requested consent before doing anything. A staff member told us, "Yes, I always ask for their consent before doing anything." People and relatives we spoke with confirmed this. A relative told us, "Yes, they do keep [person] informed, for example they always explain the hoist before they start." Another relative told us, "They are here for three quarters of an hour and they explain what they are doing with her."

Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. People who required assistance at meals times had a care plan for this. Where the service supported people with preparing meals, people, relatives and staff told us that people were always offered choices. A person told us, "Oh yes, they don't just put the food in front of me they will always ask me what I want for breakfast, for lunch and evening meal." A staff member told us, "We tell them what they have in the fridge and they tell us what they want." There was information in people's care plans for staff to check people's refrigerators to see if food had expired and

then dispose of the expired items, if people agreed to this.

Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health, they called for health professional to support the person and support their healthcare needs. One staff member told us, "They may just close their eyes or not talk us much or be very cold. If I thought they were unwell, I would call the GP or let their family members know."

Is the service caring?

Our findings

People and relatives told us that staff were caring. A person told us, "Yes, my carer is friendly like a family member." Another person told us, "They are very pleasant both of them." One relative told us, "Yes, I find that the carers are very good and caring." Another relative told us, "Her [staff] attitude is quite polite and quite efficient."

Staff told us how they built positive relationship with people. A staff member told us, "I go in with a smile. I sit down and talk to them to find out about their lives and their likes, building a relationship with them gradually." People and relatives we spoke with told us that they had a good relationship with staff. A person told us, "Yes, they are caring. We have a good relationship."

The registered manager told us that people were supported by the same staff team for as long as possible to ensure that positive relationships were maintained and people received continuity of care. Staff we spoke to confirmed this. A person told us, "The carer has been with me since 2012. She is very caring and does a very good job. I have no complaints. She came to see me in hospital a few times out of the goodness of her heart." A relative told us, "We have had the same six carers for the past seven years. [Person] has dementia and doesn't like anybody new."

The registered manager told us that reviews were carried out with people. People and relatives confirmed that they were involved in decision making and reviews. There was a section where people could sign to evidence that they agreed with the contents of their care plan. However, records showed care plans had not been signed by people or their family members. We fed this back to the registered manager who told us that during the next review, she would ensure all care plans were signed by people or relatives where possible.

Independence was promoted. Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. A staff member told us, "If you have someone that can do something for themselves, you encourage them to do this rather than doing it for them." A person told us, "They try to encourage me to be independent." Another person told us, "Yes, they help me to be independent because they encourage me to try and to give it a go."

Staff ensured people's privacy and dignity were respected. They told us that when providing particular support or treatment, it was done in private. A staff member told us, "When I give them personal care, you close the curtain and shut the door and make sure no one is nearby." People and relatives confirmed this. A person told us, "Oh yes, they respect my privacy and dignity." A relative told us, "Yes, they definitely respect her privacy and dignity when they shower her." Another relative told us, "Yes, they seem to respect her privacy and dignity."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines

records were stored securely in the office.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People and their relatives we spoke with confirmed that they were treated equally and had no concerns about the way staff approached them.

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "It [care plans] guides us to help people." Most care plans detailed the support people would require, a timetable of care visits and included a description of the service that described the tasks that staff would need to complete during care visits. In one person's care plan, information included, "I may be able to do personal care by myself but need help to wash my back." Care plans also contained people's family contact details and people's personal information. There was a 'What is important to me' and 'Who is important to me' section that detailed people's hobbies, communication and family and support information.

However, there were some inconsistencies in the care plans. Daily records showed that a person was supported with a catheter although there was no plan of care related to catheter care in the person's care plan. The care plan did not mention the person used a catheter. On two care plans, records showed that two people would need a falls prevention plan although they were identified as being at low risk of falls. This was not in place and the registered manager told us a falls prevention plan was not needed due to the low risk. This meant that without up to date information, staff would not be able to provide personalised care to ensure the person was at best of health.

Staff we spoke to were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People and relatives we spoke with told us that staff were responsive and knowledgeable. One relative told us, "I like everything about them. They know what mum likes." A person told us, "Anything I want doing they will do it and don't refuse. They know what they are doing and when to do it. They are professional." Another person told us, "Yes, all of them know everything about me. They go out their way to help me and support me. They are good as gold."

The registered manager told us that they were always responsive and gave us an example where the service went beyond their remit to support a person, even though their funding had stopped. This was confirmed by the relative we spoke to, who told us, "I have found the manager to be very good. Last year we had a problem, [organisation] has stopped the funding but I am very grateful to the manager. She has not reduced the carers hours but the agency have not been paid for the past 4 months as she [manager] also believes mum needs the full support. Everything is good and I don't have any problem with the agency."

There was a complaints policy in place. People and relatives knew how to make complaints. The registered manager and staff were aware of how to manage complaints. A staff member told us, "If there is a complaint, I would record this and let the office know immediately." However, records showed a complaint that had been received; a response had not been sent within the timeline detailed on the provider's complaints policy. The registered manager told us that she was sending a response and showed us evidence to support this. However, contact had not been made with the complainant to ensure that their complaint was still being looked at.

We recommend that complaint received is responded in accordance to the provider's complaints policy and in a timely manner.

Records showed a number of compliments had been received from people and relatives since the last inspection. Comments included, "Thank you so much for the way you and your team have taken care of [person] and myself", "Our care for [person] would have been impossible without the services, which Fern care has provided" and "The staff you have selected for my specific needs have exceeded my expectations." Compliments from professionals included, "[Person] is extremely happy with care provided" and "[Person] said she was very happy with the level of care that you provide. [Person] said she has had no complaints for the seven years that you have been providing her care."

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included how people communicated and how to communicate information. Staff we spoke to did not know what AIS was in full but told us they looked at people's care plans on how to communicate with people and how to make information accessible. A person told us, "Yes, I do feel safe with the staff because they communicate very well." The registered manager told us that staff were specifically recruited based on the languages people spoke to ensure that staff were able to communicate with people effectively. People and relatives confirmed this. A relative told us, "The carer also speaks [language], which is good."

Is the service well-led?

Our findings

The provider had failed to ensure that adequate quality assurance and systems were in place. The registered manager told us that they did visual audits regarding care plans and medicines. However, the findings and the areas that had been covered for the audits had not been recorded. In addition, a copy of prescriber's medicine instructions were not kept in the office for people the service supported with medicines. Therefore as the medicine records did not detail the dosage and frequency; it would be difficult for the service to audit the records against medicine that had been administered. Recording audits are important to make sure that any identified actions could be monitored and if any actions had been implemented, to ensure there was a culture of continuous improvement. In addition, the audits had not identified the shortfalls we found during the inspection, specifically with risk assessments, medicines and training. This meant that quality assurance systems were not robust enough for shortfalls to be identified so that immediate action was taken. This was required to ensure high quality care was being delivered at all times.

During the inspection, the deputy manager showed us a quality assurance template that had been created, which would be used to record findings of audits and allow the service to take prompt action when required.

Records were not always kept up to date. We found that care plan records such as the pre-assessment sheets had not been completed in full and there were some discrepancies within people's care plans. We also found gaps on people's MAR and medicine records did not include the dosage and frequency of medicines. Risk assessments had not been completed in full in order to ensure staff had the relevant information to provide high quality care at all times.

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

After the inspection, the deputy manager sent us an action plan that detailed actions would be taken to ensure quality assurance process were robust and training relevant to staff roles was booked.

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. One staff member told us, "I got a good relationship with the office. Whenever I need help, they are just a phone call away." Another staff member commented, "I have a good relationship with the manager." A third staff member told us, "She is a good manager, otherwise I would not be working here."

Staff told us that they enjoyed working at the service. One staff member told us, "I enjoy working with people." Another staff member commented, "I enjoy working for them. That is why I have been working here for so long. I like the clients and the carers." A third staff member said, "I love my job. I love caring for people. That is what I enjoy."

People and relatives were very positive about the management and the service. One person told us, "The manager, she is very friendly and a good lady. The Fern Care manager comes for coffee and she asks

questions similar to you." Another person commented, "The overall quality of the service is good." A third person told us, "The service is good whatever I say, it gets done. I would recommend it to others and I have done this." A relative told us, "I have met the manager at her office and she has come to our home. She is good to talk to her. I think the quality of the service is very good."

People's and relatives' feedback were sought through telephone and also through surveys. This focused on staff timekeeping, service delivery and satisfaction. Records showed that the last survey was in 2017 and the results of the survey was analysed to identify if actions was required to make improvements to the service. This was generally positive.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff held discussions on staffing, updates on people the service supported, training and work ethics. This meant that staff were able to discuss any ideas or areas of improvements as a team, to ensure people received high quality support and care.

The registered manager told us that in future she was thinking of acquiring new technology so staff would have to electronically log in and out by telephone, which would enable the management team to monitor if staff had attended a care visit and at what time. The system would also alert management if staff had not attended visits, was late, or did not log in. The management team could then contact the staff member and identify if cover was needed to ensure the risk of missed visits were minimised.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1)(2)(a)(b)</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to ensure the safe management of medicines.</p> <p>Regulation 12(1)(2)(g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17 (1)(2)(a)(b)</p> <p>The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1)(2)(c)</p> |

