

Jason Consulting Limited

Fresh Tree Care

Inspection report

Quirk Deakin
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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service

Fresh Tree Care is a domiciliary care agency. At the time of the inspection it was providing personal care to four people living in their own homes.

People's experience of using this service and what we found

Staff were not always safely recruited. Not all relevant checks were completed prior to staff starting work. Following our inspection, the registered manager responded promptly to ensure all documentation was in place. We have made a recommendation about the safe recruitment of staff.

People received their medicines as prescribed. Staff were trained in the administration of medicines but their competency to administer had not always been checked and records were not always fully completed.

People were supported to access healthcare services; however, people's oral health needs had not been assessed by the service. We have made a recommendation about supporting people with their oral health.

Risks to people were assessed and monitored and staff knew how to protect people from the risk of abuse. People's care records were personalised to reflect their individual needs and preferences. People and relatives were involved in making decisions about care

People and relatives spoke highly of the registered manager and told us the staff were kind and caring in their support. People knew how to raise concerns and told us they were confident action would be taken to address their concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt supported by the registered manager and had been offered a range of training relevant to their role. The registered manager asked people, relatives and staff for regular feedback.

The service had started to implement systems to monitor the quality and safety of the service. The registered manager was quick to respond to the concerns we raised and immediately looked at how they could improve their processes to ensure more effective monitoring of the service.

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

Rating at last inspection

This service was registered with us on 15 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection to check the quality of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Fresh Tree Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information about the service and used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care staff. We reviewed a range of records. This included four people's care records and two people's medicines

records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant 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.

Staffing and recruitment

- The service had not always ensured all relevant recruitment checks were completed before staff started work. Staff files did not always contain information about the interview process and there were gaps in the employment history. The service had not always ensured adequate references were received prior to staff beginning their employment.
- Following our feedback, the registered manager responded promptly, reviewing all staff files and sending through confirmation the documentation was now in place.

We recommend the provider ensures they are following current guidance and best practice in the safe recruitment of staff.

Using medicines safely

- People received their medicines as prescribed. Medicines administration charts were in place in people's homes and these were completed by staff when support was given.
- Where the administration of medicines was shared between staff and relatives, this was not always clearly recorded on the chart. This meant there were gaps on the chart where medicines had not been signed for, with no explanation recorded. Following our feedback, the registered manager told us they would ensure this was recorded accurately.
- Staff received medicines training. However, assessments were not always in place to check whether staff were competent to administer medicines following their training. After the inspection, the registered manager completed observations on all staff who administer medicines and sent us confirmation and evidence of the completed assessments.
- Where people were supported with as and when medicines, the service had protocols in place to show staff when to administer these.

Assessing risk, safety monitoring and management

- People told us they felt safe. Risk assessments were in place and detailed how staff should support people in order to keep them safe. The assessments covered a number of areas including mobility, medicines management and environmental hazards.
- Where people's needs had changed, risk assessments had been reviewed to ensure they were still relevant.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding and whistleblowing policies in place for staff to follow.

- Staff received safeguarding training as part of their induction.
- The registered manager was aware of their responsibilities in reporting safeguarding concerns to the local authority.

Preventing and controlling infection

- Staff wore protective clothing such as gloves and aprons when appropriate.

Learning lessons when things go wrong

- There had not been any accidents or incidents since the service opened. The registered manager showed us the systems they had in place to record and monitor accidents and incidents should these happen in the future.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed an induction when starting with the service. Where they were new to care, staff were supported to complete the Care Certificate [a set of standards to support staff who are new to care to develop the required skills].
- Staff were offered training relevant to their role and the registered manager monitored staff training to ensure it was up to date.
- Staff met with the registered manager regularly and told us they were able to speak to them whenever needed. One member of staff said, "Any questions I have, [registered manager] will get back to me, they always say ring if you are not sure and they'll help. They're very good like that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans detailed people's health needs and, where appropriate, any support they received from healthcare services.
- When people required support from healthcare professionals, such as the district nurse, the service kept details of how and when to contact them and recorded relevant information about their visits.
- People's care plans did not contain information about how staff should support them with their oral health.

We recommend the provider ensures they are up to date with current guidance on supporting people with their oral health.

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

- People's needs were assessed before they began using the service and this information had been used to develop their care plans.
- People and their relatives told us the staff knew them well and knew how they liked to be supported. One relative said, "We've got to know all the carers well and they all know [person], they are very good with them."

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

- Where the service was supporting people with eating and drinking, their care plans contained information about how they liked to be supported.
- We observed staff offering a person choice about what they would like to eat and drink.
- Staff encouraged people to drink plenty of fluids. One relative told us, "The carers keep prompting

[person] constantly, we've seen such a change, they're drinking much more now."

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- We observed staff asking a person for their consent prior to giving support.
- People had discussed their care with the service and their consent was recorded in their care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 and relatives spoke highly of the care received. One person told us, "I couldn't speak any higher of the carers I have, they are excellent." A relative said, "They are brilliant, I can't fault them. It's been a great experience."
- People and relatives said the staff were kind and caring in their support. One person told us, "They're very kind and very sociable." A relative said, "They have built great relationships with [person], it's really good."
- People's care plans told staff how they liked to be supported and detailed their preferences for support.

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

- The service involved people and their families in making decisions. One relative said, "They're brilliant. They keep in touch, let me what's happening and there's always someone we can speak to." Another relative told us, "I feel very involved in everything, there's never been any issues with that"
- People's care plans detailed their involvement in making decisions about their care.
- We observed staff offering a person choice about their support needs and giving the person time to consider before responding.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's dignity and privacy when offering support. One relative told us, "They definitely care for [person] in a dignified way, it can be a difficult balance to get right when you're helping someone with washing and dressing, but they deal with it well."
- Where people required support with their mobility, staff explained how they offered this support whilst trying to maintain people's independence. One member of staff said, "[Person] can walk with a frame, but sometimes they needs support, so it's important to be there at all times but let them do it themselves if they can."
- People's daily records were written in a way that respected people's dignity.
- Care records and personal information were stored securely in the office location.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and included information about people's likes and dislikes, life history and how they would like to be supported.
- The service had reviewed and updated care plans where necessary and involved people and their relatives in the process.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about how they communicated and any support they may need with their vision, hearing or any other sensory need.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service. A process was in place for responding to complaints if necessary.
- People and relatives told us they felt comfortable raising concerns. One relative said, "I have raised a couple of things and they have been dealt with well. The manager is on top of everything and if something were to go wrong, they'll deal with it. I have trust in them."

End of life care and support

- The service was not currently supporting anybody with end of life care. The registered manager told us they asked people about their end of life wishes or preferences as part of their initial assessment and this was recorded in the care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Despite our concerns regarding the safe recruitment of staff and the management of medicines, we found there had been no impact on the people using the service. The service was small, with a registered manager who knew people well and worked alongside the staff in offering support. Following our feedback, the registered manager responded positively and promptly, reviewing their processes and changing systems to ensure better monitoring.
- The service had already started to implement systems to monitor the safety and quality of the service. These included completing spot checks with staff and a system for monitoring the timing and length of visits to people.
- The registered manager told us they regularly supported people directly with their care and this enabled them to check the quality of the care being given by staff and ensured they had good oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives spoke positively about the registered manager and the service. One relative said, "The manager is excellent and really organised. You request something and they do it." Another relative told us, "Their management skills are really good. I feel like I can really tell [registered manager] how I feel, they give you that feeling of a safety net being there."
- Staff told us they felt proud of what the service had achieved so far. One member of staff said, "It's a new company but it's very good and the manager listens." Another member of staff told us, "It's a good company to work for, and our support from the manager is very good."
- When things went wrong the registered manager was open about what had happened and informed the people involved. One relative told us about how the service had notified them of a missed call. They said, "We wouldn't have known, I think it was very good they told us and we were pleased with their honesty."

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

- People and relatives were regularly asked for their feedback about the service. One relative told us, "They phone and ask if everything is going ok and I see the manager regularly, so I have a chance to sit and talk to them and say anything I want to." Another relative said, "There's no formal feedback but we can talk to all

the carers and it works really well."

- The registered manager told us they spoke to people and relatives informally every week and sent out feedback forms at regular intervals throughout the year.
- Staff were encouraged to give feedback through regular staff meetings.
- People's equality characteristics had been considered during the assessment process.

Continuous learning and improving care; Working in partnership with others

- Where appropriate the service had requested support from other health professionals to meet people's care needs.
- The service worked closely with people and families to look at how to adapt and improve the care offered. One relative told us, "This is all new to us and we've learnt a lot from the carers, they've taught us a lot about how to do things for [person]."
- The service was still developing and had only been supporting people for a short period of time. The registered manager told us they wanted to ensure systems were in place whilst the service was small to enable them to grow effectively in the future. They said, "I want to get it right now, with the people we're supporting, before getting bigger."