

Fisher Healthcare Limited

Fisher Healthcare Ltd

Inspection report

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Date of inspection visit:
28 July 2016

Date of publication:
12 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Fisher Healthcare Ltd. provides the regulated activity of personal care to people who live in their own homes. There were three people receiving personal care from the agency when we visited. All three people were receiving personal care from live in carers who were supporting them 24 hours a day. The inspection took place on 28 July 2016 and we gave the provider 48-hours' notice before we visited. This is because the registered manager is often out of the office supporting staff and we needed to be sure that they would be available.

Before the inspection we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received training to protect people from harm and they were knowledgeable about reporting any harm. There were a sufficient number of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. We saw that no one receiving care from the service was subject to any restrictions on their liberty.

Staff were supported and received ongoing training to do their job. The staff were in contact with a range of health care professionals to ensure that care and support was well coordinated. Health professionals we spoke with were complimentary and positive about the service. Risk assessments were in place to ensure that care and support could be safely provided.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People felt able to raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. Staff confirmed that there was an open culture within the management of the agency and that they felt well supported by management staff. People and their relatives were able to make suggestions in relation to the support and care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to safely meet people's needs.

People were supported with their medicines.

Is the service effective?

Good 

The service was effective.

The provider had procedures and training for staff in place regarding the Mental Capacity Act 2005 (MCA) so that people were not at risk of unlawful restrictions being placed on them.

Staff were supported by the management team to carry out the expected care and support for people.

People's health and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People were looked after in a caring and respectful way.

People's rights to privacy, dignity and independence were valued and respected by care staff.

People were encouraged to be independent as possible and supported to contribute to decisions relating to their care.

Is the service responsive?

Good 

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to receive care from healthcare professionals where appropriate.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Is the service well-led?

Good ●

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to raise concerns and issues with the management staff and registered manager.

People and staff were involved in the development of the agency, with arrangements in place to listen to what they had to say.

Fisher Healthcare Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 28 July 2016. The provider was given 48 hours' notice because the location provides a domiciliary care and live-in service and the management staff are sometimes out of the office supporting staff or visiting people who use the agency. We needed to be sure that they would be in. The inspection was carried out by one inspector. On the day of our inspection the registered manager was on leave. However, the designated office manager facilitated our inspection.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the agency's office and looked at three people's care records. We visited two people in their homes and spoke to one person by telephone. We also spoke with the office manager, two care coordinators and three members of care staff. We saw records in relation to the management of the agency which included three care plans, medicines and staff recruitment and training. We also spoke with a social worker, a relative of two people receiving care and a physiotherapist who had contact with care staff from the agency.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The care staff look after me very well and I feel safe with them here." Another person said, "The care is first rate – my carers are very good and I get on well with them well and I am happy with support I receive and I have no concerns."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and would not hesitate in raising any incidents or concerns with the registered manager. Staff we spoke with were aware of the details for reporting safeguarding concerns to the local authority and a copy was displayed in the agency's office for staff to refer to when needed. One member of staff we spoke with displayed a good knowledge of the safeguarding reporting procedures and said, "I would always report any incident of harm without hesitation." The registered manager demonstrated that they were aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Risk assessments included moving and handling assessments, assessments of environmental risks and the administration of medicines. We saw that the level of support that people required with their medicines was recorded. It was clear whether the person or their family would be responsible for the administration of medicines. People told us that the staff always made sure that they administered or prompted them with their medication as outlined in their care plan. One person said, "They [care staff] help me with my tablets and always make sure that I have them during the day and stay with me whilst I take them."

Medication training sessions were provided at induction and refresher training was given annually and staff we spoke with confirmed this. Staff had to successfully complete training to the required standard before they were able to administer medication to people using the agency. Evidence of training was seen in a sample of care staff's training records held in the agency's office. The registered manager and care coordinators regularly audited the MAR sheets to ensure accurate records were maintained and to identify any errors.

Medication administration competency tests were undertaken with staff as part of ongoing spot-checks and we saw a sample of these in staff personnel files. Additional training would be given to staff whose competency needed to be improved before continuing to administer medication.

People we spoke with said that there was enough staff to safely provide their care and support. Where two care workers were needed this had been recorded in the person's care plan documents. This was especially regarding safe moving and handling requirements. Where a second worker was required this was provided from another agency to support the person with their moving and handling needs.

People told us that they knew which staff would be providing their live-in care in advance which they found reassuring. One person said, "I am very satisfied with my carers and they have never let me down and they

know me very well." Another person said, "My carer and I work well together throughout the day and I feel safely supported."

We saw that effective recruitment procedures were in place to ensure that only suitable staff were suitable were employed. We saw the personnel records of three members of care staff. The staff records we saw showed that there were satisfactory recruitment procedures in place. Recruitment checks included evidence of completed application forms, satisfactory references, proof of identity, and criminal record checks. Any gaps in employment histories were pursued during the person's interview. Records we saw confirmed that all recruitment checks had been completed before care staff commenced working with people and provided them with care.

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, "The carers are good to me and help me with whatever I need." Another person told us that, "The carers are cheerful and they make sure everything is done". A third person said, "Usually it is one carer with me during the day but another carer [from another agency] comes to help us in the mornings with my shower."

Care staff told us that they had received an induction and training prior to commencing work and that they had shadowed more experienced staff before working confidently on their own to ensure people's safety. We saw that a programme was in place to monitor overall training that had been achieved including dates of sessions. The office manager coordinated and monitored training on an ongoing basis to ensure that the care staff were booked on courses throughout the year. This showed that staff remained up to date with their training and were safe to provide the required care and support to people.

Training records showed and staff confirmed that they received training on an ongoing basis. Examples of training included; safeguarding, moving and handling, mental capacity, infection control, health and safety, dementia awareness and administration of medicines.

Members of care staff told us they had received regular supervision and an annual appraisal. This showed that there was an effective system of support for staff.

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. We checked to see if the provider was acting in accordance with the principles of the MCA.

The provider had procedures in place in relation to the application of the MCA. We saw that there were agreements in place, signed by the person or their representative, regarding the care and support to be provided. The office manager confirmed that no one receiving care was subject to any restrictions on their liberty. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. The provider was aware of the relevant contact details and local authority procedures regarding this area.

Staff we spoke with confirmed that they had received MCA training as part of a module of 'The Care Certificate' (a nationally recognised qualification for care staff). Staff were aware of the principles regarding MCA. They ensured that people were able to make choices about their care and support. At the time of our inspection all of the people who were using the service had the capacity to make informed decisions for themselves either with, or without, support from staff.

People we spoke with said that they were always offered choice by care staff and examples included; choosing their meals, how they wished to spend their day and trips out in the community. People were also able to choose when they wished to get up and when they wished to go to bed. One person told us that they enjoyed going out for coffee, lunch and to attend a local church.

People told us that the meals provided by the staff were of good quality and that they [staff] had always asked them about their individual preferences and choices throughout the day. We found that assessments of people's nutrition and any dietary needs and food preferences had been recorded. People told us that they had sufficient amounts of food and drinks provided to them by their live-in care staff throughout the day and evening. Staff we spoke with told us that they encouraged people to be involved as much as possible with preparing meals if they wished. People we spoke with confirmed this to be the case.

We spoke with a social worker who had contact with the agency and they said that they found the management team was responsive to requests. They added that they had received positive feedback from a person about the care that was being provided. A physiotherapist we contacted also spoke positively about the care provided and that care staff had followed advice that they had given.

Is the service caring?

Our findings

People who used the service and a relative told us that the staff were very kind and caring. For example, one person said, "They are respectful and very kind and help me throughout the day. They are kind and caring and I cannot speak too highly of them." Another person said, "They look after me very well and never rush me and always make sure I am comfortable." The relative said, "The staff are really good and they always make sure my [family member] is comfortable and well looked after."

All of the people we spoke with told us that care staff respected their privacy and dignity. People also told us that new staff were introduced to them so that they knew who would be providing care. They said that they usually had the same care workers providing care and support and knew which staff would be providing their care and support.

The registered manager had taken steps to ensure, as much as possible; people's individual preferences were being met regarding whether they wished to be supported by male or female staff. People said they were able to choose the care workers, as much as possible including their preference for a male or female staff to be provided. This showed us that people's equality and diversity was considered and acted upon.

People told us that staff had taken time in talking with them about things which were important to them in an attentive and respectful way. We observed the interaction between staff and people. It was evident that there was a warm and comfortable rapport between staff and the person receiving care. We saw that people's privacy was respected. For example, staff knocked on people's doors and waited before entering. We also saw that staff addressed people using their preferred name. We observed that staff spoke calmly and politely to people and explained what they would be doing. People we spoke with confirmed that staff were polite and respectful when providing their care and support.

Records showed that staff received training, during their induction and refresher training, about how to care for people and in a respectful and dignified way. Care and support plans reflected people's wishes and preferences and how staff should support them. This showed us that people's views and preferences were taken into account and they were treated with respect and dignity.

The staff we spoke with were enthusiastic about their work and the care they provided for people. One member of staff said, "I really love my job and I try hard to provide the best possible care and support for [person's name] at all times." One person told us that, "They [the staff] are kind and lovely people and I can't fault them and the care they provide for me."

A relative that we spoke with said that they and other relatives felt involved in the planning and reviewing of their family member's care and support when needed.

Is the service responsive?

Our findings

All of the people we spoke with told us they were provided with information about their care and also if any changes were made. For example, one person said, "My care is reviewed and any changes to calls are made as necessary." Another person said, "They provide me with the care I need and I am very happy with it." One person said, "The care I receive is very good."

People's care needs were assessed by one of the care coordinators prior to them receiving care. This helped to ensure that staff could effectively meet people's needs. This was confirmed by a social worker who was in regular contact with the agency. They were positive about the support provided and felt the agency was flexible in responding to the person's needs.

People's care needs were assessed prior to them receiving care. This helped to ensure that staff could effectively meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's health, physical and social support needs. They also included information about what was important to the person and how the person preferred their care needs to be met. People told us that they had felt involved in the planning their care. One person we spoke with told us that they had been very active in drawing up their care plan regarding their morning and evening routines.

People's care plans provided guidelines in place so that care staff were clear about the care and support that was to be provided. Details were in place regarding the person's background, family contacts and personal preferences as to how care and support should be delivered during the day. Individual preferences were recorded and were written in a 'person centred' style. This was to record in detail what was important to the person and how they wished their care to be provided. Examples included detailed guidance regarding assistance with personal hygiene, assistance with mobility and use of specific mobility equipment and continence care.

In one care plan there were details of how a person liked to be positioned in their chair. There were other details which described the importance of making sure that their pillows were correctly in place and that their TV remote control was left nearby. We spoke with the person and they confirmed that staff followed the guidelines and were always made them comfortable.

The care staff we spoke with were knowledgeable about people's individual preferences and the varying types of care and support that they provided. Examples included; personal care, preparing meals and arranging medical appointments when needed. They were also aware when people needed assisting people with their medicines and accompanying people to access the community and visit shops and cafes.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of detailed notes in people's homes which accurately reflected the care that had been provided.

We saw that there had been reviews completed regarding the care and support that was being provided and information was recorded in care plans. People told us that staff had been responsive where their needs had changed. Examples included a change to a person's mobility. People and a relative we met confirmed that they had been involved in reviews of the care provided and that where any changes needed to be made were swiftly followed up by the agency via individual care coordinators.

People were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I have any concerns the staff in the office are good at sorting it out for me." People also told us that their concerns and complaints were dealt with in a timely and professional manner. People we spoke with felt able to raise and discuss their concerns with care workers and members of the management team at any time. A relative said, "The care staff and office staff always respond swiftly to any issues regarding our [family member's] care and daily needs."

We saw that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw samples of correspondence which the registered manager had effectively dealt with. One person said, "I feel confident that if I wished raise any concern or a problem it would be dealt with properly." Another person said, "I can always speak to the staff and also phone the office and they are very obliging and they talk to me and sort out any worries I may have."

Is the service well-led?

Our findings

People we spoke with and a relative told us that they had regular contact with members of the management team and knew who to contact about the care and support being provided. One person commented, "I can speak to the managers and staff about my care and support whenever I need." Another person said "They [office staff] visit and phone me to see that things are alright. They are excellent and give a good service and I have no concerns at present."

There was regular telephone or face-to-face contact made by members of the management team with people to gauge their satisfaction with the services being provided. Surveys were also sent to people who used the agency to gain their opinions regarding the care provided. People we spoke with confirmed that they had completed surveys and received 'courtesy calls' from members of the agency's management team. We saw samples of surveys received from people using the agency. Comments received were positive about the care and support that was being provided.

The office manager and care coordinators demonstrated that they understood their roles and responsibilities well. Care staff said they felt well supported and that they were able to raise issues and concerns with management at any time. They said they felt supported also during out of business hours via the on call arrangements in place. One member of care staff told us, "I feel that I am supported and the [registered] manager and office staff are available and helpful. They [management staff] have responded well when I contacted the on-call person whenever I have needed to discuss any issues or concerns – it's good to have this back up."

The live in carers we spoke with confirmed that could take breaks during the day which were agreed with people they supported and their relatives. The management team confirmed this to be the case.

There was an open culture within the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice whenever it occurred. One member of staff said, "I feel that I would be confident in reporting any concerns and that I would be protected if I did." This showed us that people were kept safe as much as possible.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, at reviews of their care, speaking with their relatives, staff and with health care professionals. Unannounced spot-checks of staff's competence were undertaken by management staff to ensure that the quality of people's care was monitored. This was confirmed by staff that we spoke with. We saw that care staff had also been issued with a 'handbook' which detailed the services policies, expected behaviours and responsibilities that should be followed by staff. Staff confirmed this to be the case.

Audits were completed by members of the management team. These audits included care records, reviews of care, training, complaints and compliments monitoring and health and safety arrangements.

The office based staff and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. Comments were positive and they felt that any concerns and issues were dealt with promptly.