Caring Hearts (Essex) Ltd

Fuchsia Homecare Colchester

Inspection report

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Date of inspection visit:
07 December 2023
11 December 2023
13 December 2023
18 December 2023

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23 January 2024

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Fuchsia Homecare Colchester is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 96 people receiving personal care support.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found
The provider's processes for reviewing the quality and safety of people's care were not always robust. People's care visits were not taking place at the agreed times or for the agreed duration. We were not assured the provider had always ensured there were enough staff available to meet people's needs and preferences. People's feedback had not always been used to develop and improve the care provided.

Risks to people's safety were assessed; however, information was not always detailed. Staff knew how to recognise and report any concerns or signs of abuse and people told us they felt safe. The provider had processes in place to manage people's medicines safely. Staff were safely recruited with appropriate employment checks completed.

People and relatives spoke positively about the care they received from staff and the approachability of the management team. Staff told us they felt supported and were able to contact the management team if they had any concerns. The provider worked in partnership with other health and social care professionals in order to meet people's support needs.

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

Rating at last inspection
The last rating for this service was good (published 20 December 2019).

Why we inspected
We received concerns in relation to the quality and safety of people's care, the provider's safeguarding processes and management oversight at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on

the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fuchsia Homecare Colchester on our website at www.cqc.org.uk.

Enforcement
We have identified a breach in relation to the provider's governance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Fuchsia Homecare Colchester

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 2 inspectors and an Expert by Experience. 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
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the provider was in the process of recruiting a new manager. In the interim, the nominated individual was providing management oversight to the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 07 December 2023 and ended on 18 December 2023. We visited the location's office on 11 December 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 6 people who used the service and 8 relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, care coordinator, compliance officer and care staff. We also received feedback from 3 health professionals who have contact with the service.

We reviewed a range of records. This included 10 people's care records, 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

At our last inspection we recommended the provider use a reputable source to monitor late and missed calls. At this inspection, the provider had implemented a call monitoring system. However, we found concerns with the timing and duration of people's care visits.

- The provider had not always ensured there were sufficient numbers of staff available to meet people's needs in a timely way.
- The provider had an electronic system in place to monitor when staff started and finished people's care visits. A specialist CQC team analysed data from this monitoring system, to check the duration and punctuality of people's visits. We found people's care visits were significantly shorter than the agreed duration, with many only lasting half of the allocated time. This meant we could not be assured the provider was delivering the agreed level of care.
- People's care was not always taking place at their preferred times and staff did not always arrive punctually. People's care plans noted their preferred times for their care visits. However, we found these preferred visit times varied greatly from the scheduled times on the staff rota. For example, 1 person's care plan stated they liked their morning care at 8am; however, on the staff rota this visit was scheduled for 6am and the visit actually took place at 7am. This meant we could not be assured the provider was accurately planning people's care visits to ensure their needs and preferences were met.
- Despite the concerns we identified with the timing and duration of people's care visits, we received positive feedback from people and relatives, who told us they were generally happy with their care. Comments included, "We are happy with the carers; they are very good", "I am very happy with the carers who care for [person]. They are usually on time but we are flexible, so I am not bothered about that", "We are very happy with the service overall" and "They are brilliant. They couldn't be any better."
- During the inspection we discussed our findings about people's care visits with the provider, who responded by implementing an action plan to address the immediate concerns. This included reviewing their scheduling processes and requesting up to date feedback from people to understand their current preferences and highlight any issues.
- The provider operated safe recruitment processes. Appropriate employment checks were completed for new staff prior to them starting work.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider introduce a tool to prioritise and risk assess calls in the

event they are unable to make support visits. At this inspection, the provider had introduced a system for assessing risk and prioritising people's care visits.

● Risks to people's safety were assessed and documented. However, some risk assessments lacked detailed guidance about what the specific risks were and how to keep people safe. For example, people's risk assessments relating to medical conditions contained general information about the condition but lacked personalised detail about how the condition affected the individual. This meant there was a risk staff may not fully understand how to support people safely according to their individual needs.
● The provider told us they were continuously reviewing their care plan and risk assessment documentation to ensure more detailed and personalised information was included.
● Despite the lack of detail in some risk assessment information, people told us they felt safe, and relatives confirmed they felt people were cared for safely. One relative said, "[Person] absolutely does feel safe in their experienced care." A person told us, "I use a hoist and I feel the staff are very good with using that safely."

Using medicines safely
● People were supported to take their medicines safely. Staff documented the administration of people's medicines via an electronic medicines administration record, which the management team monitored in real time. This enabled them to identify and address any concerns promptly.
● People's care plans contained information about the medicines they were prescribed and what level of support they required from staff.
● The provider completed regular medicines audits and spot checks to ensure medicines were being administered safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People were protected from the risk of abuse.
● The provider had processes in place to record, monitor and review safeguarding concerns. Notifications had been submitted where necessary and internal investigations and safeguarding outcomes were documented.
● The provider monitored accidents, incidents, and safeguarding concerns via a digital dashboard. This provided live data about any incidents which had occurred during people's care visits. The provider reviewed this information and discussed concerns with staff during their team meetings to identify any lessons learnt and minimise the risk of a reoccurrence.

Preventing and controlling infection
● People were protected from the risk of infection.
● Staff had received infection prevention and control training, and the provider had an infection prevention and control policy in place for staff to follow.
● The provider regularly asked people and relatives for feedback around staff's use of personal protective equipment [PPE] in order to identify and address any concerns promptly.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was not able to demonstrate robust oversight of the quality and safety of people's care visits. For example, where visits were significantly shortened, we were not assured the provider had analysed this data to understand why this had happened or how it had impacted on the quality of care people received.
- The provider told us people did not always want staff to stay for the full length of their visit. However, where visits were consistently short, we found no evidence the provider had reviewed this and arranged for a re-assessment of the person's care needs to check whether the current level of care was still required.
- The provider was not able to adequately explain why staff rotas did not reflect the timing of people's care visits accurately. For example, we saw rotas where in order to fit people's care visits into the day, staff were scheduled to begin working at 6am and continue on throughout the day until 11pm with minimal travel time allocated between the care calls. This demonstrated a pattern of 'call cramming', where people's scheduled care visits take place earlier or later than preferred and are shorter in length in order to enable staff to complete all of the visits within the allocated time.
- The provider told us they had experienced periods where staff absence had impacted on the timing and duration of people's care visits. At these times they had implemented their contingency plan to prioritise and adapt people's visits to ensure they still received their care. However, we found the provider's monthly care visit audits clearly demonstrated people had been receiving significantly shortened calls since June 2022.
- The provider had not always created a learning culture at the service in order to improve people's care. Where the provider had identified people with shortened care visits in June 2022, we found the some of the same people were still receiving shortened visits in November 2023. The provider was not able to demonstrate how they had used these audits to drive continuous improvement and review the quality of care people received

The provider had not ensured effective processes were in place to monitor and improve the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a registered manager in post at the time of the inspection and there had been several changes in management oversight and structure since our last inspection. The nominated individual told us they were in the process of reviewing their current management auditing systems to improve their oversight and they were in the process of recruiting a new manager.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider engaged with people and relatives through regular telephone calls, monthly check-ins, and annual satisfaction surveys. However, it was not always clear how people's feedback was used to ensure they achieved good outcomes. For example, where people had raised issues during their monthly telephone reviews, the provider had sometimes written 'no action required' in response. This meant it was difficult to see how this information was being acted upon in order to make improvements.

● Despite these concerns, people and relatives spoke positively about the culture and leadership of the service. Comments included, "The office is really easy to contact and approachable. The care co-ordinator comes out regularly and the company is well organised" and "The office is really approachable and very responsive. I would 100% recommend them."

● The provider told us they had introduced a range of staff incentives to promote engagement and improvement and support staff wellbeing. Staff confirmed they felt supported and valued by the management team. Comments included, "The support from management is brilliant. I'm happy and I feel comfortable talking to the management team" and "I would 100% recommend it as place to work."

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

● The provider understood their responsibility to be open and honest with people, and those important to them, when incidents occurred. The provider had apologised to people when things went wrong in line with the duty of candour.

Working in partnership with others

● The provider worked in partnership with a number of different health and social care professionals in order to support people's needs. The professionals we spoke with, told us the provider communicated promptly and was responsive to their requests. Comments included, "They have a good understanding of processes and are quick to respond" and "I have found the team there to be open and honest."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured effective processes were in place to monitor and improve the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.