4319 Fountain Care Ltd

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Inspection report

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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

The inspection took place on 22 January 2018 and was announced. We gave the provider two working days' notice of the inspection as the service provides care and support to people living in their own homes and we needed to make sure the registered manager would be available to assist with the inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger people with learning/physical disabilities. There were 13 people using the service at the time of this inspection. There were four people receiving 24 hour live in support from the service and one person funded their own care. The remaining people's care was funded through social services or the Clinical Commissioning Group (CCG).

There was a registered manager in post. 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following the last inspection on the 6 and 7 December 2016, we rated the key questions, 'Is the service safe?' and 'Is the service well-led?' 'Requires Improvement' and the service overall was rated 'Requires improvement'. We also found a breach of the regulation in relation to good governance and asked the provider to complete an action plan to tell us what improvements they would make at the service. They told us they would make the necessary improvements by 20 February 2017.

During this inspection we found that the provider had made improvements to the quality assurance systems at the service. The provider had introduced documents relating to medicines management and the management of any associated risks to help ensure people safely received their medicines.

There were sufficient numbers of care workers employed to meet people's needs. Recruitment checks were carried out on new staff to make sure they were suitable to work with people using the service. One piece of information was missing from staff employment history which the provider addressed at the time of the inspection.

Feedback from people using the service and their relatives was mainly positive. They described care workers as caring and friendly and that there was good communication between them and the office.

The care workers we received feedback from were complimentary about the service and the support they received.

The provider had systems to safeguard people from abuse. Care workers completed safeguarding training and knew how to report any concerns.

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

People's needs had been assessed in line with good practice guidance and they had been able to express their views and preferences. Where people needed support with their health care or nutritional needs, their care workers provided this.

Care workers received support through one to one and group meetings. They also received an annual appraisal of their work. Training was provided on various topics and refresher training had been arranged that was relevant to their roles and responsibilities.

People were protected from the risk of infection as the care workers wore protective equipment, such as gloves and aprons, when providing care.

People and their relatives told us they knew how to make a complaint and there were systems in place to manage and respond to complaints.

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.

There were systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns. Safeguarding records needed to clearly show if these were ongoing or closed.

The provider had carried out recruitment checks. Dates of employment needed to be recorded to ensure there were no unexplained gaps in employment.

People safely received their medicines.

The risks to people's safety and wellbeing were assessed and planned for.

There were sufficient numbers of suitable staff employed to meet people's needs and keep them safe.

People were protected by the prevention and control of infection.

Action was taken to learn from incidents and events and to make improvements where necessary.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed in line with current legislation and standards.

People were cared for by care workers who were well trained and supported by the provider.

The provider was working within the principles of the Mental Capacity Act 2005.

People were supported to have access to healthcare services and were supported to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People were involved in making decisions about their care and expressing their views.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess, monitor and improve the quality of the service.

People using the service were invited to share their views about the service and these were listened to and acted upon.

The provider worked closely with other professionals in order to meet people's needs and to review service delivery.

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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 22 January 2018 and was announced.

We gave the provider two working days' notice of the inspection as the service was small and provided care and support to people living in their own homes and we needed to make sure the registered manager would be available to assist with the inspection.

One inspector carried out the inspection.

Before the inspection we contacted people who used the service and their relatives for feedback. These telephone calls were made by 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. They spoke with three people who used the service and ten relatives.

We also reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us in October 2017. The 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 viewed the provider's action plan sent to us after the last inspection.

At this inspection we spoke with the registered manager, a care co-ordinator and administrator. We reviewed the care records for three people using the service. We also reviewed three staff recruitment files and records related to the running of the service. These included, checks and audits carried out on care records, medicines records and satisfaction surveys to monitor quality in the service and make improvements.

We emailed twelve care workers prior to the inspection for their feedback on the service and nine responded to us. Five health and social care professionals were also contacted for their views on the service. However, on this occasion we did not receive their comments.

Following on from the inspection the registered manager provided confirmation of action taken on areas such as reviewing staff recruitment details and provided us with a development plan showing what the service had done well and areas needing to be improved.

Good

Is the service safe?

Our findings

During our inspection on 6 and 7 December 2016 we made a recommendation as the provider had not ensured that care workers were following safe practices when supporting one person with their medicines. There had been no medicine risk assessments or medicine profiles in place to clearly record the medicines people were prescribed, the reason and potential risks.

At this inspection we found improvements had been made in relation to the records kept on medicines management. Risk assessments had been completed in relation to the type of support each person required with their medicines and a medicine profile had been completed. The care co-ordinator and registered manager carried out medicines audits and had noted for the most part where there were any issues so that these could be rectified. We saw that one person had been refusing to take two of their medicines. Their refusal was recorded on the Medicine Administration Record (MAR) and they had capacity to make decisions about what medicines they wanted to take. The registered manager informed us that they had been made aware of this situation and confirmed with the person the reason they had decided not to take all of their medicines. During the inspection the registered manager updated the person's records to inform care workers on how to support the person with their medicines.

Feedback from people and their relatives overall was positive on the support they received with their medicines. One relative commented, "They [care workers] are good at recording the medicines that they give' and others said they had no concerns. One person said they had once contacted the registered manager as care workers had not carried out all the medicines tasks. However, the person told us this was immediately addressed when they contacted the registered manager. The registered manager confirmed there was a checklist in the person's home to remind care workers of their duties so that they did not forget to prompt the person to take their medicines.

We saw confirmation that care workers received online medicines training and the registered manager confirmed that in 2018 all staff would receive face to face training to further develop their skills and knowledge. Feedback from the care workers demonstrated that they understood the difference between prompting and administering medicines and that any administration required them to sign the MAR. Care workers met with a senior staff member before they carried out medicines administration tasks unsupervised. This was to check on their confidence and understanding in doing this safely.

People and their relatives told us they felt safe receiving a service from the provider. One relative said, "Having very regular, experienced carers makes me feel safe" and another relative explained that when their family member returned from using another care service the care workers had noted marks on the person's body. This enabled the relative to report this due to the care workers recognising a potential safeguarding concern. They went on to say, "I like the level of care and they [care workers] consider anything that may cause [person using the service] a problem."

The provider had a safeguarding policy and procedure in place and the registered manager confirmed that all care workers were sent a copy of this so that they knew what action to take and to follow best practice. All

of the remaining care workers that provided us with feedback confirmed they would report any concerns to the registered manager. One care worker said, "If I suspected a service user was being abused I would immediately report to my line manager."

The provider had safeguarding records in place and a log of those they had dealt with. Some of these records did not make it clear if concerns were ongoing or what the outcome was. The registered manager told us they would make it clearer.

The risks to people had been assessed and their safety was monitored. The agency had carried out assessments of individual risks relating to people's health, skin integrity, assisted moving, falls and equipment. These were reviewed on a regular basis to ensure care workers had up to date information and were safely supporting people. We identified for two people that their risk assessments relating to medicines needed to be reviewed due to a change in their needs. The registered manager updated the information during the inspection. Where care workers used equipment to support people appropriately in their own homes we saw the provider made sure this had been serviced, maintained and recorded in their care records.

Incident and accidents were recorded and the registered manager checked to ensure there were no patterns or trends that required addressing. These records noted action taken so that these were prevented or minimised where possible.

People we spoke with gave us feedback about whether visits took place on time. People and their relatives said the visits were nearly always punctual and care workers stayed for the contracted times. One person commented, "They are more or less on time and if they are late they ring to reassure us." A relative said, "They [care workers] always stay for as long as they are meant to."

We noted that care workers were allocated travel time between visits on their schedules. The registered manager confirmed that care workers worked in a small geographical area so that they could get to visits on time. For those care workers who did not drive the registered manager had employed two drivers to take care workers to their visits or they could use one of the five cars the provider had for when care workers did not have access to a vehicle. One care worker told us, "I think that the agency helps us by giving us cars to move from point A to B which makes life easy for us to reach our clients on time, every time."

People and their relatives said there had been no missed calls and the registered manager confirmed this. The registered manager recorded late visits and there had been one just prior to the inspection with the visit being 20 minutes late and one visit in September 2017, which had been one hour late.

We checked records of care visits for one person. We looked at log books that recorded details of the visits against the timesheets care workers completed and the schedule which showed the care worker's visit times. The registered manager explained that where people's visits ran overtime this was documented and another visit that same day might be shorter to ensure the service worked within the agreed times confirmed by the funding authority. If it was identified that there was a pattern to visits needing extra time the registered manager informed the funding authority so that the person's needs were re-assessed. We saw some visits were slightly earlier or later but not by any significant amount. Once the electronic system was fully operational then the registered manager would be able to see all the visits live throughout the day and pick up on any visits taking longer than usual.

There were sufficient numbers of staff employed to meet people's needs and keep them safe. The registered manager told us that they did not accept referrals to care for new people if they did not have the care

workers available to visit the person. People were usually cared for by the same familiar care worker but this could vary depending on annual leave and sickness. One relative said, "We do not have a regular team and that would be good it's the one thing that [person using the service] has been unhappy with. They are all very nice but someone regular would build a better relationship."

People were protected by the prevention and control of infection. The care workers received protective equipment, such as gloves and aprons. The spot check observations of the care workers included checks regarding hand hygiene, use of protective equipment and providing people with appropriate support in ways to minimise infections.

The provider carried out a range of checks when employing staff. Care workers confirmed recruitment checks were carried out before they worked with people using the service. They attended a formal interview at the office and this was recorded. They also completed an application form giving details of their employment history. We saw that the application form only asked for a start date of employment and not an end date. Therefore it was difficult to know if there were any unexplained gaps in employment. The registered manager confirmed two days after the inspection that the application form had been amended. They also stated that all staff files would be re-checked and any missing dates of employment would be recorded by the 26 January 2018. The provider requested evidence of the staff member's identification, eligibility to work in the United Kingdom, references from previous employers or character references and a check from the Disclosure and Barring Service regarding any criminal record. We saw a list of the dates for when people's eligibility to work in the United Kingdom expired so that the provider could monitor care workers were working legally.

Good

Is the service effective?

Our findings

The provider assessed people's needs and choices before they started using the service in line with good practice guidance. There was information relating to their physical, social care needs and needs around personal care. Assessments we viewed outlined the help people required so that care workers would know how to support the person effectively. Some of the people using the service had technology, such as a care line in their own homes so that in the event of a fall or problem they could use this to call for assistance. We saw evidence that people and their relatives had been involved in discussions about their care, support and any risks that were involved in managing their needs.

The provider's policies and procedures referred to relevant legislation that provided them with the guidance and information they needed to fully inform staff on how to safely and legally support people using the service. The registered manager was aware of accessing updates and best practice guidance from external sources such as United Kingdom Homecare Association (UKHCA) which is the professional association of home care providers and Skills for Care, which is a training organisation to support providers and staff working in social care.

We asked people about the skills of the care workers who visited them. One person commented, "I have all my faculties and they are trained enough for me as I can say what I need" and another person said, "The experienced carers know that I need an extra towel on my hoist to make it comfortable." A relative told us, "I was impressed that the carer would not do what she wasn't trained for. She stays within her remit." One person talked about when they had different care workers and some were young and "don't have the experience and it shows". They did not give an example of how this had been an issue and confirmed that nothing negative had taken place but that they were "happy when we are back to our experienced people." The registered manager confirmed there was a mixed staff team, including care workers from different genders, age and experience and that where possible they matched people with the care worker they believed could work well with a person. For example, where people had expressed wanting a mature and experienced care worker then this had been arranged.

Care workers had the skills, and knowledge to deliver effective care and support to people using the service. Records showed that care workers completed an induction that was in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Training records confirmed that care workers had completed the training identified by the provider to deliver care and support to the expected standard. Subjects covered included, food hygiene, dementia awareness and epilepsy training. The registered manager told us about their plans to arrange face to face training on subjects relevant to the roles of the care workers to develop their skills and understanding in more detail. Care staff had the opportunity to study for a nationally recognised qualification in social care to continue their professional development. The care co-ordinator had enrolled to study for level 5 and the administrator was in the process of studying to become a Caldicott Guardian responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

Care workers confirmed they received support and guidance. Their feedback included, "The good thing is that we have all the support that we need" and "l enjoy working at fountain care because although it not as big as the other agencies l have worked for they are client focused and they support their staff." Records showed that care workers received one to one supervision to talk about their role and gain feedback on their work. Spot checks were also carried out to check that care workers were carrying out the agreed duties and the right times. Care workers also received an annual appraisal. This provided an opportunity for them and their line manager to reflect on their performance and identify any training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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 registered manager confirmed that no-one using the service was being restricted and the majority of people had the capacity to make decisions about their care. Where people had difficulties in consenting to their care the registered manager had a document to carry out a capacity assessment so that care workers knew if a person might struggle to make daily decisions about their care.

Care workers received training and information about the MCA. They told us, "I always let my clients make their own decisions by giving them options on what they want" and "Where possible we always help clients make their own choices where it's not we make decisions that are in their best interests."

The registered manager confirmed there was no one using the service who was at risk of malnutrition or dehydration. One care worker confirmed that when helping people with their meals they would, "Always encourage and support the service user to eat according to their care plan. I'll make the food attractive and give them enough time to eat their food." Care workers told us they recorded what people actually ate so they could see if there were any changes to the person's needs. We saw this was noted in the sample of daily logs we looked at so that care workers could see if there were any problems. Other care workers also told us that they always left the person with a drink at the end of their visit to help ensure they were hydrated.

There was a record of people's healthcare needs and any healthcare professionals who were involved in supporting the person. We saw that care plans included specific guidance relating to healthcare conditions. Logs of care provided included information about people's wellbeing and there was evidence that the registered manager and staff team had responded appropriately to changes in people's health by contacting the relevant health care professionals.

Good

Is the service caring?

Our findings

The feedback on the service and care workers from people using the service and relatives was overall positive. People using the service told us, "They look after me very well" and "I've not had any problems and things are good with my regular chap." Relatives commented, "There are one or two really special ones. They are very caring and nice to us" and "Carers look beyond the physical disabilities and [person using the service] looks forward to them coming. They have been able to make a connection. This also allows my [family member] to relax as they have confidence in them."

People told us they were involved in planning their own care and that their views and choices were respected. A relative said, "They [care workers] are respectful and chat. They are always very professional and they actually seem to care." The logs of visits showed that the care workers had used language which was respectful and informative.

People's preferences were recorded, such as if they had a name they preferred to be called or if they wanted a care worker who was a particular gender. People's spiritual and religious beliefs were also noted to remind care workers of each person's wishes and practices.

Care records also showed that care workers supported people to be as independent as possible. Care plans included information about what each person could do for themselves and what help they needed. One person's records clearly recorded how their particular needs affected them and what level of support they required. The records described how the person could understand some short sentences on familiar subjects, such as, 'Do you want a cup of tea' so that care workers knew that although the person had a limited vocabulary and understanding of social interactions they still could engage with them.

The registered manager confirmed that information on the service and any care records would be produced in a different format, such as, large print or in a different language if requested or required for people who might need support with understanding information and making decisions.

The registered manager told us all people using the service had a family member to represent them if they were unable to give their views on their care. They confirmed information on advocacy services would be made available to people so that they could seek support from an independent person if they wanted to.

Good

Is the service responsive?

Our findings

People using the service and their relatives told us the service met their needs. Care plans were personalised and included clear guidance on how to support the person. Information important to the person was described, such as, "Give [person using the service] a shower and hair wash at the same time and blow dry their hair." Guidance for the person included putting on lip balm to make sure their lips were kept moisturised.

There was some mixed feedback about whether people and their relatives had seen the care plans and if these had been reviewed. Comments included, "[Person using the service] has a care plan. They went through it all with us" and "The managers have visited me and talked about things that I need." However, one relative said, "There was a care plan at the start but I am not aware of any reviews." All the care workers that provided us with their views confirmed there was a care plan and risk assessments in the homes they visited. The care records we saw showed these had been reviewed.

Relatives spoke of care workers noticing and responding to issues and changes in people's needs. A relative gave an example that, "The carers noticed changes in [person using the service] skin and felt they was in pain. They told me so that I could act on it." Another relative described how, "The carer pointed out that we had no acceptable system for clinical waste. This agency introduced that and we have arranged for its collection." This demonstrated that care workers were vigilant and acted appropriately when they needed action to be taken.

People told us they knew how to make a complaint. Relatives also commented on communication between themselves and the office. One relative said, "Whenever I have called the office they have sounded concerned and acted on my feedback." Another relative fed back that they had one issue where the night care worker was asleep in a chair. They confirmed they had informed the office and that particular care worker was taken off night work. A third relative told us, "I have found the office very receptive to any concerns and they have always dealt with things to our satisfaction." This showed that where concerns were raised the registered manager was quick to address the problem to ensure the person using the service was supported safely and appropriately.

We informed the registered manager that we had received some negative feedback when making phone calls to a relative prior to the inspection. The relative was complimentary about some aspects of the service but had raised some issues that we shared with the registered manager and the funding authority. The registered manager confirmed these would be looked into.

We looked at the records of complaints. There was evidence that these had been investigated and appropriate action had been taken to resolve the issues.

There was no-one using the service with life limiting conditions. End of life wishes were explored with people where they were happy to talk about this with staff. Currently care workers had not completed any end of life care training. We spoke with the registered manager who confirmed they would be arranging this to give

care workers information and support on this subject.

Good

Is the service well-led?

Our findings

During our inspection on 6 and 7 December 2016 we found that although the registered manager had various audits in place not all of these effectively identified where improvements needed to be made.

At this inspection we found many areas had improved and were being checked. We saw that the registered manager now carried out a monthly review of different aspects of the service. This included checking that spot checks on care workers and a sample of people's care records to see if they were up to date and noting reportable events along with the action taken. This audit enabled the registered manager to gain an oversight of the how the service was running and to identify if there were any shortfalls.

Other areas, for instance, monthly medicine audits and planners were in place so that care workers received regular one to one supervision and people were visited and their needs reviewed on time. Records had been developed, such as when care workers last had a criminal check carried out as the registered manager deemed it good practice to request re-checks every three years or sooner if the care worker had signed up to the ongoing live log in system whereby these checks could be carried out on a continuous basis. This enabled the registered manager, where possible, to have current information on care workers who were sometimes working alone and unsupervised.

The registered manager had also started a development plan which recorded how the service previously operated, where they were now and had identified where adjustments could be made to improve the quality of the service.

There were some areas that needed to be improved upon as highlighted earlier and the registered manager confirmed they would continue to work on the quality assurance checks so that they offered a quality service to people using the service.

The provider was also the registered manager and was hands on in their approach. They had met with and knew people using the service and carried out assessments and home visits where they needed to. They told us their aim was to offer a 'premium service' and that they continued to work in 'partnership with families'. The registered manager held a relevant management qualification in Health and Social Care and attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums. They were also a member of the United Kingdom Homecare Association (UKHCA) and received updates on good practice.

People using the service and their relatives spoke favourably about the contact they have with the registered manager and staff in the office. One relative said, "If I have ever rung the office they have been helpful" a second relative told us, "We have zero issues." Overall the feedback was that phone calls were always returned promptly and they had the registered manager's mobile number so that they could contact them when there was a query or concern.

Feedback from the care workers on the service and support they received from the registered manager was

positive. Comments included, "The management is always in contact with carers on how to improve services for the clients we work with," "We have a group chat where we communicate so we know about any changes or challenges that might occur. My manager is always available 24 hours so I know I have support all the time" and "I am supported in my role by the manager and that has made me build my confidence."

Good communication was integral to the running of the service and care workers all said there was regular communication and updates from the office. Staff meetings were held and a care worker confirmed, "We have regular staff meetings. We discuss client's needs changing, safeguarding and general issues." The registered manager was also looking into developing a newsletter in 2018 for people using the service and staff. This would enable them to share information and give updates on the service.

The registered manager sought feedback from people using the service and their relatives through the review meetings held, the visits to check on care workers included talking with the person about the care they received and by sending satisfaction surveys. In 2017 the registered manager had received six replies and had analysed the results. We saw the feedback was positive with comments such as, "I find the carers very helpful" and "The standard of care is good." The registered manager had identified that end of life wishes and advocacy services needed to be talked about more and included on the literature given to people and their relatives. They confirmed they would be ensuring this was actioned as soon as possible.

The provider worked with both health and social care professionals to support people appropriately and for joined up care. We saw evidence that the staff were often in communication with other professionals to ensure people's needs were being met. Where necessary the registered manager met with professionals to review the support being provided for people.