

Figtree Care Services Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected Figtree Care Services on the 24 and 25 August 2017. The inspection was announced. Figtree Care Services provides support for older people living in their own homes. There were 35 people using the service at the time of our inspection.

There was not a registered manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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. The registered manager had left the service since our last inspection and a new manager had been appointed. The acting manager was going through the processes to become registered with the CQC.

We previously inspected this service on 7 and 8 July 2016 when we found breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The breaches of the regulations related to safe recruitments practices, assessing risk, care plans did not set out the needs of people, records were poorly written and no effective auditing systems were in place. We found on this inspection that improvements had been made but there were still areas where the service was in breach of regulations.

The provider had systems in place to identify individual risks to people. However, formal environmental risk assessments had not been completed. We have made a recommendation about this in our report.

People were protected from abuse by trained staff who understood how to recognise the signs of abuse and how they should report it. Staff received training that gave them the confidence and knowledge to provide effective care.

The provider had safe recruitment practices in place. All staff had a safety check to ensure they were safe to work with vulnerable adults. All staff received regular supervisions and yearly appraisals. The acting manager was carrying out spot checks of staff performance to ensure they were working in line with the provider's policy and procedures. There were enough staff to provide care and support for the people. However, we found that there were some occasions when staff were late to calls and people had not been informed. We have made a recommendation about this in our report.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Mental capacity assessments were being carried out and these were decision specific. Staff and the manager demonstrated good knowledge of the Mental Capacity Act 2005.

People were supported to have a healthy and nutritious diet. Staff would support people when needed. People and relatives told us they were given choice over what meals they would have.

People and relatives we spoke to spoke positively about the staff and the care they received. Staff were seen to be communicating to people in a kind and caring way. Staff protected people's dignity and encouraged independence. Staff demonstrated good knowledge of people and the care they required.

Care plans were detailed and identified each person's needs. However, reviews were inconsistent and were not being reviewed in a timely manner following changes of people's needs. Care plans identified people's preferred likes and dislikes when receiving personal care and staff were aware of these. Staff ensured that people were given choice over their care.

People, relatives and staff told us that the acting manager was having a positive impact on the service. The acting manager had identified that the current auditing systems required improvements but new methods had not been embedded within the service. People's records were not being consistently updated when required.

We found breaches in the regulations and you can see what action we took at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Risk assessments had been completed for people. However, risk assessments were not being completed for environmental risk.

The provider had ensured safe recruitment practices.

People were protected against abuse by trained, knowledgeable staff.

### Is the service effective?

**Good** 

The service was effective.

Staff received suitable training that gave them confidence to provide effective care.

The principles of the Mental Capacity Act were understood and applied in practice by staff.

People were supported to have food which met their dietary requirements. People were given choice on what they wanted to eat.

### Is the service caring?

**Good** 

The service was caring.

People and relatives told us they were happy with the staff at the service. Staff had good knowledge of the people they supported.

People privacy and dignity was maintained by staff. Staff encouraged people to be as independent as possible.

People private information was stored securely.

### Is the service responsive?

**Requires Improvement** 

The service was not always responsive.

People were not receiving reviews of their care in a timely

manner.

People were encouraged to make their own choices in regard to the care they received.

The manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.

**Is the service well-led?**

The service was not always well-led.

People, relatives and staff spoke positively about the new acting manager. The acting manager was seen to be open, transparent and approachable. People, relatives and staff could approach the acting manager at any time with a concern.

The acting manager had identified that auditing systems required improvements but the new systems had not been embedded within the service.

The provider had systems in place to ensure that all required notifications were made to the Care Quality Commission

**Requires Improvement** 

# Figtree Care Services 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.

The inspection took place on 24 and 25 August 2017 and was announced. We gave 48 hours notice to ensure that the people we needed to speak to and all documents we needed to see were available at the time of inspection. The inspection team consisted of two 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. We previously inspected this service on 7 and 8 July 2016 when we found breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events, which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

As part of the inspection, we spoke to the acting manager, five care staff, nine people using the service and nine relatives. We looked at eight care plans, seven staff files, staff training records and quality assurance documentation.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe when receiving support from staff provided by Figtree Care Services. One person told us, "I feel safe with staff when they are here." One relative told us, "We are happy that [X] is safe with them." However, we found that some practices were not completely safe.

At our previous inspection on 7 and 8 July 2016 we found that the service was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to assessing risk to the people using the service and their environment. At this inspection improvements had been made and the registered provider now had systems in place to identify risk. The acting manager had ensured that risks identified for people using the service had been completed. Control measures to minimise risks were clear, appropriate and followed by staff in practice. Individual risks identified included moving and handling, pressure sores and choking. We observed, with permission, moving and handling in a person's home and this was done in a safe way and in line with the guidance in the care plan. Staff were using equipment appropriately and safely. However, we found that environmental risk assessments had not been fully completed. Individual risk assessments identified equipment that was to be used and how to use them but did not include information on when the equipment needed to be serviced. We also found that no comprehensive environmental risk assessment had been completed by the acting manager. We reported this to the acting manager who told us that he was aware of this and showed us a template for environmental risk assessments and evidence to show that the acting manager had begun visiting people using the service to complete this task. The environmental risk assessment included access, flooring, details of any equipment used by staff including when it was to be serviced and contact numbers for those responsible. Following inspection we were sent evidence to show that the acting manager had started completing the environmental risk assessments with people using the service.

We recommend that the acting manager ensures that all environmental risk assessments are completed for all people using the service.

At our previous inspection on 7 and 8 July 2016 we found that the service was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that there was no record for some staff of safety checks being completed and staff files did not contain a contract of employment. At this inspection improvements had been made and the service was compliant with this regulation.

We checked staff records and found that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults. We also found that all staff had signed contracts for employment within their files. Staff files also included two references and photo identification to ensure that members of staff were allowed to work in the United Kingdom.

There were sufficient numbers of staff on shift to meet people's needs in a safe way. The acting manager told us they currently had 24 care staff working for the service to provide support for 34 people. All people we spoke to told us there were enough staff at the service. One person told us, "They (staff) are pretty much on time." Another person told us, "They are more or less on time." The registered provider had a system in

place that staff had to sign in to calls on their work mobile phones and this was linked to a computer system that flagged up if people were running late. The registered provider also used company cars that were tagged so that the acting manager could check where staff were at any time. However, some people did tell us that they were not always informed when staff were running late. One person told us, "Sometimes they are late and I do not get told this by the office." All staff we spoke to knew the provider's policy and told us that they were expected to contact the office when they were running late.

We recommend the acting manager ensures effective processes when being informed that a member of staff is running late to call.

No one currently receiving care from Figtree Care Services was being supported by staff to administer their medicines and this was the provider's policy. All staff we spoke to told us that they only support people through prompting them to take their medicine. This was documented in people's care plans.

People were protected against abuse by staff that had received appropriate training and could identify the forms of abuse. Records confirmed that all care staff received safeguarding training. Staff told us how they would react if they were to identify possible abuse. One member of staff told us, "Safeguarding is identifying and reporting any kind of abuse. I know the manager would act on any concerns but I can also go to social services if needed." All staff we spoke with had a good understanding of safeguarding and how they should report their concerns. Information was available to staff in the office that included up to date guidance and who they could contact. The registered manager kept a safeguarding folder that documented all alerts that had been made to the local authority. Records also showed any further correspondence with the local authority and any action taken by the manager.

Accidents and incidents were checked and investigated by the acting manager. Staff were reporting any concerns promptly. Staff followed correct procedures as identified in the service's policies. There was a record of any reported accident and incidents at the service that documented any further investigations to be carried out and any action. For example, in one case spot checks were completed for a member of staff and further training given.



## Is the service effective?

### Our findings

People and their relatives were positive about staff's effectiveness and capability. One person told us, "They (staff) are well trained." Another person told us, "They (staff) know what to do." One relative told us, "I have seen them (staff) use the hoist and there are no problems, they have all had training."

People received effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. Staff were supported to take on vocational qualifications in health and social care, to assist them to gain greater knowledge and progress in their careers. All staff received regular one to one supervision sessions and an annual appraisal of their performance. Staff were up to date with essential training that included dementia awareness, first aid, manual handling, mental capacity, health and safety and infection control. Training was provided in a class room setting that included testing of competencies in moving and handling. The acting manager also undertook spot checks with staff to identify if there were any areas for improvement or areas where staff would benefit from additional training. Spot checks also ensured that staff were working with people in line with the providers policies.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff received mental capacity training and identified to us a good understanding of the core principles of the mental capacity act. Staff were seen asking for consent before providing personal care in people's homes. One member of staff told us, "If a person refuses personal care that is okay and we can move onto to other tasks and ask again before we leave. If personal care is not given by the end of the call we write it in the care notes and inform the office and relatives."

People were supported to eat, drink and maintain a balanced diet. Staff were trained in food hygiene, and knew of people's food allergies, specific dietary requirements and preferences. These were clearly outlined in people's care plans, the content of which was known to staff. One person told us, "they do the meals, we have frozen ones delivered and they get us what we want and need." One relative told us, "We have (food company delivery) and they give [X] a choice of those and a pudding and a drink." At the time of our inspection there were no people on specific diets.

People had access to health and social care professionals and were supported by staff when needed. People's records showed when other medical professionals were involved that included GP's, district nurses, occupational therapists, physiotherapists and social services. Relatives we spoke to told us that staff were quick to identify and report to them if people need further support. One relative told us, "They (staff) spotted when [X] was ill and told us so. We contacted the doctor there and then, they are very much on top of that."

People were supported to maintain good health. The registered provider had systems in place to identify if

people needed assistance with turning, to reduce the risk of pressure sores and catheter care. Care plans included guidance on how to maintain a person's catheter. People's care notes identified that staff were checking people's catheter when attending and to ensure that it was draining freely. One person told us, "They (staff) identify to me if there are any problems with it (catheter). I ring the nurse and I know they also report it." Another person told us, "Carers always empty the catheter bag." We observed one member of staff emptying a catheter as an automatic task and appropriate attention was given to hygiene.

## Is the service caring?

### Our findings

All people and relatives we spoke with spoke highly of the staff and their caring approach. One person told us, "They (staff) are very nice and kind." Another person told us, "The girls (staff) are very caring to me. They understand me." One relative told us, "[X] reports they are very kind to her and very obliging." Another relative told us, "They are very good with [X] they are lovely and make him laugh."

Staff communicated with people in a kind and caring way. With permission, we observed care being given to people in their homes. On arrival staff knocked on the person's door and identified themselves. Staff talked to people in a kind, unhurried manner that people responded well to. All staff we spoke to told us the importance of communicating clearly to people and building a positive rapport with the people they supported. People told us that they received a regular carer, unless they had to be an urgent change due to the member of staff not being able to make the call. One person told us, "If there is going to be a new carer they would attend with the regular one." This ensured that staff would quickly learn how to provide person centred support to that person. One relative told us, "They (staff and relative) have got used to each other, they have got used to his little ways."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, people's preferred methods of personal care and how they liked to be supported with personal care. One person's care plan told us of the importance to that person of washing their hair. The care plan instructed staff how often the person liked their hair washed. Care records showed that this was being offered and carried out when required. Staff told us the importance of people maintaining their independence. One member of staff told us, "It is important that the people we support do as much as they want to do by themselves. For example, one person can wash their face and front of their body and then we get asked to help out with the other areas."

People were treated with dignity and respect at all times. One person told us, "All the staff I have had make sure my privacy and dignity are respected." All staff we spoke with told us the importance of providing care that treated people with dignity, respect and maintained their privacy. One member of staff told us, "I make sure the curtains are closed and that the person is covered up." Another member of staff told us, "I make sure that I communicate with the person throughout giving personal care. We have general chit chat and I think that helps them."

The registered provider had ensured that people's private information was stored securely. All people's confidential information was stored in a locked cabinet. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

## Is the service responsive?

### Our findings

People and relatives told us that staff responded well to their needs. One person told us, "They (staff) are so helpful. If there is a problem they let us know." One relative told us, "They are generally really good and things have improved for [X]."

At our previous inspection on 7 and 8 July 2016 we found that the service was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that care files did not contain a care plan that set out the needs of the person and how staff were to meet these needs and daily care records were poorly written. At this inspection improvements had been made but the service was still in breach of the regulation.

Care plans set out the needs of each person and how staff were to support these needs. We looked at eight people's care plans. Each care plan included an assessment carried out by the National Health Service. These assessments detailed each person's needs and what support they required. This assessment formed the basis of the person's care plan. Each care plan was split into sections that identified risks and people's personal preferences. For example, care plans identified people's routines for each call that staff attended. These routines would have to be checked as completed by staff on their work mobile phones. If a task was not completed this would be flagged by the system for the acting manager to investigate. Staff also completed a daily report that was written by hand and left with the person receiving care. These were collected by staff at the end of each week to be held at the office. The daily notes were written clearly and in plain English. The acting manager told us, "We gave additional support to those staff who were struggling writing clearly through additional training."

However, we found that reviews of people's care had not been completed in line with the registered provider's policy. Some people we spoke to told us that reviews of their care had not taken place. One person told us, "I do not remember having any reviews of my care plan. Another person told us, "We have had no reviews." One relative told us, "My only grievance I have had is that I have been with the service for a year and I have never had a review." The internal service user records audit carried out by a member of staff was not clear whether individual reviews had been carried out. Under the term 'care plan' it simply said yes or no next to each person's name, there was also no action plan to identify what needed to be done. We also saw evidence to show that people's care plans were not being reviewed when their needs had changed. For example one person's care plan told us that the person had leg ulcers and that staff had to apply protective cream. We were told by the person that this was historical and that they no longer had leg ulcers. This had not been reflected in the person's care plan. We reported our concerns to the acting manager who told us that they would be reviewing all care plans. Following our inspection we were sent evidence to show that people using the service were being visited for full reviews of their care plans.

The registered provider had not ensured that care was designed to meet people's needs or preferences. This is a breach of regulation 9 of the Health and Social Care Act Regulations 2014.

People and relatives told us that the service was flexible and responded well if changes were required. One person told us, "If I do not require a call it is no problem. I just give them a ring and it is sorted. One relative

told us, "When I needed extra help once they helped out. They got me out of a hole." Staff told us that they had fixed times but there was no pressure put on them if they needed to stay longer. One member of staff told us, "If we need to stay longer we do. We let the office know. There is never an issue about it." The acting manager told us, "It is more important that staff complete what is needed for the person. I would never put pressure on staff to finish early." People and relatives we spoke to told us that staff would stay for the full amount of time and would stay longer if required. Call times showed that staff were staying for the person's allocated time and we saw evidence to show that in some instances staff were staying longer to provide additional support if needed.

People were given choice by staff. One person told us, "They (staff) give me a choice on everything. From, what I want to eat to what I want to wear. It is natural to them." One relative told us, "When I am there they are always giving choice like what she wants to eat and drink." All staff we spoke to told us the importance of giving people choice. One member of staff told us, "We always give people choice, it is as simple as that."

The registered provider had in place a complaints policy that ensured that any complaint made was investigated by the acting manager. However, there was no system in place to collate together any complaints or concerns so that any trends could be identified. The acting manager told us, "When someone reports a complaint or concern it is logged on their file on the data base under communication." We saw evidence to show that this was being done but any communications made was being stored in another location and the acting manager had to find the responses and resolutions made. People we spoke to told us they knew how to complain and that any concern that they raised had been dealt with by the acting manager.

We recommend that the registered provider seeks guidance from a reputable source to ensure that complaints are collated.

## Is the service well-led?

### Our findings

People, relatives and staff spoke positively about the acting manager. One person told us, "If you ring him (manager) he is very nice and tries his best to sort things out for you. Another person told us, "The care staff are noticeably happier and less pressured." One relative told us, "The manager seems good and easy to get hold of and you can tell he cares." One member of staff told us, "I like him (manager) he is very supportive and helps out with any problem work or personal." Another member of staff told us, "He is good, we are all working a lot more effectively, it feels like we are more of a team."

At our previous inspection on 7 and 8 July 2016 we found that the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had not had any auditing systems in place since the service started operating in 2015 and that records were not always accurate and complete. At this inspection improvements had been made but the service was still not fully compliant with the regulation.

The registered provider had not ensured that formal auditing had been fully embedded into the service. We found that a care plan audit had been completed in December 2016 and August 2017. Both of these audits were not clear as they did not detail if any action was required or if it had been completed. For example, the care plan audit in December 2016 identified that from a sample of eight care plans that three did not have appropriate risk assessments in place. The audit did not state if these had been completed. We checked the care plans and saw that the risk assessments were on each care plan. There were no other audits being carried out at the service to identify any shortfalls and drive forward any identified improvements. We reported our concern to acting manager who told us he had identified this when he started in his position and had been working on new auditing systems that he would be implementing following the inspection. The new systems included a full comprehensive care plan audit that planned reviews of care to be carried out every three months or when required and to check that records were being completed. There was an administration audit that covered complaints and policies. There was also a staffing audit to ensure that all staff records were complete and that spot checks were being completed. Following our inspection we were sent evidence to show that people's care plans had been audited. These audits were clear and robust and included action plans. For example, following a visit to review a person's care plan the action was to upload the new environmental risk assessment to the care file.

People's records had not always been updated when changes occurred. All people using the service had care plans in place. However, we found that some records were not being completed when required. Some care plans had not been updated to include a person's life history. Staff were not updating in care plans when people's medicines had changed. Staff we spoke to were aware of any changes and could demonstrate that they knew people well but these were not being captured in people's records effectively. We reported our concerns to the acting manager who told us, "These points are included in the new auditing systems that will be implemented."

At the time of our inspection the registered provider had failed to establish systems to assess, monitor and improve quality effectively, or to maintain accurate and contemporaneous record. This is a

continued breach of regulation 17 of the Health and Social Care Act Regulations 2014.

The manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirement were being made to the Care Quality Commission. The registered provider had ensured that all policies were up to date and these were communicated to staff. Staff demonstrated good knowledge of provider policies such as, safeguarding and lone working.

The acting manager had ensured that there was an open door policy so that people, relatives and staff could approach the acting manager at any time. All people we spoke to knew who the acting manager was and how they could contact him. People were given packs when they started the service that had guidance on who they could contact if required. All staff we spoke to told us that they could approach the acting manager at any time. One member of staff told us, "He is really good, if we are out on calls and need help he is always there. If he misses a call from us, he will call straight back."

Surveys of the service provision were being carried out on a yearly basis. The last people and relative survey was completed March 2017. All people and relatives that responded gave positive feedback regarding staff. For example one person wrote, "Staff are very professional and they go above and beyond the duty of care." One relative commented, "Staff do a good job caring for my mother." Some responses identified that the change in management has been positive. For example one relative commented, "The service we received was shaky at first but has now improved." Where people had put their names on their survey and gave negative comments these people were approached and the outcomes were being recorded. The acting manager also implemented regular staff meetings to give staff an opportunity to raise any concerns and also communicate to them any changes or areas for improvement.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider had not ensured that care was designed to meet people's needs or preferences.</p> <p>Regulation 9(3)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to failed to establish systems to assess, monitor and improved quality effectively, or to maintain accurate and contemporaneous record.</p> <p>Regulation 17(2)(a)(c)</p>