

Fosse Healthcare Limited

# Fosse Healthcare - Grantham

## 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

### About the service

Fosse Healthcare - Grantham is a care agency providing personal care to 80 people living in the community and 33 people living in an extra care scheme. The service can support adults of all ages, some of whom may be living with dementia. It supports people with autism or a learning disability, people with a sensory impairment or physical disability and people who need support due to mental health conditions. The extra care service was provided to some of the people living in purpose-built flats in Grantham.

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.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's ability to communicate their choices was recorded along with any aids or support they needed.

Staff had received training in how to keep people safe from abuse. The registered manager worked with the local authority to investigate concerns and action was taken to keep people safe. People's knew how to make a complaint and complaints were used to drive improvements in the care provided.

People had received an assessment before they started to use the service. Care plans accurately reflected people's needs and risks to people while receiving care had been assessed and care was planned to keep people safe.

People were involved in planning their care. Medicines were safely managed and staff had received training in how to keep people safe from the risk of infection. Risks to people while eating and drinking were identified and people told us staff supported them to access a healthy diet.

There were enough staff to keep people safe and checks were completed to ensure they were safe to work with people using the service. People received care from a small consistent group of staff which allowed staff to get to know people and their needs well. Staff received training and support to enable them to receive safe care.

People told us staff respected their privacy and dignity and encouraged their independence. People's likes and dislikes were recorded and staff ensured people had everything they needed before leaving people.

People using the service and staff were positive about the registered manager and felt they supported the delivery of high quality care. Systems to monitor the quality of care provided were in place and people were

asked for their views of the care they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 2 October 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the registration date of the service.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Fosse Healthcare - Grantham

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of an inspector 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.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and so they could arrange for staff to visit the office and speak with us.

Inspection activity started on 4 September 2019 and ended on 5 September 2019. We visited the office location on 5 September 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the regional manager, the registered manager, an administrator and three members of the care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in keeping people safe from harm and how to recognise the signs that a person may have been abused.
- Staff were confident if they raised any concerns with the registered manager they would be taken seriously and thoroughly investigated. They also knew how to raise concerns with external agencies.
- Records showed the registered manager had reviewed concerns raised and taken action to reduce the risk of similar issues reoccurring in the future.

Assessing risk, safety monitoring and management

- Care plans identified risks to people while receiving care and provided the information staff needed to ensure the care was safe and met the person's needs. For example, the support and equipment a person needed to move around their environment safely. One person told us, "My carers [staff] use the banana board properly and move me safely into my wheelchair or onto the commode. They are gentle and patient. I think they are well trained to move people like me safely." Another person said, "The carers know how to use my hoist and slider board efficiently."
- Staff kept up to date with changes in people's needs, by sharing information in the daily notes. They explained they always read the previous entry before providing care.
- Environmental risks for people and staff were assessed when a person first started to use the service. The care plans contained information on how to turn off the gas and electricity supplies in an emergency. In addition, they also identified possible trip hazards for people and with the person's consent action was taken to make their environment safer for them.

Staffing and recruitment

- People told us there were enough staff available to meet their needs. They said that staff arrived when expected and provided all the care they needed without being rushed.
- One person told us, "Generally the carers arrive on time and do a very good job. But it does annoy us when they arrive too early because we are not ready for them. This doesn't happen very often. The carers know what time they should arrive because it's clearly stated in the care plan." Another person said, "We asked to have our morning visit moved to 8.30am, which suits us much better. This was sorted out quickly. Carers are now arriving at the right time, so we are better organised to get on with our lives."
- If any last minute changes were made to the rota people using the service were notified. One person told us, "Our carers are usually punctual, but if they are delayed they will ring us."
- The service had a computer system in place where staff were required to log when they arrived and left a person's home. This meant the registered manager was able to monitor that staff were staying the correct length of time in people's homes. People told us that had improved the support they received.

- Staff were safely recruited and appropriate checks were completed before they started to work at the service.

#### Using medicines safely

- Staff had received training in the safe administration of medicines and accurate records were kept.
- People received varying levels of support with their medicines. For example, some people would just need to be reminded, while others would need staff to take the medicine out of the package for them.
- Care plans recorded the level of support people needed to take their medicines in line with the prescription. They also recorded who would be responsible for ensuring medicines were available when needed. For example, if staff needed to collect them from the GP practice or if they would be delivered.

#### Preventing and controlling infection

- Staff had received training in keeping people safe from the risk of infection.
- Staff were able to describe how and when they would use protective equipment such as gloves and aprons. In addition, they were clear on how to dispose of used equipment and other items which may pose a risk to health.
- People we spoke with told us staff maintained hygiene standards and used equipment appropriately.

#### Learning lessons when things go wrong

- The registered manager reviewed all accidents and incidents. They ensured action was taken to keep individuals safe from similar incidents reoccurring.
- Learning from incidents was shared at staff meetings to keep staff up to date with any changes in care needed to keep people safe.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People received an assessment to ensure their needs could be met. Assessment tools based on good practice guidelines were used to assess people's needs. This allowed the registered manager to be sure staff had the skills needed to meet people's needs.
- The provider had plans in place to expand the use of a computer system to support them to provide safe care for people. The system would include people's care plans and recording of medicines. In addition, staff caring for people would be able to share concerns or changes in care needs with colleagues immediately.
- The provider and registered manager had spoken to people who used the service and their relatives about the planned changes. They explained how the increased monitoring would have a positive impact on the care people received. With the person's permission, relatives would be able to access the system and be able to see when their relative has received their care call and if there were any issues or concerns.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to provide safe care for people. New staff were required to complete the provider's induction programme and the care certificate. The care certificate is a nationally recognised training scheme to ensure care workers have the skills needed to provide safe care.
- In addition to the required training new staff also shadowed an experienced member of staff until they were confident in their skills to care for people. One member of staff told us as they were not confident with using a hoist they had extra support from a senior care worker until they were happy they could use the equipment safely. As part of the care certificate staff competencies were assessed to ensure they were of the required standards.
- The provider had systems in place to monitor the ongoing training needs of staff and staff received alerts when they were due to complete training. Staff were also supported by regular supervision sessions with their line manager. However, staff told us they felt able to raise concerns at any time and would not wait for a supervision if anything was worrying them.

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

- People's ability to eat and drink safely was assessed and where staff had any concerns about people they were referred for an assessment by a healthcare professional.
- People told us staff were good at ensuring their nutritional needs were catered for. One person told us, "They know that I'm diabetic and prepare my snacks and drinks accordingly, with minimal sugar and calories." Another person said, "The regular carers are great. They do a great deal to help me manage my life. They are very helpful in tidying up and organising my food. We chat about what I need to buy in terms of food & drink."

- Care plans recorded any support people needed with maintaining a healthy diet. For example, one person's care plan noted they needed a thickening powder added to any fluids to reduce their risk of choking.

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

- Care plans showed staff contacted healthcare professionals when people were not well.
- Care staff told us if a person was not well they would ask the person if they could contact the doctor for them. If staff were concerned about the person's ability to make the decision, they would ring the office for guidance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and understood that people were able to make decisions about their care. Staff spoke knowledgeably about the mental capacity of the people they supported and were aware of who could make their own decisions and who needed support to make a decision.
- People's care plans recorded people's abilities to make decisions for themselves, who they wanted involved in their care and any legal arrangements in place to allow family or friends to make decision on their behalf.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us they were supported by a small number of care staff who knew them and their needs well. People told us seeing familiar faces helped them to feel secure and comfortable with the staff. One relative told us, "I like the way that two carers always support my partner. They get on really well. I think [Name] actually looks forward to them coming. The carers make her laugh and chat about all the local gossip. They are all very friendly people who take a lot of care with my partner. The care is fantastic in my opinion. Ten out of ten."
- People told us they were comfortable and fully supported by the staff, with staff often providing more support than recorded in their care plan. One person told us, "All the staff are so friendly and reliable. I really enjoy their company, we all get on so well. They are all very professional people. I really trust my carers, they are such lovely people. They will even put my shopping away for me even though they are not supposed to." Another person said, "Even though it is not in my care plan the carers will help me with my laundry and we chat about what meals I should buy in... I have more independence now and the right amount of help I need to have a shower, get dressed and organise my meals. If they have enough time the carers will even do some cleaning for me. They really do help me to cope."

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

- People told us they were fully included in making choices about their care. One person told us, "We chat about whether I want a shower or just a wash. They wash my hair, but towel it dry because I can't stand using a hair drier. They make sure the wet room is spotless before they leave."
- People were also confident they could request any changes in their care. For example, one person asked for their morning care call to be moved to a different time to suit them better and the registered provider ensured this change was actioned.

Respecting and promoting people's privacy, dignity and independence

- People told us they were able to request who supported them as this helped them maintain their dignity. One person told us, "I requested that I did not want male carers to support me and this has been properly organised." This person also told us they appreciated staff would change the length of their visit if they wanted to take a shower. A relative told us, "They respect [Name's] dignity and cover them up properly when they are given a shower. They are very respectful with both of us. We feel very relaxed with their support. Their main task is to make sure my wife is kept clean & dry. They do this really well."
- People also told us how staff supported and encouraged their independence. One person told us, "I am very dependent on receiving a reliable care service, but I also want to be given space to look after myself. In the wet room for example the carers respect my privacy and only give the help I ask of them." A relative said,

"They give [Name] as much help as they need to get washed and dressed. It is a really good joint effort. [Name] does as much for themselves as they can the carers [staff] just dry the parts they cannot reach... They are very kind people."

# Is the service responsive?

## Our findings

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

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

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

- All the people using the service and the relatives we spoke with said they had been involved with the service's staff and the social services in preparing care plans designed to meet their needs. One person told us, "[The registered manager] did a very thorough care plan based on a detailed risk assessment to make sure [Name] can be moved safely around the house. People told us the care plans were only changed with their consent.
- People told us they were confident staff knew the contents of their care plan and provided care in line with their wishes. One person told us, "The carers know what I want them to do and we have a very good routine." Another person said, "They [Staff] listen carefully to how I want them to help me. I set the rules and they follow them. That makes life easier for all of us.
- A relative told us how staff were confident and provided care which supported and encouraged the person. They said, "[Name] is very depressed because of their stroke. They do their best but need encouragement. Our carers do this really well. They are very positive with [Name]. They are so careful in the way they help them with the commode, or getting washed & dressed. They do not rush, so [Name] stays calm and reasonably relaxed. They have a very good way with them. They are very respectful."

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's hobbies and likes were recorded and staff always ensured they had everything they needed before leaving. One person said, "I like the fact that the carers always make sure I have everything to hand before they leave me such as a drink, my phone and the TV controls. They always double check whether I need the toilet and that I am dry & comfortable. They do exactly what I expect of them. We feel very comfortable in each other's company."

Improving care quality in response to complaints or concerns

- People received information on how to make a complaint when they first started using the service.

- People told us they were confident that any concerns raised would be dealt with. One person told us how they had requested female only staff and this had been respected. Records showed any complaints received from people using the service or from commissioners of the service were fully investigated and action was taken to improve the care people received.

#### End of life care and support

- Staff had received training in supporting people at the end of their lives.
- The registered manager and staff worked with other healthcare professionals to support people at the end of their lives. For example, the local hospice and Marie Curie nurses.
- Where needed staff supported people to have anticipatory medicines in place. These are medicines people may need to remain comfortable and pain free at the end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the service was person centred and inclusive. Staff were valued for their contribution and their ideas listened to and respected. The service put people at the heart of all decisions. People and staff put this down to the skills of the registered manager.
- People using the service and relatives all spoke positively about the registered manager. They described her as a very friendly, kind and caring person who expects her staff to provide the best possible care and support. One person told us, "[The registered manager] leads from the front. They go out on spot checks and gives hands on care. The staff respect this and respond very positively to them."
- Staff told us how the registered manager respected their home situation and supported them to find a balance between work and home life. The said this had improved their morale and had driven them to provide high quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us and record showed the registered manager had kept people and their relatives informed about any incidents which had happened. They worked with families and people using the service to provide care which kept people safe.

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

- There were effective audits in place to monitor the quality and safety of the care provided. The registered persons ensured when any concerns were found action was taken to make improvements.
- The provider had taken action to comply with the regulatory requirements. The registered manager had notified us about events which happened in the service.

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

- There had not been a survey to gather their views of people using the service as the service had not been in place for a year. However, everyone we spoke with had regular contact with the office staff and were confident about raising any concerns they had. In addition, people received regular phone calls from office staff to discuss the service they received and any concerns they had.
- There were regular staff meetings and staff also visited the office once a week where they were able to

speak with the registered persons. Staff were confident action was taken when they raised a concerns as they received feedback from the registered manager of the action taken.

Continuous learning and improving care: Working in partnership with others

- The provider was dedicated to improving the quality of care provided and was investing in a computer system to drive improvements, reduce medicine errors and to provide open communication with people and their relatives.
- The registered manager took account of feedback from the local authority who commissioned the care for some people using the service. Records showed they had taken action to make improvements in care. For example, by minimising the use of agency staff.