

Fosse Healthcare Limited

Fosse Healthcare - Nottinghamshire

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fosse Healthcare - Nottinghamshire is a domiciliary home care service providing personal care to adults with personal care needs. Fosse Healthcare - Nottinghamshire were providing a service to 196 people at the time of the inspection.

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 felt safe when staff cared for them in their homes. Some did raise concerns about punctuality of calls and consistency of staff teams. The provider had acted to address this, and records showed most calls were completed on time; however, this was not translated into positive feedback from all people.

Efforts had been made to have a more robust and effective approach to investigation of safeguarding incidents. The provider was currently working with the Local Authority in relation to current safeguarding cases. The outcome of these is not yet known. We will continue to monitor this.

Improvements had been made to the overall assessment of risk; including the risks associated with people's health and safety. Staff were recruited safely. People's medicines were well managed. Accidents and incidents were appropriately investigated. Robust infection control procedures were in place. This included how to reduce the risk of the spread of COVID-19.

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. Staff were well trained, and their practice was regularly assessed to aid development and improve the quality of support people received. People were supported to lead a healthy and balanced lifestyle with risks to people's dietary needs assessed and acted on. The provider had effective relationships with external health and social care organisations and people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Improvements had been made to the overall governance of this service. Stable management was now in place; the registered manager was supported by the nominated individual to continually improve the quality of the care people received. The registered manager had a good understanding of the regulatory requirements of their role. People's experiences had improved since the last inspection, although some did still raise some concerns which have been referred to in other parts of this report.

The provider had acted to try to provide a more person-centred and inclusive approach to care. A 'family provider portal' enabled relatives to view their family member's care records and to raise concerns if

needed. People felt especially well supported during the height of the COVID-19 pandemic. Staff wellbeing was actively supported and monitored.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 August 2019). There was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 26-28 June 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires Improvement to good. This is based on the findings at this inspection.

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

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 not consistently safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was well led

Good ●

Fosse Healthcare - Nottinghamshire

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 was carried out by two inspectors, two assistant inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 provider 48 hours' notice of the inspection. This was because we wanted to ensure the provider could provide a safe environment for their staff and our inspectors to work whilst adhering to COVID-19 safety precautions and guidelines.

Inspection activity started on 10 September 2020 and ended on 18 September 2020. We visited the office location on 10 September 2020.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 this information to plan our inspection.

During the inspection

We spoke with 33 people who used the service or their relatives about their experience of the care provided to them or their family members. We spoke with four members of the care staff, the registered manager, the managing director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records, medication administration records and the daily notes recorded by care staff. We looked at a variety of records relating to the care people received and the management of the service, including policies and procedures and training records.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always fully protected from the risk of harm or abuse.
- Most people we spoke with told us they felt safe when staff supported them within their homes. One person said, "I feel very safe with all of the carers, they know how to look after me."
- At the beginning of 2020 we noted there had been an increase in the number of concerns raised about this service; this included safeguarding issues, with some being substantiated by the Local Authority. This meant people had experienced care where their safety had been placed at risk.
- Records showed that in the three months prior to our inspection the concerns raised about this service had reduced; however, the Local Authority is currently working with the provider to investigate some safeguarding cases and we await the outcome of these.
- The provider had acted since our last inspection to implement new investigation and monitoring processes to enable them to act quicker when concerns about people's safety were raised. More scrutiny was placed on the actions the registered manager had taken to investigate concerns, with senior management actively reviewing cases on an on-going basis. If these measures continue and are sustained, this will help to reduce the risk to people's safety.

Staffing and recruitment

- There were enough suitably experienced and qualified staff in place to keep people safe; however, some people raised concerns that their calls were not always on time and they did not always receive calls from the staff they were expecting.
- Feedback from people with regards to punctuality of calls was mixed. Some stated all calls were always on time, others felt calls were carried out either too late or too early. Some also told us that they were not always notified when a call was going to be carried out earlier or later than they expected.
- The provider showed us analysis of call arrival times for the three months prior to the inspection. These records showed that almost 95% of calls were carried out within 30 minutes of the agreed time. The nominated individual was disappointed to hear that people raised these concerns with us. However, they told us they and their staff would contact people to offer reassurance about the expected call times and to ensure that people were always notified when a call would be earlier or later than expected.
- Some people also raised concerns about the consistency of their team of staff. They told us they did not always receive calls from the staff member they expected; with some calls carried out by staff who they did not know well or had not met before. Some told us this made them feel unsafe. One person said, "You just

never know who is coming or what time and I don't think it is good enough. I like to know who is coming into my home."

- It was noted that some of the people we spoke with told us the consistency of the staff they had received had improved recently and felt efforts had been made to always provide the staff they expected for each call. A relative said, "We do now get the same carers each week and 99% of the time they arrive on time. This has improved and is related to the consistency of the carers mainly. We continued to get the same during lockdown which was good as we were both shielding."
 - Staff were recruited safely. No staff member could enter a person's home until a satisfactory criminal record check had been completed and received. Processes were in place that if the check showed an area of concern about a staff member's suitability, an assessment of the risk to people's safety would be completed before they entered people's homes alone. This ensured people's and staff safety was always respected.
- Assessing risk, safety monitoring and management
- The assessment of risk and the monitoring and management of people's safety was effective and helped reduce the risk of people experiencing harm.
 - People and relatives told us about the confidence a consistent team of staff gave them or their family member's when care was provided.
 - One person told us they were never rushed by staff even if the staff member was running late for another call. A relative said, "The staff know what they are doing and keep [my relative] safe. For example, we have a stair lift and they will prompt [family member] to make sure they sit correctly and the same in the shower, they make sure they are sat properly on the seat. I have no concerns about safety."
 - At the last inspection we noted there was not a procedure in place to evacuate people safely should there be an emergency when staff were present in their home. We saw this was now in place in each of the seven care records we looked at. This meant people's safety was now formally assessed and considered in an emergency.
 - The risks to people's home environment had been assessed and guidance was in place to ensure staff and the people they cared for were safe during each call.
 - The care plans and risk assessments we looked at were reviewed regularly to ensure they continued to meet people's changing care needs. People and where appropriate, relatives, were always involved with this process.

Using medicines safely

- People received their medicines safely by trained and experienced staff.
- Most of the people we spoke with told us they or their relatives managed their medicines without the need for support for staff.
- For those who did require support from staff, most told us staff did so safely and in accordance with their needs.
- An electronic recording system was in place which required staff to record that they had supported people with their medicines in accordance with their assessed needs.
- Where time critical calls were needed to ensure people received their medicines at certain times of the day, records showed these were, in most cases, completed on time. Records showed this had helped to reduce the risk of medicine errors. Where there were errors, action was taken to identify why the error had occurred and to offer guidance and retraining for staff where required. This helped to reduce the risk to people's health of incorrect medicine administration.

Learning lessons when things go wrong

- Learning from incidents and near misses was based on a thorough analysis and investigation of things that went wrong. Regular detailed analysis was conducted to help identify trends and themes and to act quickly to reduce the risk of recurrence. Staff were encouraged to participate in learning to improve safety as

much as possible.

Preventing and controlling infection

- The provider has robust infection control procedures in place.
- Most people felt staff always followed safe infection control procedures when in their home. Most reported that staff had and continued to wear masks during the COVID-19 pandemic.
- Infection control policies and procedures had been adapted to address COVID-19 concerns. Staff received regular infection control/COVID-19 training and updates and the provider held regular meetings to address any concerns raised by people/relatives/staff as well as implementing new government policies and procedures.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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's physical and mental health and social needs were assessed prior to them starting with the service. People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- Care records contained reference to current best practice standards and guidance when care plans were formed. This guidance helped to ensure that people received care that met current best practice standards.
- Electronic care planning and monitoring systems reduced the risk of staff not completing all care tasks for people. For example, if a person required repositioning to reduce the risk of a pressure sore developing; the electronic system reminded staff to complete this task before leaving the person's home.
- The registered manager told us, they were continually reviewing people's care records to ensure staff had the guidance and care plans in place to support people's assessed health and care needs.

Staff support: induction, training, skills and experience.

- People were cared for by staff who were well trained, experienced and had the skills needed to provide them with effective care.
- Regular reviews of training and supervision compliance were completed. Current statistics showed 97% of all staff training had been completed within the provider's required timeframe. 83% of all staff had received the appropriate number of supervisions and/or spot-checks of their performance.
- Most of the people and relatives we spoke with felt staff understood their or their family members' care needs and provided care in accordance with their care plans and risk assessments. A relative said, "All the staff look after [family member] and support them to do what they can; they encourage and have a good rapport. The carers always sit in the car and check their phones (electronic care records) before they come in. I believe they all understand [my relative's] condition."
- People told us they felt more at ease when they had a consistent team of staff who they saw regularly and understood their care needs. The nominated individual told us they had worked with the registered manager to improve staff consistency on calls and would continue to do so to further improve people's experiences.
- Staff spoken with felt well trained and supported. They felt they had the skills needed to care for people safely and effectively. Staff felt able to discuss any concerns they had with the registered manager or senior management.

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

- People were supported to eat and drink enough to maintain a balanced diet and to reduce the risks to

their nutritional health.

- Care plans and risk assessments were in place to help staff to reduce the risks to people's nutritional health. We noted where people had conditions that could affect their nutritional health, care plans and risk assessments were in place to guide staff. For example, people who required carefully planned meals due to them having diabetes.

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

- People were supported to receive effective, timely care with other agencies where needed.
- People were provided with information about how to access other healthcare agencies. Support with attending making and/or attending healthcare appointments was offered by staff where needed.

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 and we found they applied these principles effectively.

- Processes were in place to ensure that where people were unable to make decisions for themselves mental capacity assessments would be completed. This included best interest documentation, which ensured decisions were made with the appropriate people such as a relative and healthcare professional.
- The registered manager had a good understanding of the MCA and was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.
- People did not feel decisions were forced upon them by staff.
- People's care records also contained examples where, if able, they had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care. Planning and promoting person-centred, high-quality care and support.

At our last inspection the provider had failed to ensure that the risks to all people's safety were appropriately assessed, monitored and acted on. People also experienced poor communication with regards to their calls. This was a breach of regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to the overall assessment of risk faced by people who used the service. Risk assessments were more thoroughly completed and reviewed regularly to enable risks to be acted on before it posed a risk to people's health and safety. This included improved processes for monitoring people's pressure areas and nutritional needs.
- People's feedback about the overall quality of the care they received had improved since the last inspection. Some were very complimentary about the staff and the care they received. Although others did feel there were still further improvements that were needed; such as better communication with the office-based staff. The nominated individual told us they were aware of this issue and would continue to improve the quality of communications people received.
- Improved quality assurance processes and systems enabled risks to be identified, acted on and monitored more robustly. There were a variety of new initiatives in place which enabled the provider to monitor the progress of agreed actions to act on known risks. An improved infection control audit was in place to enable the provider to continually monitor the impact of COVID-19. A complaints committee had been established to ensure complaints were reviewed quicker and the action taken to address the complaint was monitored by senior management. A 'Care Hub' was also established. This was a weekly report the registered manager was required to complete for the nominated individual on progress against agreed actions for complaints, safeguardings, accidents and other incidents.
- The registered manager was held to account for the continued progress of action in relation to these matters.
- The provider had ensured staff of all levels had a clear understanding of their role and how they contributed to the continued improvement of the service. There had been several managerial changes since our last inspection. The current registered manager has been registered with the CQC since June 2020. The

registered manager and nominated individual told us they were confident there would be no further changes to management, and this would lead to greater consistency for staff and the people they cared for.

- Since the last inspection the location had been split into two separate locations to help to reduce the numbers of people cared for and to improve overall governance and quality. The nominated individual told us a smaller number of people to care for had enabled the registered manager and their staff to focus on providing more positive outcomes for people.
- The registered manager had a thorough understanding of the regulatory requirements of their role. They ensured relevant agencies were notified immediately of any incidents that could affect people's safety and well-being. Changes to recommended best practice guidance and standards were implemented quickly.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and in their office

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

- Improvements had been made in providing a more open, and person-centred service with the focus on ensuring good care outcomes for people.
- People praised the approach of provider during the height of the COVID-19 pandemic in the Spring and Summer of 2020. Many people told us they received regular telephone calls to check they were safe and coping with isolation restrictions. Many found these phone calls to be reassuring. A person said, "I got a regular phone call once a week during lockdown, to check I was well and to see if I needed anything." A relative said, "We got a call practically every week to check we were both alright and it did make us feel a bit safer, that they were doing their best for us."
- The registered manager told us it was their aim to ensure the better communication people received during the COVID-19 pandemic continued during more 'normal' times; they acknowledged people welcomed these calls and the positive impact it had on their wellbeing.
- The provider had made efforts to improve other aspects of communicating with people and their relatives. A regular newsletter was now sent out to people, providing useful information and updates such as staffing and managerial updates.

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

- People were engaged in a variety of different formats to gain their views of the care provided.
- A 'family portal' had recently been put in place which enabled family members to use an app which gave them access to their family member's care records and for them to check that agreed tasks had been completed. Twenty-six relatives had started to use this portal with the aim to increase these numbers quickly. The nominated individual told us this gave people and their relatives more peace of mind and reassurance that care was being provided as agreed, but also enabled them to be held to account if staff fell short of expectations.
- We received mixed feedback from people when we asked them if they would recommend this service to others. Some comments were very positive, with many praising the care they received from staff. Others, whilst also praising the care staff, felt more needed to be done to improve communications with office-based staff. The nominated individual understood people's concerns and told us they were continually trying to improve the reputation of this service and to restore people's trust. They felt the initiatives we have referred to in this report (and many others which we have not reported on) would continue to see an improvement in people's experiences.
- An 'Employment Assistive Programme' was in place to offer support and guidance for staff on a wide

range of issues such as; Health and wellbeing, financial issues, family and concerns about COVID-19. This programme was free to use. This helped staff to feel that the provider cared about their wellbeing and would act to address any concerns they had.

Working in partnership with others

- The provider worked with other organisations to improve care outcomes.
- Staff worked in partnership with other health and social care agencies to provide care and support for all.

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

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.