

Fourways (Sidmouth) Limited

# Fourways Community Care

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Fourways Community Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. When we inspected the service was providing the regulated activity, personal care, to approximately 50 people in the Sidmouth area of South Devon.

People's experience of using this service:

People using the service consistently told us they felt safe and staff treated them in a caring and respectful manner. Staff were exceptionally compassionate and kind and the care provided consistently exceeded people's and their relatives' expectations. Comments from people and their relatives included, "Very safe, they're very helpful, they make sure she doesn't fall and they ask her what she needs" and "They are all kind."

People were supported by a stable staff team who had the skills and knowledge to meet their needs. Staff spoke passionately about the people they supported and were clearly committed to providing a responsive and caring service in line with people's wishes. Staff were particularly sensitive to times when people needed caring and compassionate support and often went 'the extra mile' to support people's emotional well-being.

There was a positive culture in the staff team. Management and staff were committed to ensuring people received an excellent service and particularly about helping people who might be a risk of being socially isolated. The service offered a free mini-bus service to take people out on weekly trips to local attractions as well as arranging annual Christmas and summer parties.

Staff respected and promoted people's independence by providing equipment such as door ramps to enable people to go out in wheelchairs. Management worked with other organisations on projects that supported people living with dementia to go out independently in the community while remaining safe.

People were supported by a stable staff team who had the skills and knowledge to meet their needs. Staff spoke passionately about the people they supported and were clearly committed to providing a responsive and caring service in line with people's wishes.

People had agreed the times of their visits and were given a list each week detailing the times of their visits and the names of the staff booked. People told us if the staff or times altered they were informed of these changes. No one reported ever having had any missed visits.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were kept under regular review and updated as people's needs changed.

A new rota and care planning system had been introduced. Staff accessed their rotas and details of people's

needs on a mobile phone application. They told us this was effective and made it easy to keep up to date with any changes in people's needs.

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 were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

New staff completed an induction which involved training and a period of shadowing more experienced staff. Training was refreshed so staff were up to date with any changes in working practices.

The service was well-led. There was a positive culture in the service. Management and staff were committed to ensuring people received a good service and particularly about helping people who might be a risk of being socially isolated. The service offered a free mini-bus service to take people out on weekly trips to local attractions as well as arranging annual Christmas and summer parties.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

Rating at last inspection: Good. Report published on 16 November 2016.

Why we inspected: This was a planned inspection based on the previous rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fourways Community Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Outstanding ☆

### 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 ●

# Fourways Community Care

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one adult social care inspector and two experts 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 for older people. The experts by experience telephoned a sample of people and their relatives to check if people were happy with their care and support.

#### Service and service type

Fourways Community Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs. The service provides personal care for people in short visits at key times of the day, longer visits and 24 hour care.

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

This comprehensive inspection took place on 7 and 10 June 2019 and was announced. We gave the service 48 hours notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that we could access the office premises to look at records and arrange to visit people in their own homes.

#### What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and

looked at the Provider Information Return (PIR). 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 three care staff, the registered manager/provider, service manager, care co-ordinator and administrator. We obtained consent from two people, who used the service, to visit them in their own homes. The experts by experience telephoned and spoke with 19 people who used the service and five relatives to gain their views of the service. We reviewed three staff recruitment files, supervision and training records, four care records and records relating to health and safety, safeguarding and other aspects of the service.

#### After the inspection

We received feedback from 10 care staff and one healthcare professional.

# 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 Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. Comments included, "Very safe, they all just do what they're supposed to", "They are concerned for me and don't hurt me" and "Absolutely safe, they all seem very competent."
- Staff received safeguarding training and were confident any concerns would be addressed by the management team.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse. Safeguarding processes and concerns were discussed at staff meetings.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Staff were given guidance about using equipment, any environmental risks in the person's home, directions of how to find people's homes and entry instructions.
- People were given telephone numbers for the service, so they could ring at any time should they have a query or in case of an emergency. A member of the management team answered telephone calls when the office was closed.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The service only accepted new care packages where there were enough staff available to meet people's needs.
- People were given a list each week detailing the times of their visits and the names of the staff booked. These lists were e-mailed, posted or texted to the person. People told us if the staff or times altered they were informed of these changes. One person told us, "We get a weekly list. On the whole they're about the right time."
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the agreed times.
- Staff used an electronic rota system to log their arrival and departure at people's homes. Managers were alerted if staff did not arrive at the booked time which meant action to check if people and staff were safe could be taken.
- Recruitment checks were completed before new staff started working. This included background criminal checks and taking up references.

#### Using medicines safely

- Some people needed help or reminding to take their medicines. Staff were appropriately trained to support people with their medicines.
- Medicine Administration Records (MAR) were kept to clearly record when people had received their medicines.
- Care plans included information about the medicines people had been prescribed.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices.
- They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

# 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 Good. At this inspection this key question has remained the same. 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 needs were assessed before they began using the service to identify the necessary level of support.
- Assessments of people's needs detailed the care and support people needed and their desired outcomes.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs. There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. All training was delivered by face to face sessions.
- The manager told us one staff member had recently saved a person's life by putting their first aid training, gained since working at the service, into practice. They had been awarded The Royal Humane Society Resuscitation Certificate.
- Staff were encouraged to develop their skills through training and personal development. As one worker told us, "They believe in supporting us with developing our skills and I am really excited about the mental health course I have started."
- New members of staff completed a thorough induction programme and shadowed experienced staff until they were assessed as confident and competent.

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

- Staff carried out, or supported, some people with meal preparation and people told us staff were competent in preparing food.
- Staff had been provided with training on food hygiene safety.
- People's dietary needs and preferences were recorded in their care plans.
- If people were at risk of declining health due to poor food and drink intake staff closely monitored what they ate and drank and recorded this on food and fluid records. Any concerns were referred to a relevant healthcare professional such as a Speech and Language Therapist (SALT).

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

- If needed staff supported people to see their GP, community nurses, and attend other health

appointments regularly.

- The service worked with other agencies to help ensure people's needs were met. Staff recognised changes in people's health and sought professional advice appropriately.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. At the time of the inspection no-one being supported by the service was being deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff were provided with training on the Mental Capacity Act 2005 and were aware of how to protect people's rights.
- People were asked for their consent before they received any care and support. Staff involved people in decisions about their care and acted in accordance with their wishes.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated; equality and diversity

- Staff were exceptionally compassionate and kind and the care provided consistently exceeded people's and their relatives' expectations. Everyone we spoke with was extremely positive about staff and their caring attitude and told us they were treated with kindness and compassion. Comments included, "Great support for me and my family", "They always greet him by name and are always careful with him. Everyone has been kind to him", "I really enjoy the carers coming" and "They notice if I'm not so good and always ask if there is anything else, they can do for me."
- The care and support we saw provided, when we visited people's homes, was given at the person's pace and with good humour. It was clear staff cared about people and had built trusting relationships often carrying out extra tasks for them. For example, in one home we visited the worker had brought in a cake they had baked for the person because they would enjoy it.
- The service recognised some people had little or no community involvement because they were unable to go out unaided. In conjunction with the provider's care home, a free service was available where people could go out on weekly trips to local attractions in a mini-bus. A relative told us, "The mini bus is very good, taking mum and dad out so they can still socialise."
- Where people might be a risk of being socially isolated the service arranged annual Christmas and summer parties and staff supported people to attend these. We saw photographs of the last party, which was clearly well attended and enjoyed. People were sent monthly newsletters advising them of forthcoming events, both in the community and arranged by the service. The June newsletter had an invite for the summer party and detailed what would be on offer, such as cream teas, Pimms and entertainment.
- Where people were no longer able to cook for themselves the service provided cooked meals from the provider's care home. On Christmas day lunches had been delivered to people, who were on their own, from the care home at no charge. People who were able to go to the care home were invited to their celebrations and were provided with a free meal there.
- People's preferred routines were recorded in their care plans and understood by staff. This meant staff were able to deliver care in line with people's wishes. People had teams of regular staff and new staff were always introduced to people before starting to provide care.

Ensuring people have emotional support when needed

- Staff were particularly sensitive to times when people needed caring and compassionate support. For example, one worker had stayed over the booked time to go out for a walk with the person and their dog because they were very upset and distressed that day.
- When one worker was informed that a person they visited regularly had died they drove 10 miles to the

person's home to comfort the family. The worker stayed with the family until the early hours of the morning, all of which was in their own time.

- Staff knew what mattered to people. One person's cat had died and the worker bought the person a soft cat toy and other staff had sent flowers and cards. Staff were aware of how much the person's cat meant to them.

#### Respecting and promoting people's independence

- One person told us how after talking with their worker about not being able to read books with small print, their worker had 'gone out of their way' to borrow three large print books from the local library. The person said, "Not only did they get the books for me, but they had to join the library first to be able to borrow them." This meant they could continue to enjoy reading independently.

- The values of the service were based on enabling people to remain living at home for as long as possible. This was understood and supported by staff. For example, the service recognised some people's ability to go out was limited by their environment and a mobile ramp was available so staff could support people to go out.

- The service was working with the local police and had adopted a system called the Herbert Protocol. This was a project developed by the Alzheimer's society to support people living with dementia who might be a risk of getting lost when out in the community. Important information about the person was given to the police in the event of a person going missing. This gave reassurance to people's families and helped the police in finding the person quickly and efficiently, as well as enabling people go out on their own and remain independent.

- Staff supported people to maintain their independence and staff were aware they were working in people's homes. People said, "They are very respectful of my home" and "They don't take over."

#### Respecting and promoting people's privacy and dignity

- People were supported in a dignified and respectful manner. For example, staff found one person was sitting on plastic bags because they were unable purchase a protective cover. The service provided a sheet to cover their chair.

- Where people might need incontinence products in an emergency these were also provided by the service. This promoted people's dignity and helped to alleviate people's distress.

- People told us staff always stayed for the full time of their visits and were never rushed. Comments included, "They are always on time, never in a hurry" and "They don't watch the clock, I feel important."

- People's confidentiality was respected and care records were kept securely.

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

- People were involved in and supported to make day to day decisions and have control over their care package. People told us, "Staff support me in my decisions" and "Staff listen to anything I had to say."

- Staff recognised relatives needs were just as important as the people using the service, especially if people were unable to tell their relatives about the care they received. Staff supported one person, who was living with dementia, to go out the local donkey sanctuary, farm shops and garden centres as they were interested in gardening and animals. The service updated their family each week with details of where the person had visited and how they had enjoyed these visits. This meant the family were involved in the person's care and support.

- Where people had difficulty communicating their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.

- People told us they were able to contact the office to discuss aspects of their care and support at any time. A manager visited people regularly to review their care plan and ask about their views of the service.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. This included step by step guidance for staff about tasks they needed to complete at each visit and how people liked things to be done.
- Care plans detailed how people wished to be addressed as the service recognised that for some people being addressed in their preferred way was important to them.
- People's care plans were reviewed every three months or as people's needs changed. People told us, "Initially I was involved and they come around to review" and "Yes, it's reviewed every three or four months" and "It's reviewed every three or four months by an assessor. It has changed occasionally when the care has changed."
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being. Staff used an electronic software app on their mobile phones to record care delivered and keep up to date with any changes in people's needs. Staff told us the system was effective and easy to use.
- The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation. People said, "If I want an extra visit, so a carer can take me to an appointment, then I ring the office and they always arrange it for me", "On two occasions I was taken into hospital as an emergency. My family got in touch and they sent someone for a period that we needed. They went out of their way to help us" and "They are always happy to re-arrange anything."

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.

- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Rotas and invoices were posted or emailed in large print. This supported people with a sight impairment.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. Information about the complaints procedure, and who to contact, were in the information packs

kept in people's homes.

- People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned. Comments included, "I did call once; I can't remember what about but it was rectified and I didn't have cause to call them again" and "No I haven't made a complaint. I would make a phone call if there was a problem."
- Some people had requested not to have specific staff and this was respected by the service without any recriminations.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection. Where people wished to discuss their end of life wishes the service recorded this information.

## Is the service well-led?

### Our findings

Well-Led – this means 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 Good. At this inspection this key question has remained 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 registered and service managers had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- People and their relatives told us they thought the service was well managed and communication with the management was very good. Comments included, "I would recommend them", "I think it's very well organised. I'd heard good reports of them and I've been happy with them", "It's a well-run office and things are dealt with very promptly", "It's very well run and reflects that in the service they give me" and "I think the fact that they are reliable is the big thing. In our situation its important, it's comforting really."
- Staff were extremely positive about the support they received from the management team. They told us they felt valued and were well supported. Comments from staff included, "I really like the fact that management are approachable and supportive of me which I feel helps me to do a really good job for the clients", "I love working for Fourways, I find that I am listened to if I have any problems and I love having my regular clients which I feel is very important for them" and "I believe Fourways is a good company to work for and they do care about the employees as well as the clients."

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development. A healthcare professional told us, "I have always been impressed with Fourways."
- The service worked with the Age Concern to obtain information about the coach trips and Advocacy services they offered. This information was communicated to people via the monthly newsletters.
- The service was working with a training company who provided sessions for staff on a 'Dementia Bus', which simulated what life might be like for people living with dementia. This helped staff to better understand the needs of people who were living with dementia.
- The provider had worked in partnership with local hotels to assess if the accommodation was suitable for people with physical disabilities and care needs. The service often provided packages of care for people who came to Sidmouth on holiday.
- The registered provider kept up to date with developments in practice through working with local health and social care professionals and being involved in local social care provider groups.

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly. One worker commented, "It is easy to speak to [manager's name] in confidence about any concerns over client's care and be confident they will be taken seriously and acted upon promptly."

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

- People, their relatives and staff were asked for their views of the service through questionnaires and regular visits from management. People were sent monthly newsletters advising them of any new developments for the service as well as informing them of local events and contact numbers for other organisations.
- Staff meetings were held regularly and staff told us they felt listened to and their views were taken into account.
- Staff all told us about the service's flexible approach to rota management which enabled them to achieve a work/life balance. For example, one worker told us managers had accommodated their request to change hours when they returned from maternity leave and another worker told us how they had been supported with their hours when their child care arrangements unexpectedly changed.

Continuous learning and improving care

- The provider had recognised the need for staff to have access to relevant equipment to respond more quickly to people's needs. The provider had purchased equipment to enable staff to deliver this additional service. For example, staff had access to a raiser chair, which meant if people fell and were unhurt, staff could move them from the floor quickly and safely without needing to call an ambulance. Staff had received appropriate training in assessing if people were hurt and in using the equipment.
- The provider recognised staff needed to have appropriate training to help promote people's well-being and help people who were socially isolated. Several staff had started mental health courses to help ensure they had the right skills to meet people's needs.

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

- The registered provider/manager was supported by a service manager, co-ordinator, administrator and senior care workers. Each member of the management team had clear roles and responsibilities which had been communicated to the staff team.
- The management team worked together to manage the day to day running of the service. including working hands on, alongside staff where required. There was a good communication between the management team and care staff.