

Heart Homecare Cambridge Ltd

Fuchsia Homecare

Cambridge

Inspection report

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Date of inspection visit:
14 April 2021
27 April 2021

Date of publication:
18 May 2021

Ratings

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

Summary of findings

Overall summary

About the service

Fuchsia Homecare provides personal care and support for people in their own homes. At the time of our inspection there were 52 people using the service.

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

There had been good improvements made since our last inspection. People, relatives and the staff team were positive about their experiences at the service.

At our last inspection we found the provider to be in breach of regulation 17 of the Health and Social Care Act (2008). Due to the improvements made since the last inspection the provider was no longer in breach of this regulation.

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

The provider had policies and procedures to ensure people were kept safe. The registered manager understood safeguarding and the importance of reporting any concerns. However, we found that although improvements had been made there was further improvement required. The registered manager addressed this with an action plan that was implemented immediately.

Quality assurance audits were completed. Where issues were identified these were reviewed and action plans completed to ensure improvements were made. The provider had a system in place to respond to complaints and this was monitored by the registered manager.

People told us they felt safe and were happy with the care and support they received. Peoples care plans contained information about their care needs and provided good guidance for staff. Risk assessments were appropriate and were reviewed regularly and when required. Peoples cultural needs were respected, and communication was available in many forms that included easy read, preferred language and braille.

Staff received regular training which included infection control, and understood how to keep people safe and the importance of reporting any concerns. Staff understood their roles and felt supported by the registered manager.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 December 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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, Responsive 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.

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 well-led findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our well-led findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Fuchsia Homecare Cambridge

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had from our previous inspection.

Inspection team

The inspection was completed by two inspectors. The site visit was completed by one inspector.

Service and service type

Fuchsia Homecare provides personal care and support for people in their own homes.

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 over 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we requested from the provider to show the improvements they had made where a breach had been identified at the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We also spoke with six staff including the registered manager.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence we found.

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 the rating has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we found that accidents and incidents were not always reported or reviewed appropriately.
- At this inspection we found the provider ensured staff understood the correct procedures to report and had systems and protocols in place to respond to concerns, incidents and complaints. Staff understood the importance of documenting and reporting incidents. The registered manager confirmed this was working well.
- Risks to people's health, safety and well-being were identified and staff were able to describe to us how they minimised these risks. Risk assessments were updated when a person's needs changed.
- One person's risk of falls had increased; they were supported by staff to remain independent at home. Other professionals were involved to evaluate their mobility needs, their care plan reflected their care needs and measures were put in place to reduce the risk of further falls.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At the last inspection we found lessons were not always learned.
- At this inspection we found where incidents or complaints had been identified, these were responded to appropriately. Action plans were put in place and any lessons learnt were discussed with staff.
- Staff received training and competency checks. Staff were confident about how they would report any concerns both internally to the service management and externally to other bodies, these included the local safeguarding team, police and CQC.
- Staff demonstrated they understood what constituted a safeguarding concern. One staff member told us, "I would always report any concerns to the office." People told us they felt safe.
- Relatives told us that staff provided safe care for people. One relative said, "Yes [my relative] feels safe, staff talk to [relative] all the time and say what they are going to do."

Staffing and recruitment

- Staff and relatives told us they thought there were enough staff available to meet people's care needs.
- People also confirmed there were enough staff. One person said, "yes there are plenty of staff." Another person told us, "I would say so. I haven't had any problems."
- Staff confirmed there had been recruitment procedures carried out before they started work at the service. Criminal record checks and satisfactory references had been obtained for all staff.
- All staff completed an induction which involved working with experienced staff until they were competent to work on their own.
- Staff completed their required training and unannounced spot checks were carried out to ensure good

practices were followed.

Using medicines safely

- Staff received training to administer people's medicines safely. Medicine administration records [MAR] were completed by staff when medicines were administered.
- There were systems in place for staff to re-order people's medicines. Previous issues identified with this process had been addressed by the registered manager. However, although improvements were made further work was still needed.

Preventing and controlling infection

- The provider had appropriate procedures for infection prevention and control. There was an infection control champion to support best practices and up to date guidance.
- Care staff confirmed they were provided with appropriate supplies of personal protective equipment (PPE) including gloves, masks and aprons.
- Staff completed infection control training and received support from the registered manager during the pandemic.
- All staff took part in the national COVID-19 testing programme.

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 Requires Improvement. At this inspection the rating has improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection we found complaints had not always been reported or responded to appropriately.
- At this inspection we found the provider had ensured staff understood the importance of reporting all complaints.
- People and their relatives told us they knew how to raise their concerns if they needed to and were confident any concerns or complaints would be dealt with. One relative confirmed any issues were dealt with in a positive way.
- Complaints were reviewed by the registered manager and responded to appropriately. Any lessons learnt were shared with staff.

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

- People received care that was planned with them to meet their individual needs.
- One person said, "I've had a review of my care not too long ago. I spoke with one of the managers and went over it." Another person said, "Yes they have got to know me. They know exactly what to do and how to do it."
- One relative told us, "Yes we have got a copy of the care plan. One of the managers came out and explained it to us, before the care took place."
- Care plans were completed with people and their relatives where appropriate. Care plans contained risk assessments with good information and guidance for staff.

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

- The provider understood the importance of accessible information for people, they ensured that information was made available in people's preferred languages, easy read formats and braille if required.

End of life care and support

- Fuchsia Homecare provided end of life care to people when required. At the time of this inspection people were in receipt of end of life care.
- Care plans contained an end of life care plan to support the persons needs and end of life wishes and preferences. There was an end of life champion who completed end of life care plans and provided support and information to staff.

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 the rating has remained the same. This meant the effectiveness of reporting safeguarding to CQC as required, was still inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care.

- At the last inspection we found that processes for documenting, reporting concerns, accidents, complaints and safeguarding's were not followed, a safeguarding had not been raised or reported to CQC as required. Complaints were not always responded to or reviewed.

The above evidence demonstrated a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found the provider had made enough improvements and was no longer in breach of Regulation 17.
- However, although safeguarding's were raised with the local authority, the registered manager had failed to notify CQC of all the safeguarding's, that we identified during the inspection.
- They have now completed an action plan with additional checks to improve this process. They have also booked in safeguard refresher training for office staff to strengthen this process.
- Staff understood their roles, the provider ensured systems and protocols were understood. Staff confirmed they would report any concerns they had.
- The registered manager and staff ensured that all concerns, complaints were reviewed and escalated if required.

Quality monitoring systems were in place and regularly completed. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt the management team were supportive and approachable. One staff member said "I feel very supported."
- The registered manager had a good understanding of their legal and ethical responsibilities towards the people they supported.
- Relatives told us they were happy with the service provided. One relative said, "[The registered manager], they listened to me and replied to everything I asked, they communicate well."

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

- The registered manager and staff understood their roles. The registered manager had a clear understanding about duty of Candour and told us they encouraged an open culture and confirmed their door was always open.

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

- Staff and relatives gave positive feedback about the service and how it was operated. The management team completed regular monitoring calls to ensure people had a voice, were happy with their care and support.

Working in partnership with others

- The provider was committed to providing a high standard of care to the people they supported.
- People and their relatives were happy with the service. One person said, "Yes I would recommend them completely."
- The registered manager and staff worked with other professionals to achieve good outcomes for people.