

Caring Angels Ltd

Fuchsia Homecare

Gorleston

## 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection the service was supporting 40 people. 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 told us they felt safe and that they were supported by staff they knew well. Staff knew about safeguarding and how to report potential abuse, so this could be investigated and acted upon on by the management of the service.

Each person had a risk assessment within their care plan which contained information about how to keep them safe. Within each care plan there was an assessment of the person's needs and how they wished to be supported had been clearly stated. Care was reviewed as necessary and people were asked for their feedback. People were content with the service provided by Fuchsia Homecare Gorleston. They said that the service was reliable and was provided at a time of their choosing.

Staff received appropriate support and training for their role. Staff were trained to administer prescribed medicines. There were opportunities for staff to further develop their skills, knowledge and progress into roles with more responsibility.

People received appropriate support to maintain good hydration and nutrition. The service worked closely with other professionals to support people to meet their needs. 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 supported this practice.

People told us staff were kind, understanding and caring towards them. They informed us staff treated them with respect and cared for them in line with their preferences. People were involved in the planning of their care and their care records were person centred.

The service had a complaints process in operation designed to resolve complaints to everyone's satisfaction and learn lessons to develop the service.

The registered manager had systems in place to manage and monitor the service. There was a quality assurance system in place to ensure the smooth running of the service and take action for resolving problems and improving of the service. People were given an opportunity to feedback their views on the service and their comments were acted on.

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 (and update)

This service was registered with us on 12/06/2018 and this is the first inspection.

Why we inspected

This was a planned inspection of the service because it was the annual anniversary since registration and required a rating to be published.

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 ●

# Fuchsia Homecare Gorleston

## **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 one inspector.

#### 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 service 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.

Inspection activity started on 13 June 2019 and ended on 20 June 2019. We visited the office location on 13 June 2019.

#### What we did before the inspection

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 five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, care co-ordinator, field care supervisor and three members of the care staff

We reviewed a range of records. This included five people's care records and medicine 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 training records, quality assurance records, policies and procedures.

#### After the inspection

We spoke with the contracts manager of the local authority because the service is supporting people referred to the service by the local authority.

# Is the service safe?

## Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies for safeguarding were in place and staff received training based upon this information.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform regarding an allegation of abuse. Staff told us about the different types of abuse.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risk assessments had been written and reviewed regarding how to minimise risks to people's well-being.
- Risk assessments relating to the environment were in place to help keep people safe. One person told us, "I do feel safe with the staff in my home."
- Where risks were identified, information had been written to inform the staff how it should be reduced. Information was also provided about what staff should do if the risk occurred. For example, actions staff should take if a person was experiencing hyper or hypoglycaemia.

Staffing and recruitment

- There was a policy and procedure in place for staff recruitment. The registered manager followed the recruitment procedure and kept detailed files regarding each step of the process.
- We were informed by people using the service, staff attended within the timeframe of 30 minutes either side of the allocated time to arrive. On the rare occasions that staff were running late people told us that they were informed of this situation.
- The provider informed us that the service ensured they had enough staff in place prior to taking on additional care hours.

Using medicines safely

- Staff had been trained to administered prescribed medicines. One member of staff told us, "I had never done this before and the training gave me the knowledge and confidence to administer medicines."
- People told us they received support with their medicines when this had been agreed with them. One person told us, "They [staff] have never let me down." A relative informed us the medicines for their relative had recently been changed and they appreciated the staff providing information regarding its effectiveness.
- We saw that senior staff audited the medicine records to check that the medicine had been administered as prescribed.

Preventing and controlling infection

- Staff confirmed with us they had received training on how to prevent the spread of infection and food

hygiene training.

- The service had a policy and procedure regarding the control of infection.
- Staff were supplied with gloves and aprons to guard people and themselves from potential infection. A member of staff informed us they always had enough equipment for controlling infection.

Learning lessons when things go wrong

- The registered manager with senior staff reviewed incidents and accidents plus information from monitoring the service to learn lessons and improve the service.
- The service had plans in place of how they would support people during inclement weather.

# 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 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 care records were written in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).
- A senior member of staff carried out an assessment of the person's needs to identify if the service could meet the person's needs. They also included people's individual preferences and choices. One person told us, "I was asked lots of questions about what I needed."

Staff support: induction, training, skills and experience

- Staff were competent and knowledgeable about the care they were required to deliver as they had received training and regular planned supervision.
- The training syllabus was designed to provide the staff with the knowledge they needed to meet the specific care needs of the people using the service.
- Staff were supported through an induction that included shadow shifts with experienced staff. A member of staff told us, "The manager arranges our training and I have learnt a great deal."

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

- Assessments were in place to identify if people had a need for support with nutrition and drinking. One person told us, "The staff have encouraged and helped me to lose weight through the choices of food and some exercises."
- Staff told us they would discuss any concerns with the registered manager and always checked that people had enough to eat and drink between visits.

Staff working with other agencies to provide consistent, effective, timely care

- A relative informed us a member of staff had contacted them when their relative was unwell which they greatly appreciated and together they made arrangements for an appointment with a relevant professional.
- A member of staff informed us they worked closely alongside other professional staff to deliver care to the people using the service. We saw in the care plans information about appointments had been made and advice about how to care for the person had been recorded.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to make appointments as required with healthcare professionals to support the person with their needs. A relative informed us they had made a consultation appointment and were grateful that the staff when asked had been in attendance and followed through on the instructions given from the consultation.

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.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA).

- The service assessed people's capacity in accordance with the MCA where required. The management and staff were aware of their responsibilities with regard to the MCA.
- People told us that staff listened to their wishes and supported them with making day to day decisions. A relative told us the staff were very understanding of the complex needs the diagnosed illness had caused in their relative. They said, "I really could not do without them."

# 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 this inspection this key question was rated as 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 were treated with understanding and respect. One person told us, "I receive a rota so I know who is coming and I consider that respectful and the staff are very respectful to us in our home."
- The nominated individual informed us that when employing staff, they were looking for people with empathy and understanding. These characteristics of the staff were confirmed to us by the people using the service.

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

- People and their relatives were involved in the planning of the care. Their views were detailed in the care plan and the times and lengths of their visits were scheduled according to their preferences.
- We asked people about their views regarding the care provided by the staff. One person told us, "The staff always ask if I am alright before they leave and has everything been done."
- We saw evidence of regular care reviews in people's care files. One person told us, "One of the office staff contacts me by phone to check how things are going and other times they ring to say they want to come and visit to check all is well."

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain independent with their daily living skills. One person informed us how staff worked with them and encouraged them to meet their own needs. The told us, "The staff have help me to cook."
- We saw in people's care plans time had been taken to carefully explain the support the person needed while also recording their preferences about what they like to do for themselves.
- A relative informed us that they rated the staff highly for their dignified care and protecting their relative's privacy.

# Is the service responsive?

## Our findings

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

At this inspection this key question was rated as 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

- People's care plans were detailed and contained clear information about people's specific needs and how the staff were to support them. We saw a care plan which asked for the staff to speak clearly with the person when providing care to explain what they were doing as they needed to be regularly reassured.
- Personal preferences were clearly recorded regarding choices of food and what clothes they liked to wear.
- Life histories had been recorded and this was especially useful for the staff to build relationships with people by talking about past events.
- Each person's plan was regularly reviewed and updated to reflect their changing needs. People told us they were involved with reviews of their care arrangements and records seen confirmed this.
- Members of staff informed us the care plans in place reflected people's current needs and they recorded information in the daily records each time they visited.

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 were provided with information in formats that would help them to understand the information. For example, in sizes of larger prints.
- Consideration had been given by the staff to find effective ways in which they communicated with people with regard to their needs. For example, using pictures and hand gestures to support the spoken word.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. No complaints had been recorded and the registered manager considered this was because staff asked people at each care visit how they were and acted upon any concerns at that time.
- One person told us, "I have no complaints the staff are brilliant." Another person told us, "No complaints they are very good carers."

End of life care and support

- Although the service was not supporting anyone with end of life care the staff had received training and the discussions had been held with people with regard to how the staff could support should end of life care support become necessary.

# 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 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 service regularly gave people the opportunity to feedback on the service they received. People told us they received a questionnaire and they were also asked at regular care reviews and when senior staff carried out unannounced spot checks of staff practice.
- The service carried out a customer quality survey in February 2019 and scored 100% satisfaction with some questions relating to the quality of the way staff approached them and treated them with dignity. There were no major concerns expressed. We saw many positive comments about the staff. The registered manager had looked at the answers with the lowest scores and was considering how the service could improve through discussion with the senior staff.

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 nominated individual and registered manager were committed to continuous learning and improvement. They had systems in place for carrying out unannounced spot checks on staff practice. This was confirmed by the people we spoke with, members of staff and records of the spot checks which included action points when necessary.

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

- The care co-ordinator explained to us the IT system they used to organise the care visits. They spoke regularly with the people using the service to be aware of changes to requested times of call visits and staff to organise annual leave and days off requests.
- The registered manager believed a key to a quality performance was for staff to get to know people well and hence they tried to ensure they people using the service were supported by a small number of staff to ensure continuity.

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

- Care plans contained information about how to contact the registered manager should the need arise.
- The registered manager and senior staff undertook some care visits themselves, including when new people started using the service to build up a relationship and identify any additional support which may not have been apparent in the initial assessment.
- The staff we spoke with told us they well were supported. One staff member said, "I like working here

because the senior staff are helpful and supportive."

- A professional informed us that they found the service staff helpful and the staff had supported people at short notice and in emergencies.
- Staff informed us that they were consulted by the registered manager and contributed towards the running of the service. They used one to one meetings and staff meetings to talk with the registered manager about their ideas for the development of the service which were welcomed.

Continuous learning and improving care

- The service had developed their on-call support service. People using the service were given a number they could contact for use with any concerns they had. Senior staff were available throughout the day to cover care calls should staff need to stay with a person that was unwell and hence not be able to complete their designated care calls.

Working in partnership with others

- The management team had built positive relationships with other agencies. Feedback from Suffolk County Council was positive, and they told us they had received no complaints from people.