

Fervid Healthcare Limited

Fervid Healthcare Ltd

Inspection report

1 Langley Close
Boulton Moor
Derby
DE24 5AY

Tel: 07903267696

Date of inspection visit:
16 May 2022

Date of publication:
31 May 2022

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

Fervid Healthcare Limited is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were two people who received personal care at the time of the inspection. 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's care needs were assessed with risks identified and actions taken to promote people's safety. Steps were taken to reduce the risks from infections. Medicines were managed in line with good practice guidelines. People experienced reliable and safe care from care staff. Recruitment processes were in place and checks were made on the suitability of care staff to work with people. The service looked to understand what worked well and what could further improve to help people receive safe care.

Assessment processes centred on people's needs and choices including any equality characteristics. Care staff received training so they could understand any care needs people had. People received help with their meals and drinks and their choices and preferences were respected. Care staff worked with other agencies to help people receive consistent care and access healthcare services.

People were supported to have maximum choice and control of their lives and care 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 described care staff as caring, patient and lovely and that they felt well-cared for. People were supported to express their views and be involved in decisions about their care. People's privacy and dignity was fully supported by care staff. People's independence was promoted.

People experienced responsive, person-centred care. People were involved in reviewing their care with care staff and knew they could make changes when needed. People's communication needs were known and understood. People's relationships with others that were important to them were supported and care staff took steps to reduce social isolation for people. People could give their feedback, including compliments or complaints and policies were in place to ensure any complaints would be investigated and resolved. People could discuss any end of life care choices with care staff and care staff knew when other health and social care professionals were involved in people's support.

Systems were in place to help ensure the good governance and management oversight of the service. Audits were used to help check on the quality and safety of services. The service was focussed on providing person-centred care and promoting people's rights. People were engaged in the service and their views sought and listened to. Care staff worked well in partnership with other people involved in people's care.

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

Rating at last inspection

This service was registered with us on 14 March 2018 and this is the first inspection. The service has not operated continuously since it first registered. It re-started providing personal care in January 2022.

Why we inspected

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

Follow up

We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details of our well-led findings below.

Fervid Healthcare Ltd

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

This inspection was completed by one inspector.

Service and service type

Fervid Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing, who at the time of this inspection, lived in Staffordshire. The service was supporting two service users with their end of life care. There was a registered manager at the time of this inspection. The registered manager was also the provider. Both roles 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 two days' notice of the inspection. This was because we needed to be sure that the registered manager could make arrangements to be in the office to support the inspection.

Inspection activity started on 16 May 2022 and ended on 17 May 2022. Phone calls were made to people on 17 May 2022. We visited the office location on 16 May 2022. We continued to review evidence the registered manager sent us until the 17 May 2022.

What we did before the inspection

We used information received about the service since it registered with the Commission. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR 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 reviewed a range of records including the relevant sections of two people's care records and one person's medication records. We looked at two staff files in relation to recruitment. We reviewed other records related to the management of the service, including policies, training records and audits.

We spoke with two people who used the care service. We spoke with the registered manager who also worked as a member of care staff.

What we did after the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Systems and process to safeguard people from the risk of abuse

- People told us they felt safe with the care staff and the care they provided. One person told us, "I feel very safe with them." Another person told us how care staff always checked their house was safe and secure before they left.
- Systems were in place to help protect people from the risk of abuse. Care staff had been trained in safeguarding and procedures were in place for referrals to be made to the relevant local authority safeguarding team. No safeguarding referrals had been required at the time of inspection.

Assessing risk, safety monitoring and management

- People told us they were reassured about their safety as they felt the care staff understood how to reduce risks to them. For example, one person told us how care staff checked the equipment they used. Their care plan and risk assessment contained clear instructions for staff on what checks to complete to reduce risks to people.
- Risks, and actions to reduce risks, had been identified and were followed by staff. Risks assessments were in place for care staff working in people's homes and any specific health risks people may have. For example, falls risk assessments were in place and detailed how risks from falls could be reduced.

Staffing and recruitment

- People told us care staff were reliable and arrived on time for their care calls. One person told us, "They don't rush, they take their time." Another person said, "They always stay the full length of the call and it's never rushed."
- Care was provided by a small care team and included the registered manager. They told us they had plans to increase care staff numbers and this would help with staff contingency plans.
- Recruitment processes were in place and followed. Checks on the suitability of care staff to work in care were completed. These included criminal records checks and obtaining references of previous conduct in employment. These checks helped the registered manager make informed judgements about the suitability of care staff to work at the service.

Using medicines safely

- People who received support with their medicines told us this was managed well. One person said, "They make sure I take my tablets first, they make sure I get all my tablets, they check them before I take them."
- Records showed when care staff had administered medicines to people, along with any prescribed creams they had applied. Guidelines were in place, so care staff knew where to apply any skin creams. Medicines management followed recommended good practice guidance and policies were in place to support this.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy reflected the latest guidance.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through hygiene practices in people's homes.

Learning lessons when things go wrong.

- Systems were in place so that any accidents, incidents or near misses would be reported and reviewed for lessons learnt. None had been recorded at the time of our inspection.
- Reviews of people's care asked questions on whether anything could improve and looked to learn lessons from people's feedback and experiences.

Is the service effective?

Our findings

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

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

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

- People told us their care needs had been assessed well, this helped them feel well-cared for. One person told us, "They went through everything in detail about what I needed, we had a good hour and a half here to discuss what help I needed." Assessment records of people's care needs showed assessments were comprehensive.
- Assessments were in place for people's care needs and considered any equality characteristics people may have and how these could be met. For example, they identified any sight or hearing difficulties people may have and how they affected people's care needs. Assessments were completed in line with guidance.

Staff support: induction, training, skills and experience

- Training certificates were in place for the two current care staff. These showed care staff had received training relevant to people's care needs.
- We discussed with the registered manager their plans for staff training when new care staff were appointed. The registered manager sent us details of the training and induction new care staff would complete. This would help ensure care staff had the skills and experience to provide effective care.

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

- People told us they were happy with how care staff provided the meals and drinks they needed and told us their choices and preferences were respected. These were reflected in their care plans.
- People's care plans contained details on any known allergies and assessed any risks associated with eating and drinking.

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

- People told us the care staff helped them receive effective care from other agencies involved in their care and support. One person told us they had an issue with their local pharmacy, they told us the service had, "Got it sorted."
- People's care records clearly identified when other agencies were involved in supporting people. For example, with shopping. The registered manager was aware of how to make referrals to other health and social care professionals when this may improve the effectiveness of people's care.

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.

- A policy for the MCA was in place to help ensure people's care was provided in line with the MCA.
- Care staff had been trained in the MCA. People's consent to their care had been discussed with them and their agreement and views recorded in their care plans.

Is the service caring?

Our findings

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

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

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

- People spoke highly of the care staff and the care they provided. One person told us the care staff were happy and cheerful and said, "They are a very caring person. It's from the minute they walk in, they say 'Good morning [Name]'." Another person told us, "They are so patient, they are lovely."
- People had the option to discuss their faith or cultural needs in relation to their care. Policies were in place to help ensure people's equality and diversity needs were understood and met. This helped to ensure people were well-treated and supported.

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

- People told us they felt involved in their care and invited to share their views. One person said, "I've a copy of the care plan in the house and they said if there was anything else, I can add it to the care plan."
- Care plans showed where people had discussed their care with the registered manager and had agreed with how it had been planned. People had added their signatures to show their involvement in care decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was always considered and respected by care staff. One person told us, "To be honest, they are so thoughtful with anything like that, you need to feel comfortable with who cares for you and I feel very comfortable with them."
- Care staff told us they provided any personal care that was needed sensitively and told us the steps they took to ensure people felt comfortable and their privacy and dignity respected. A policy was in place to help ensure people received care that promoted their privacy and dignity.
- Care plans identified what people could do for themselves. For example, where people managed their own medicines. This helped ensure people's independence was promoted.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 told us they were happy with their care and it was flexible to their needs. One person said, "If I don't want a shower in the morning, they adjust things so I can have a wash with them later in the day." This helped to ensure people's care was responsive to their needs.
- People knew what care had been agreed in their care plans and knew how this could be changed if needed. One person told us, "[Staff from Fervid healthcare] asked me what I was looking for and what they could do for me. I thought that was good that they asked me what I wanted. It has worked out very well." People had choice and control over their care.

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 staff told us what people's communication needs were. We saw these had been assessed and care plans reflected these. For example, whether people had any vision or hearing loss and if any additional measures were required to aid communication.

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

- People told us they enjoyed the company of care staff. One person told us, "We very often sit and have a chat while I have my tea - my fuel in a morning! We sit and chat while it's getting ready." This helped people feel less isolated.
- Care staff understood what social relationships were important for people and how they were maintained to help avoid social isolation. People's care plans reflected these.
- People told us care staff knew them well. Care staff told us what people enjoyed talking about and their care plans detailed this. One person told us, "We have a good old laugh, we put the world to rights."

Improving care quality in response to complaints or concerns

- People told us they had no complaints but would feel confident to raise any issues if needed. One person told us, "They said at the beginning don't hesitate to feed anything back to us." This helped to ensure improvements could be made in response to any feedback.
- A complaints policy was in place for the management and investigation of any complaints should they be received. No complaints had been received and compliments had been recorded.

End of life care and support

- People had been able to discuss any end of life wishes with care staff. We saw these were recorded in people's care plans.
- Where other health and social care professionals were involved in supporting people towards the end of their life, these details were known by care staff and helped to ensure people received responsive care. For example, care plans recorded where other professionals had been involved in pain management or communicating about a person's care needs.

Is the service well-led?

Our findings

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

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

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

- A range of policies and systems were in place to ensure good governance of the service. These covered standards of quality assurance, record keeping and health and safety. This helped to ensure regulatory requirements were met.
- Audit systems were in place for medicines management and record keeping. Monthly reviews of people's care were designed to identify and monitor any trends, such as falls. The registered manager had identified other systems they wanted to introduce to further improve the quality of the service.
- The business contingency plan required updating. We discussed this with the registered manager who told us this would be completed.

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; Continuous learning and improving care

- A duty of candour policy was in place. This provided guidance on how to meet this legal duty should incidents of this nature occur.
- No accidents or incidents had occurred. However, there were systems in place to report and review these to help identify how care could be improved further.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was focussed on providing person-centred quality care. This was communicated to people through their 'service user guide.' This also clearly identified people's rights and how they would be supported by Fervid Healthcare Ltd.
- People felt engaged with the service and asked for their views. One person told us, "They ask me for my views every now and then to check it's all ok." Records showed people had been asked for their feedback on the quality and safety of their care and this feedback had been positive.

Working in partnership with others

- People's care plans detailed other family, friends and health and social care professionals involved in people's care. This helped care staff to understand how and when other people were involved in supporting the person.
- Care records showed when care staff had worked with other health and social care professionals to

achieve good healthcare outcomes for people. For example, working with the pharmacist to resolve an issue with medicines. Care staff worked well in partnership with others.