

Fosse Healthcare Limited

# Fosse Healthcare - Newark

## Inspection report

Unit 7 Brunel Business Park  
Jessop Close  
Newark  
NG24 2TT

Tel: 01522412181

Website: [www.fossehealthcare.co.uk](http://www.fossehealthcare.co.uk)

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

Fosse Healthcare - Newark is a domiciliary care agency. It is registered to provide personal care to people living in their own homes in the community, including older people and people with physical disabilities. The service was registered by the Care Quality Commission (CQC) in June 2017. This was our first inspection.

We conducted our inspection on 10 and 11 October 2018. The inspection was announced. Shortly before our inspection, the provider had won a new contract from the local authority which had resulted in significant numbers of new clients and staff transferring to the service from another domiciliary care provider. At the time of our inspection 125 people were receiving a personal care service.

The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had established warm, friendly relationships with people and went out of their way to help them in any way they could. Staff worked together in a supportive way and participated in a varied programme of training appropriate to their needs. They were proud to work for the provider and felt listened to by the registered manager and other senior staff. The registered manager had an open and reflective leadership style which set the cultural tone for the service.

People were involved in agreeing the type and amount of care they received and their needs and wishes were understood and followed by staff. In general, people were satisfied with the provider's staffing arrangements although the recent expansion of the service had caused disruption to call timings and staffing continuity for some people. The provider was aware of these issues and action was in hand to address them.

Staff treated people with dignity and respect and encouraged them to maintain their independence. Staff had the knowledge and skills required to meet people's individual needs effectively and supported them to prepare food and drink of their choice.

People received any support they required to take their medicines and staff worked closely with local healthcare services to ensure people had access to specialist support when needed. The provider assessed any potential risks to people's safety and welfare and put preventive measures in place where required. Staff knew how to recognise and report any concerns to keep people safe from harm.

The provider sought people's opinions through regular customer surveys and people were generally satisfied that any complaints were handled effectively.

The provider was committed to the continuous improvement of the service and maintained a range of

systems to monitor service quality. Action was required to ensure CQC was always notified of any significant incidents or events.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff understood the principles of the MCA and how to support, in the least restrictive way possible, people who lacked capacity to make some decisions for themselves.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

New staff were recruited safely.

There was organisational learning from significant incidents.

Good ●

### Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet people's needs.

Staff were aware of how to support people who lacked capacity to make some decisions for themselves.

Staff worked well with local healthcare services and supported people to access any specialist support they needed.

Staff assisted people to prepare food and drink of their choice.

Good ●

### Is the service caring?

The service was caring.

Staff had warm, friendly relationships with people and went out of their way to help them in any way they could.

Staff encouraged people to maintain their independence.

People were treated with dignity and respect.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

People received personalised care that was responsive to their changing needs.

Staff knew people as individuals and provided support in ways that reflected their particular preferences and interests.

People's care plans were well-organised and kept under regular review.

The provider had systems in place to handle people's concerns and complaints.

### **Is the service well-led?**

The service was not consistently well-led.

Action was required to ensure CQC was notified of significant issues affecting people using the service.

The registered manager had an open and reflective leadership style.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

The provider was committed to the ongoing development of the service.

**Requires Improvement** ●

# Fosse Healthcare - Newark

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced. The provider was given notice of our inspection visit because the location provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On 10 and 11 October our expert by experience telephoned people who used the service to seek their views about how well the service was meeting their needs. Our inspectors visited the administration office of the service on 11 October 2018.

Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information shared by other organisations, including the local authority contracting and safeguarding teams.

During our inspection we spoke with 10 people who used the service, two relatives, the registered manager, two care workers and three of the provider's senior managers. We looked at a range of documents and written records including people's care plans, staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe and secure using the service. For example, one person said, "I am very safe. I have a key safe so they let themselves in and my door stays locked." Another person told us, "I feel absolutely safe with them. They are wonderful carers."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations of abuse would be investigated fully by the provider. Staff said that, if required, they would escalate concerns to the relevant external organisations.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to medicines. The measures put in place to address any risks that had been identified were documented in people care files for staff to follow. Senior staff reviewed and updated people's risk assessments on a regular basis to take account of any changes in their needs.

The provider had also implemented a range of measures to help prevent the risk of infection. Care staff received hand-washing training and were provided with disposable aprons and gloves for use when providing personal care.

We reviewed the provider's recruitment practice and saw that the necessary pre-employment checks had been completed correctly to ensure that any new recruits were suitable to work with the people who used the service. Describing the provider's careful approach to recruiting new staff, the registered manager told us, "We don't take on [just] anyone. [We look] for caring people. You can tell when people are passionate."

The provider used an online call scheduling system to ensure staff started each call at the specified time and had sufficient time to meet people's needs without rushing. The majority of the people we spoke with told us they were satisfied with the provider's staffing arrangements. For example, one person said, "They are usually on time, within a few minutes. They have never let me down. They always have enough time to do everything and are never rushing about." Another person commented, "They are not bad with the times. They do everything I need doing and don't seem to rush around." A small number of people told us that staff were sometimes late for their care calls and we discussed their feedback with the registered manager. She told us that, shortly before our inspection, the provider had won a new contract from the local authority which had resulted in significant numbers of new clients and staff transferring to the service from another homecare company. The registered manager explained that the process of integrating this new contract had affected the timeliness of some people's calls. She told us she and her senior team were working hard to address the issue and that she was confident it would be resolved in the near future.

The majority of people also told us that they usually received support from the same members of staff which they found beneficial in ensuring continuity of care. For example, one person said, "Generally I do [have the same staff]. My regular girls are brilliant." One person expressed concern about the impact of the new

contract and told us, "They have mixed all their staff together since they took the other company over. I get different ones now." Again, the registered manager was aware of this issue and told us action was in hand to address it, to ensure everyone who used the service was supported by regular staff wherever this was possible.

The provider was committed to ensuring the safety of staff, many of whom worked largely on their own, often at night. Discussing the provider's lone worker policy, the registered manager told us, "We issue staff with torches and phones and we can track the phone's location. Once ... a carer had a car accident and [we were able to act promptly in response]." Looking ahead the registered manager said the provider was planning to provide care staff with fleeces to help them keep warm during cold weather.

Where people needed support with their medicines, this was provided in line with their individual needs and preferences. As part of their induction, care staff received initial medicines training and were tested on their knowledge before they started delivering care. They also received annual refresher training and regular 'spot checks' from senior staff to ensure their knowledge and practice remained up to date. Commenting positively on the support they received from staff in this area, one person told us, "They give me my tablets at bedtime. There have never been any problems." People who received staff support to take their medicines were provided with a monthly medication administration record (MAR) which staff used to record any medicines they had administered. The completed MARs were audited regularly by senior staff who took action to follow up issues identified. As an additional check to ensure staff administered people's medicines correctly, the provider's online call scheduling system did not allow staff to log out of a care call without confirming that they had administered any medicines required.

Senior staff reviewed significant incidents which had occurred in the service to identify if there were lessons that could be learned for the future. For instance, following a significant medication error which had occurred some months previously, action had been taken to ensure that any care calls involving the administration of 'time critical' medicines were given the highest priority on the call scheduling system to reduce the risk of a late call and late administration.

## Is the service effective?

### Our findings

Almost everyone with spoke with told us that staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "They are well trained and competent. They are all fine." Another person told us, "I use a hoist and feel safe when they are moving me around. They are very good with equipment."

New members of staff participated in a structured induction programme before they started delivering care on their own. This included four days of classroom based training (including a full day on moving and handling practice) followed by a period of shadowing experienced colleagues. Commenting on their induction, one staff member told us, "I learned [a lot]. [And] it was good to get out shadowing." As part of their initial training, new care staff completed the national Care Certificate which sets out common induction standards for social care staff.

The provider maintained a record of each staff member's annual training requirements and employed a team of in-house trainers to deliver a range of courses to meet their needs. Commenting positively on a recent training event, one member of staff told us, "The trainer was really nice. I didn't feel daft if I didn't know something." The provider also encouraged staff to study for nationally recognised qualifications in care, including National Vocational Qualifications (NVQ). One member of staff said, "An email went out [recently] about NVQ's. I have thought about doing it [and] they would support me if I wanted to."

In addition to their training, staff had access to a variety of other information sources to ensure they remained up to date with any changes to good practice guidance and legislative requirements. For example, the registered manager had recently issued all staff with guidance on how to reduce the risk of listeria. The registered manager also had the opportunity to share learning with colleagues in other domiciliary care services operated by the provider through a monthly managers' meeting.

Staff told us that they felt well supported and supervised by the registered manager and other senior staff. Describing the provider's approach to one-to-one supervision, one member of staff told us, "I get [supervision] every three months. It's a chance to raise any issues. They listen and are usually prompt at getting things done [in response]." Senior staff also conducted frequent 'spot check' supervisions of each staff member's hands on care practice. Commenting positively on her experience of this system, one staff member said, "It's done [regularly]. I've had quite a few. It's nice to know someone is taking an interest."

Staff in all parts of the service worked closely together to ensure the delivery of effective care and support. For example, describing her relationship with the staff who worked in the office one member of the care team said, "Everyone in the office [is] really nice, really friendly. If you ring up with a problem they will deal with it." To facilitate effective communication, office staff used the online call scheduling system to send 'real time' alerts to care staff working in the field. Talking positively about this approach, one staff member said, "We get [regular] emails with updates on service users. Any changes [in their needs]." Staff also received a weekly update on the health of people who had been admitted to hospital. The registered manager said that this had been introduced following a request from care staff who wanted to know how their clients

were getting on in hospital.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the importance of obtaining consent before providing care or support. The 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. Describing their understanding of the MCA, one staff member said, "We covered it on induction. [It is there to ensure] people can make [as many] decisions for themselves [as possible]." Confirming the approach of staff in this area, one person said, "They always say 'Is it okay?' before they [do anything]." The registered manager had a clear understanding of formal best interests decision-making processes and worked alongside other agencies if these needed to be used for someone using the service.

People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "They usually make me a cob at dinner time. That's all I fancy." Staff were aware of each person's particular likes or dislikes and supported them to enjoy food of their choice. For example, one staff member told us, "One lady last week wanted bacon and eggs. Which I did for her." Staff were also aware of potential risks related to nutrition and hydration. One staff member said, "I always make sure they have plenty of fluids [left out before I leave]. To avoid dehydration if they can't get up to make a drink themselves."

Staff worked proactively with a range of local health and social care services on behalf of the people who used the service, including district nurses, GPs and podiatrists. For example, one staff member told us, "One lady had a pressure sore [which] the district nurses treated [successfully]. But she has been poorly recently and has another one. I rang the district nurses and they came [straight] back in." Staff were also available to accompany people to appointments. One staff member said, "I went with a lady to one of her hospital appointments at her request. She wanted support."

## Is the service caring?

### Our findings

Almost everyone we spoke with told us that the staff who worked for the service were caring and kind. For example, one person said, "They are all like my adoptive daughters. They are lovely girls." A relative commented, "I think they are very caring people."

Describing her personal philosophy of care, the registered manager told us, "We treat everyone as an individual. Everything we do is to ensure the service user is happy." This commitment to supporting people in a compassionate, person-centred way was understood by staff and reflected in their practice. For example, one staff member said, "I just try to be the best carer I can be. One gentleman likes to have his blanket and hankie [left out] in the morning. They are important to him [and] if someone has forgotten to give him his hankie you can see the difference. It's remembering the little things that are important to [each person]." Describing the staff who supported them, one person said, "They know me very well. They are like a family to me."

Staff told us of other ways in which they tried to meet people's individual needs and preferences, sometimes going above and beyond the formal requirements of the homecare contract. For example, one staff member said, "One gentleman [on my round] doesn't get a daily paper. But another lady [on my round] gets one every morning. I asked her if she minded if I took her paper to him [once she had finished with it]. Now she saves them for [me to take to] him. He loves them. It brightens up his day." The registered manager told us, "We encourage staff to go above and beyond. For example, one person's microwave was broken so we went and got a new one. And with one lady, her daughter used to do her shopping [as part of her weekly visit]. But we said, 'We'll get the shopping, so your daughter can spend more time with you'." The registered manager also told us that the provider sent clients a card on their birthday and at Christmas. Describing the approach of staff, one person told us, "They are fabulous. They go the extra mile to make me feel comfortable and well cared for."

People told us that staff promoted their independence and respected their right to make choices for themselves. For instance, one person said, "They always ask what I want to wear and what I want to eat." Another person commented, "They let me wash as much as possible for myself and then help me finish off." Describing how they encouraged people to do as much as they could for themselves as possible, one member of staff said, "I don't want people to give up. If I know they can do something I encourage them. [For instance] to take a few steps if they have been sat for quite a while. To have a stretch, have a stand."

People also told us that staff supported them in ways that maintained their privacy and dignity. For example, one person said, "They are very conscious of my situation and do all they can to reduce any awkward feelings I have." Another person told us, "They are very careful to make sure I am covered up and the door is closed." The provider was aware of the need to protect the confidentiality of people's personal information. People's care files were kept securely in the office and were encrypted when stored on line; computers were password protected and the provider had provided staff with guidance on the use of social media platforms.

The registered manager was aware of local lay advocacy services and information on how to access this type of support was contained in the 'service user guide' given to people when they started using the service. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

The registered manager told us that she oversaw the handling of any new enquiries and referrals to the service. Stressing the importance of managing this process carefully she said, "[Under the terms of our contract with the local authority] we have to take 75% of the [referrals they make]. But if it's not safe we are not going to do it. We are down on our 75% [currently] as we are not [going to be] pressurised into running [the service] unsafely for staff and service users." If the service did have the capacity to meet someone's requirements, the registered manager told us that a senior staff member would normally try to meet with the person and their family to conduct an assessment and prepare an initial 'grab sheet' which specified the person's key requirements and preferences. This was then developed into a full care plan. Talking positively of the provider's approach in this area, one person told us, "I have an excellent care plan. It reflects my needs perfectly [and] the girls do follow it."

The care plans we reviewed were written in the first person and set out clearly the detail of each person's care requirements for staff to follow. For example, one person's plan highlighted that they had a particular type of shower gel they liked to use. The care plans also reflected any religious or cultural needs and preferences. Staff told us that care plans were helpful when providing people with care and support. For example, one member of staff said, "Everyone has a care plan. Most of the time people will tell you their own needs but I have a few with dementia [and] that's when the care plan is really helpful." Another newly recruited member of staff told us, "The care plans are always there. Sometimes if I have time left on my call I sit down and read it, as I like to know." Senior staff kept people's care plans under very regular review, updating and amending them in consultation with people and their families. Commenting positively one person told us, "I have a care plan and it is reviewed every couple of months." Similarly, a staff member said, "A lot of things change [but] the office keep [the care plans] up to date."

Staff knew and respected people as individuals and used this knowledge to provide support in a responsive way that reflected each person's particular preferences. For example, one member of staff said, "One lady likes her ornaments straight in a certain way. I think it's brilliant that people have their quirks." Describing another person, the same member of staff told us, "I noticed one lady had run out of cotton buds and [on a break between calls] I went to the shop and got a pack for her." This responsive, person-centred approach was clearly appreciated by the people who used the service. For example, one person told us, "They always ask if there is anything more I need doing." Another person said, "They listen to me. How I like things doing."

People who had a preference for care staff of a particular gender told us the provider respected their wishes. For example, one person said, "I told them I only want female carers." Another person commented, "They sent a man a while ago and it did not feel right. I told them I did not want him again and he never came back." People also told us staff treated them in a non-discriminatory way. For example, one person said, "[They treat me] absolutely fairly. They know me very well and I know them."

Staff had received training in palliative care and worked alongside specialist agencies to support people at the end of their life, whenever this was required. Following the death of their family member, one relative had written to the provider to thank staff for the support they had provided, for attending the funeral and for

sending flowers.

Most people told us that they were satisfied with the response they received from office-based staff if they rang to discuss an issue. For example, one person said, "They are easy to get hold of and try to be as helpful as possible." Another person's relative told us, "When I call the office they are very receptive and helpful." The registered manager was unaware of the new national Accessible Information Standard but told us she would ensure the provider embraced it for the future. In the meantime, staff received training in this area as part of their induction and there was a section in each person's care plan setting out any particular communication requirements.

Information on how to raise a concern or complaint was given to people when they first started using the service. Most people told us they had no reason to complain. For example, one relative said, "We have never had the need to complain about anything." Most people who had raised a concern told us that they were satisfied with the provider's response. For example, one person said, "I complained about [one] girl being late. They did apologise and said she had been held up at her previous call." Another person told us, "I feel able to raise concerns. I have [recently] complained about them not accepting payment by direct debit, only cash or cheque. It seems ridiculous in this day and age." The provider's investigation and response to this particular complaint was ongoing at the time of our inspection. Describing the provider's approach to handling people's concerns and complaints, the registered manager told us, "Everyone [in the office] has [a supply of] blank 'concerns forms' on their desk. [If we pick an issue] up from a service user over the phone we try to resolve it there and then [or] go out and see them [if necessary]. If it is a formal complaint I will investigate. [The process] is a bit more in depth." We reviewed the provider's log of formal complaints received and saw that these had been handled in accordance with the provider's policy.

## Is the service well-led?

### Our findings

In preparation for our inspection, we reviewed the notifications (events which happened in the service that the provider is legally required to tell us about) we had received from the provider. We noted that, in the 12 months preceding our inspection, there had been an allegation of abuse relating to a person using the service which had been considered by the local authority under its adult safeguarding procedures. The provider had investigated this allegation to the satisfaction of the local authority but had failed to notify CQC, despite the registered manager having assured us that a notification would be submitted. The registered manager apologised for the failure to notify us on this occasion and told us she would take action to prevent this happening again in the future.

This administrative oversight aside, we found the service was well-led. Several people told us how highly they thought of the service and the care they received. For example, one person said, "I would recommend the service. I tell everyone about them." A relative commented, "I think it is well-managed. The carers are excellent and the communication is good. Whenever [name] goes into hospital then returns home, the transition goes smoothly without any worry." Perhaps understandably in the light of the recent expansion of the service, some people remained unsettled from the transition from their previous service provider. For example, one person told us, "It was much better when it was [name of previous provider]." However, another person commented, "I'm getting used to them now." As detailed in the Safe section of this report, the registered manager was fully aware of the issues resulting from the recent expansion of the service and was committed to resolving them as quickly as possible. Speaking frankly she told us, "It's not the best time to inspect [as there are] some issues with call times. [But] give me six weeks."

The registered manager had an open, reflective leadership style which set the cultural tone for the service. Describing her approach, the registered manager said, "I like to be honest and open with my carers and [encourage them to be the same] with me. [If things go wrong] I say to them, 'Tell me what you've done and we'll fix it'. I have a good relationship with my team and wouldn't expect them to do anything I wouldn't do. I worked [delivering care] last weekend. It's nice to see the service users and field workers." The registered manager's hands-on, accessible approach had won her the respect and loyalty of her team. For example, one member of staff said, "[The registered manager] is lovely. She is our boss [but she] always makes you feel ... comfortable. Like it's a team." Looking ahead, to further increase her visibility within the service, the registered manager told us she intended to spend more time out of the office, getting to know the people who had recently transferred to the service.

The provider took care to promote the welfare and happiness of the staff team. For example, staff received a card on the birthday and food was provided at staff meetings. At Christmas, the provider had organised a staff party in the office with a buffet and party games. As a further means of creating a positive organisational culture and promoting good practice, the provider operated a 'carer of the month' scheme with the winner receiving a box of chocolates and a gift voucher.

Reflecting the provider's caring, attentive approach staff told us they enjoyed their work and were proud to work for the service. For example, one member of staff said, "I love my job. I'd recommend them as a good

company to work for. They try to do their best for you. When I was [off on a period of extended leave] they were brilliant. I still got email updates and couldn't wait to come back." Another staff member told us, "They are lovely people to work for. They look after you and make you feel part of the family. A big thumbs up!"

Communication logs, team meetings and the call scheduling system were all used by the provider to facilitate effective internal and external communication. Talking positively about her experience of attending staff meetings, one staff member said, "We have them every couple of months. If we have any issues we can bring everything up. We've just one not long ago. I was on holiday [but] I got an email update of the meeting." Talking positively of their experience of the provider's approach to communication, a relative said, "They always keep in touch with me if they are concerned about anything to do with [name]'s care." A person who used the service told us, "They ring regularly to ask if I am okay."

The provider was committed to the ongoing development and improvement of the service. For example, the registered manager told us that plans were in place to develop the online call scheduling system to give staff and families online access people's care plans. She also said she planned to research means of providing staff with a secure online messaging facility, to further enhance internal communication and team working.

To assist in this process of continuous service improvement, the provider maintained a range of audits and quality monitoring processes, including weekly call time audits and regular reviews of care plans and staff daily logs. The provider also conducted an annual survey of people and their relatives to assess their satisfaction with the service provided. In response to feedback received in the most recent survey, the registered manager told us that people now had the option to receive a copy of the staffing rota for their care calls.