

Fosse Healthcare Limited

Fosse Healthcare - Leicester

Inspection report

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Date of inspection visit:

20 November 2023

21 November 2023

22 November 2023

23 November 2023

Date of publication:

05 January 2024

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

Fosse Healthcare Leicester is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 56 people using the service.

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. 43 people were receiving a regulated activity at the time of inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff knew people well and worked closely with management and health and social care professionals to monitor people's health and wellbeing. We found however some people did not always have health specific risk assessments and care plans in place. There was not any impact to people, but people's needs, and associated risks should be documented. We have made a recommendation about the review and management of risk assessments and care plans. People told us they were being supported to live safely at home. Staff were aware of adult safeguarding and identified and raised concerns with management. People were supported with medicines by trained staff.

Staff received training appropriate to their roles and told us they had the right skills and experience to carry out their roles. Staff received regular supervision and appraisal opportunities. People were supported to access health and social care support and were supported to lead healthy lives. People's mental capacity was assessed as required, and staff understood consent.

Right Care:

People were supported by caring and compassionate staff. People's dignity and privacy was maintained, and staff encouraged people to be as independent as possible.

People's communication needs were assessed, and staff adapted their practice to encourage communication and empower people to make decisions. Complaints were listened to and investigated thoroughly and promptly by the registered manager. Staff were trained and able to support people with sensitivity and compassion at the end stages of their life.

Right Culture:

The registered manager had oversight of the service. There has been changes to management and staffing, but improvements had been made and the culture was steadily positively changing. Systems and processes were in place which identified areas of concern or improvement to ensure people received safe care and treatment.

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 9 November 2021 and this is the first inspection.

The last rating for the service under the previous premises was Good, published on 4 September 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fosse Healthcare Leicester on our website at www.cqc.org.uk.

Recommendations

We identified care plans and risk assessments were not always fully reflective of some people's needs. We have made recommendations to the provider in the safe and effective domains.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Fosse Healthcare - Leicester

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors and an 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people to speak with us.

Inspection activity started on 20 November 2023 and ended on 23 November 2023. We visited the location's office on 20, 21 and 23 November 2023. We undertook visits to people's homes on 22 November 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who use the service to understand people's experiences of the care provided. We spoke with 14 relatives to understand their experiences. We spoke with 11 members of staff including the nominated individual, registered manager, deputy manager, the head of operations for homecare, senior carers and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associate to people's safety had been assessed. Staff told us they were able to access relevant documentation in real time on the app they used. Upon reviewing risk assessments however, we found some people did not have some health specific risk assessments in place. We did not find any impact to people however as staff knew people well and were able to identify if their health needs were changing.

The registered manager was responsive during and after inspection. Risk assessments that lacked detail or were absent were put in place.

We recommend the provider reviews management of risks associated with specific health conditions to ensure risk assessments are person-centred.

- Factual and accurate daily records were completed. Staff documented people's presentation and recorded the support they had provided them. Daily records were monitored, and an on-call telephone system operated at all times for staff to seek advice and support as required.
- Environmental risks were assessed. Information regarding any risks from the living environment had been documented and made available to staff supporting people. This meant staff were able to take steps to mitigate risk and reported concerns about people's living environments to management.

Staffing and recruitment

- Some people felt staffing consistency could be improved. While people understood staff needed to respond to emergencies, some staff and people felt consistency was lacking which impacted upon the care delivered. Others however felt they were supported by regular staff who knew them well.
- People received scheduled care. Care calls were generally provided at times agreed with people, and for the correct amount of time commissioned. If there were changes to staffing, people were generally informed by office staff, or the care staff member themselves. People and their relatives confirmed this.
- Staff received training appropriate to their role. People and relatives all felt safe, and that staff understood how to provide the care and support they required.
- Staff were safely recruited. Pre-recruitment checks were completed prior to staff commencing work. Disclosure and Barring Service (DBS) checks were undertaken. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded if necessary. Staff were trained in adult safeguarding and understood how to identify and raise concerns. Incidents were documented and safeguarding referrals were made by the

registered manager to the local authority as required.

- People felt safe. People told us staff understood how to keep them safe. Staff felt able to raise concerns in relation to people's safety with management and felt they would be listened to.

Using medicines safely

- Medicines were safely administered. Electronic medicine administration records (EMARs) were completed by staff when medicines had been administered. EMARs were monitored on a frequent basis to ensure any errors or areas of improvement were identified early, and appropriate steps to minimise risk could be taken.
- Staff were trained in safe administration of medicines. Prior to administering medicines staff completed medicines training and competency checks were completed. A medicines policy was in place, and audits were completed frequently to identify errors and improve staff practice.

Preventing and controlling infection

- Infection control processes were followed. Staff used personal protective equipment (PPE) when supporting people as required. Stocks of PPE were available to staff and infection prevention and control policies and procedures were in place.

Learning lessons when things go wrong

- Lessons were learned. Regular reviews and analysis of incidents or accidents were completed by the registered manager and quality assurance team. Learning points and steps taken to minimise risk and prevent incidents reoccurring were communicated to staff.

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's care needs were assessed. An initial assessment was completed with people and their relatives prior to care being delivered. One person told us, "I get the same staff all the time. They came out and assessed me, included all my needs and then they come back out to review and check me."
- However, some care plans did not document all physical, emotional and mental health needs. We did not find impact for people however as staff knew them and understood what care and support they required. One relative told us, "My [person's name] loves the staff. [Name] is very happy with staff, has continuity and knows them all."

The registered manager was aware areas of improvement were required in care planning and was responsive during and after inspection to introduce or strengthen care plans that were required.

We recommend the provider review care plans to ensure they are reflective of people's needs, and document clearly how care needs to be delivered in line with good practice.

- Equipment was in place when required. Staff were trained and able to use equipment such as hoists which enabled people to receive care and support in their own homes. Staff ensured people had access to life line pendants which enables help to be called if needed; for example, if the person experienced a fall while alone. This helped to promote people's independence and improved their outcomes.
- Innovative technology was available. The provider had virtual care devices that could be installed in people's homes, and used to provide social contact and prompts for tasks such as taking prescribed medicines. Whilst this technology had not been used as yet, the provider was in discussion with the local authority to pilot it.

Staff support: induction, training, skills and experience

- Staff received training relevant to their roles. They completed various types of training required to safely support people who were receiving care from the service. All staff completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received induction. New starters completed face to face and online training before commencing work. One staff member told us, "The trainers are knowledgeable; the moving and handling training delivered in the office was really good."
- Staff received regular supervisions and appraisals. Opportunities to develop staff skills and knowledge were in place. Staff told us they were able to ask questions and felt able to focus on improving their

knowledge and understanding.

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

- People were supported to eat and drink. Where people required physical assistance to eat, or support to prepare meals, this was provided. One staff member told us, "I do cooking for people and have food hygiene training." Staff offered people choices regarding what they wanted and documented people's dietary intake.

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

- Staff worked effectively with partner agencies. When people's needs changed health professionals such as GPs or district nurses were contacted in a timely way. One relative told us, "If the care workers notice anything at all they contact the doctor. They have an excellent relationship they have built up such a good relationship with [name]."

- People were supported to live healthier lives. Staff monitored people's day to day health, and spoke with people and their relatives if they felt they needed support. For example, one person told us, "They [staff] always notice if I need to G.P or district nurse and they get me to contact them. They have contacted them for me too if I've not been able to."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were in place. Staff understood the principles of the act and sought consent before providing care to people. Where required decision specific mental capacity assessments had been completed. This meant staff had guidance of how to meet people's needs in their best interests.

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

- Staff were kind and caring. One person told us, "Staff are all lovely, they are great. They care and show genuine affection. The level and quality of care is great. It has made an enormous difference to our lives."
- Staff knew people. Most people were supported by fairly consistent staff, and people were happy with the care they received. One person's relative told us, "Staff are fantastic. They are kind and caring and 90% regular carers. In fairness they go over and above with [name]. The staff don't do this as a job they do it as a vocation, they really do care."

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

- People were involved in their care. One person told us, "I'm very active in my care." Another person told us, "Staff always update the care package involving me in discussions. We all have input." People and their relatives felt able to express their views and felt they were listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People told us staff provided personal care in a way that made them feel comfortable. One person told us, "Staff always close the curtains and door before they help me." Another person told us, "[Staff name] treat me with dignity and respect."
- People were encouraged to be independent. One person told us, "Staff promote my independence." One staff member told us, "I try and help people do things for themselves a bit otherwise they just give up and let you do everything which is not a good thing."

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 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 wishes and preferences were recorded and reviewed as changes occurred. A staff member told us, "Care plans are accurate and help you get to know people and what they need." This supported people to have more choice and control over how their care was delivered. One person told us, "[Staff name] knows exactly how I like my support and knows what they need to do."
- People were involved in their care. Initial assessments were carried out with people and their relatives to support developing how they wanted their care and support to be carried out. Staff listened to people's views and tried to accommodate them. One person told us, "I always get care plan reviews and updates and get reassessed as I need it."
- People's protected characteristics were documented. People's cultural and religious beliefs were identified and reflected in their care plans to ensure staff were aware of how to appropriately care for them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. Some staff spoke other languages whilst others adapted how they engaged with people to maximise understanding and support people to express their needs and wishes. One relative told us, "They [staff] chat away to [name] and they do speak [name's] language which makes a huge difference to them."
- Information was available in different formats. For example, documents could be printed in different languages, large print and braille. This meant people and their relatives had accessible information and could communicate their choices or raise concerns.

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 were provided social contact. People valued the time staff spent with them. One person said, "I chat away with them we have a regular routine, and we get on really well." One staff member told us, "I can do additional tasks for people if time allows which is nice for them and me – you get the opportunity to get to know people."

Improving care quality in response to complaints or concerns

- Complaints were effectively handled. People told us they felt comfortable to raise concerns if necessary. The registered manager worked closely with people, their relatives and relevant agencies to resolve complaints, and took learning from incidents to minimise the likelihood of concerns occurring again.

End of life care and support

- People were supported at the end stages of their lives. Whilst there was no one receiving this level of care, staff were trained, and people's wishes were recorded. This meant staff would be able to appropriately support people when the time was required.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was improving. Changes to management and staffing had impacted the team, but positive change was occurring. A staff member told us, "It's now better here with more support from management. I feel like I am not on my own as much as I was."
- The registered manager promoted good quality care. People told us they had on occasion received their care and support from the registered manager. The registered manager valued being able to deliver care and felt it promoted a positive culture within the staffing team. One staff member told us, "I think the registered manager has a good ethos on how they want care to be delivered which I agree with. They are open with me and responsive and taken on board what you are saying and are keen to listen."

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

- Oversight of the service had improved. Systems and processes were established but had not always been effectively used. For example, review of people's care plans and risk assessments had not always been sufficiently undertaken. The registered manager had an action plan in place and was aware of areas that required improvement. The registered manager worked closely with quality assurance and other teams to improve the governance of the service.
- The registered manager understood their role and responsibilities. Notifications were made to the local authority and CQC when required which enabled concerns to be identified, and improvements to be made.
- Quality assurance processes were effectively embedded. Audits covering a vast range of areas from medicine administration to safeguarding concerns were completed on a regular basis. Audits were analysed for themes and trends and reviewed by senior staff and directors within the provider's organisation.

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

- Team meetings took place. Regular opportunities to improve practice and discuss any concerns took place. A staff member told us, "They are open with me and responsive and take on board what you are saying – they [management] are keen to listen. My comments and feedback I provide I feel are well received."
- Communication was encouraged. The registered manager was receptive to understanding the views of people using the service and staff. Surveys and newsletters sharing information were sent regularly to people, although some people and relatives felt communication could be improved.

- Staff commitment was recognised. Each month staff were nominated by the registered manager to acknowledge where staff had gone above and beyond in their roles to provide high quality care or support to colleagues. Feedback and compliments were also shared with staff to improve morale within the team.
- Staff diversity and equality was promoted. Staff celebrated different cultures and religious festivals together. This helped to create an inclusive working environment and encouraged effective team working.

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

- Duty of candour processes were followed. The registered manager was transparent, and if incidents occurred people, their relatives and relevant third parties were informed.
- Quality of care was reviewed. Surveys were sent to people using the service and staff to understand their experiences. The registered manager collated findings and where possible implemented changes to improve outcomes for people and staff.
- There was a strong focus on improvement. A dedicated quality assurance team reviewed all aspects of the service and implemented action plans. The registered manager and deputy manager prioritised tasks and worked through actions to improve the quality of care people received.

Working in partnership with others

- Collaborative working was established. The registered manager and deputy manager had links with local authorities and sought support from partner agencies as required. Staff supporting people worked closely with health and social care professionals to ensure care was delivered appropriately and in the best interests of people.