

Fisher Healthcare East Anglia Ltd

# Fisher Healthcare East Anglia - Norwich

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Fisher Healthcare East Anglia Ltd is a small home care service providing personal care to people living in their own homes. 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. At the time of the inspection the service was providing care to 10 people who were receiving the regulated activity of personal care.

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

Whilst most people spoke positively of the level of care and support they received from Fisher Healthcare, we found weaknesses in risk assessments, care planning and governance arrangements. Risks in relation to people receiving personal care were not always assessed, and when they were the service did not always provide clear plans and guidance in how to manage such risks. Care plans were in place, however, there was a lack of consistency, detail, and they were not always up to date which could put people at risk of inappropriate care. The service quality assurance system was not fully effective and did not identify the shortfalls we found during our inspection. There was limited provider oversight of the service.

People who used the service were safe from harm and abuse and care workers demonstrated an understanding of their role when reporting and responding to abuse. There had been improvements made in the service and people were now receiving their medication safely. People also felt staff had a good knowledge of their needs and any risks they had. One said, "They will keep an eye on me. I get confused with the tablets particularly and they will check and make me safe."

Overall staff were recruited safely, and sufficient staff were deployed to meet people's needs. Staff received a comprehensive induction and regular competency checks, supervision and appraisals.

There had been good relationships developed with health care professionals. Professionals spoken to said, the communication was very good, and the service kept them up to date with any relevant changes in a timely manner.

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.

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

The last rating for this service was inadequate (published 31 March 2021) and there were five breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made. However, the provider remained in breach of regulations.

This service had been in Special Measures since 29 December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service was no longer in Special Measures.

#### Why we inspected

We carried out an announced focussed inspection of this service in November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve risk management, management of people's medicines, recruitment processes, governance and failure to notify CQC of incidents the provider is required to do so by law.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fisher Healthcare East Anglia Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, governance systems at this inspection. Following the inspection a warning notice was issued to the provider in respect of these breaches.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Fisher Healthcare East Anglia - Norwich

## **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

The inspection was completed by one inspector 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### 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 5 May 2022 and ended on 14 June 2022. We visited the location's office on 5 May 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included feedback from the public and notifications from the provider. We sought feedback from the local authority. We used all this information to plan our inspection.

### During the inspection

We visited the office on 5 May 2022. During the visit to the office and following the inspection, we spoke and received feedback from eight staff including the provider, care co-ordinators and nominated individual/registered manager to gather their views about the quality of care provided. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two people and three relatives to seek their feedback about the quality of care they received. We also received feedback from four health care professionals who work with the service in providing care to the people who used the service. We requested and reviewed various records in relation to three people's care, recruitment records, staff training, supervision and how the provider monitored the quality of care people received.

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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure systems were in place to robustly assess and manage risks to people's safety and to ensure they received their medicines correctly. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Information about risks and safety was not always comprehensive or up to date.
- People's records did not identify every risk or describe any measures to help mitigate the risk. One person had an identified risk of choking but their nutrition and hydration risk assessment stated they were not at risk.
- There was a lack of guidance to staff or conflicting information on what actions they needed to take to keep people safe at all times, which risked people receiving inappropriate care. For example, there was no guidance for staff for a person who had could not recognise everyday words and regularly did not recognise care staff due to dementia, for when they were in pain and needed pain relief due to severe osteoarthritis. Another person had a catheter in place. However, there was no information on the management of this under continence in their care plan.
- People's records were not always reviewed and updated following changes to their risks. For example, one person had a grade 1 pressure sore earlier in the year, but there was no reference to this in their care plan or risk assessment. Another had a fall, but their records stated 'never', to the question if they were prone to falls.
- People and their relatives were involved with reviews of the care provided. However, not all changes identified at the reviews were reflected within the records, although they had been actioned. For example, care staff were now purchasing food for a person as opposed to their relative and for another person the service was ordering their medication following review.

The provider had failed to ensure risks to people had been assessed and guidance put in place to minimise risk. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities)

- Although we found shortfalls with care records, care staff did have a good understanding of the risks people had and what they needed to do to mitigate them to ensure they were kept safe. They told us if they

identified any changes needed to a person's risk or care needed, they would contact the office who would take appropriate action.

- Improvements were identified in some areas of concern from last inspection. People told us, and from the records we could see, people were receiving their medication correctly. Staff were also wearing correct personal protective equipment (PPE) as per Government guidance. This was confirmed by people we spoke to who used the service.
- Relatives of people who used the service felt staff knew people well, one said, "[Relative] has had falls before and they [the staff] do know. They walk with [relative], make sure things are near them like their walker. I am satisfied."

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have robust systems in place to protect people from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The service had policies and processes in place to help keep people who used the service safe.
- Staff knew about the service's safeguarding policy. Most of the staff knew what to do and all felt comfortable raising concerns about their own or other people's safety. Staff who raised concerns received sympathetic support and appropriate information. It was felt a normal and desirable part of day-to-day practice.
- People who used the service and their relatives said they felt safe. One relative said, "Yes, I'd say [they] feel safe with them [care staff]. I think they look after [them] well. They talk to [person] and ask questions. [They] have dementia and has periods of instability where [they] imagine things. They have been a good support for [them]."

### Staffing and recruitment

At our last inspection the provider had failed to ensure appropriate recruitment procedures were in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were recruitment systems in place to ensure appropriate people were appointed and checks completed to ensure their suitability.
- The service made sure there was enough staff covering across the geographical area, so people received a consistent and reliable service. The service considered travel time to make sure people received the amount of care which had been agreed in their care plan.
- The care co-ordinators used an electronic system to allocate and monitor the rostering system. This was flexible and held all the information needed for both care staff and people who used the service to ensure the visits were met successfully. The system was also used to monitor call times. If there were any issues with timings then this was identified, for example, bus timetable changes which impacted on a care staff member to complete calls at set times. The times were then adjusted in consultation with the person.



- People who used the service and their relatives said the care staff were usually on time. They were informed of delays and care staff stayed the allotted time. One person, said they always stayed the allocated time, adding, "They always ask as well if there is anything else or can they make me a cup of tea before they go. They're so kind".

#### Preventing and controlling infection

- Policies and procedures were in place for the prevention and control of infection, including COVID-19.
- People told us staff wore appropriate personal protective equipment (PPE) when providing care. One person said, "[Staff] always wear a mask and they will put their gloves on for my medication. It's very thorough."
- Staff said they always had access to the PPE required.
- Although initially during the pandemic there had been problems obtaining PPE, this had now been resolved and care staff said they had all the supplies they required.

#### Learning lessons when things go wrong

- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- Staff could raise an alert or incident form for any concerns or information they had so this could be investigated.
- A member of staff from another part of the organisation visited weekly to investigate any complaints, late or missed calls and to identify any trends or lessons learnt. Relevant lessons learnt were disseminated to staff via meetings and other forms of communication.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Assessments of needs were taking place with expected outcomes being identified. Care and support were regularly reviewed. Appropriate referrals to external services were made to make sure needs were met.
- Staff showed a good understanding of people's needs, explaining what people can do for themselves and what they need support with, in relation to personal care and preparing meals.
- One person said they were very pleased with the care they received. They said, "Nothing is too much trouble for them. They definitely meet my needs. I get so confused with my tablets sometimes because I've got so many, so they help me sort them, make sure I take the right ones."

Staff support: induction, training, skills and experience

- All staff completed a comprehensive induction and did not work unsupervised until they and their manager, were confident they could do so.
- New staff completed training and shadow shifts with existing staff, visiting people they were going to support as part of their new role. New staff spoken to felt they had received the right training and support as part of their induction.
- Supervision, competency checks and appraisal were used to develop and motivate staff, review their practice or behaviours, and focus on professional development.
- One person confirmed staff were trained, saying, "I feel they must be well trained because they always know what to do. I can't fault them". A relative said, "I don't know what training they've had in dementia as that's [relative's] main need, but they seem pretty sympathetic and manage [them] well".

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

- Where required people were supported to eat or drink well.
- Staff gave people choice about what they wanted to eat and encouraged them to remain independent by helping prepare and clear up afterwards.
- A relative explained they buy ready meals which the staff would heat and give to their relative. They said the staff, "Will offer a couple so [relative] can choose. It's important I think and they always make [relative] a sandwich for tea and a cake. Again, they will show [relative] things from the fridge and [relative] will choose their sandwich." They said they were also given enough to drink. "[Relative] always has drink by [their] side. [They] prefer orange squash and has one by [their] chair."

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

- The service made appropriate and timely referrals to other relevant professionals and services and acted swiftly on their recommendations.
- Health care professionals said referrals to their services were appropriate. They gave positive feedback about how good the service was at communicating and keeping them informed. They said they had great confidence in their ability to monitor people and feedback appropriate observations and had confidence in their patient centred approach.

#### 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

- Staff were aware of the principles within the MCA of asking for consent from people before giving care.
- People told us staff always asked before providing any support. One person said, "They ask if I'm ready for my tablet. They check when they come in and I like that". Another said, "They will say, would you like a shower this morning, or I tell them what I want when they get there".

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems were in place to robustly monitor the quality and safety of care provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider remains in breach of regulation 17.

- Governance and performance management was not always reliable and effective. Systems were not regularly reviewed. Risks were not always identified.
- Since the last inspection there had been changes in the day to day management, which had led to improvements in such things as rostering and support and communication with staff and people who used the service. However, the monitoring and analysis of systems needed to be developed further and there was no provider oversight.
- Although some audits were being completed, they were not robust in identifying all gaps and errors. For example, for errors on medication charts the audit analysis did not hold the same information as the monthly incident report and care plan audits did not pick up inconsistencies and inaccuracies found during inspection.
- Records for keeping track of specific incidents were not always up to date and accurate, which did not allow oversight into their management. For example, the safeguarding log contained incidents which were not referred to the Local Authority for safeguarding as they did not fit the criteria and were not always notifying CQC of these incidents.
- Care records were not always updated following reviews with people who used the service and/or their relatives or following identified changes in need. However, from staff feedback and looking at the daily notes of care provided, the interventions provided did take account of these updates and there was no impact identified to people.

The evidence above demonstrates a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to notify CQC of important incidents as required by law. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

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

- Since the last inspection the changes to the management structure had led to more consistency in the service provided both for people and staff who worked in the service. There was an emphasis on open, co-operative relationships. Staff felt respected, valued and listened to.
- Staff acknowledged the difference which had been made in the last year to support and approachability of the leaders and management. Staff said, "We have communication that we never used to have. The manager is the best manager I've ever known. I feel so much more confident, positive and this makes me happy".
- People who used the service and relatives acknowledged the difference in the care provided. One relative said, "In the past, when we had problems, not everything was put right. It could be frustrating. They would apologise for arriving too late for [relative's] breakfast call, but it wouldn't change quickly enough, or would change, then revert back. But now they call me and ask me what I think too, that's about anything to do with [relative] where they need to change things. It makes me feel very involved and improves the relationship with the carers too".

Continuous learning and improving care; 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 provider had appointed an external auditor to undertake a review of the service. This was ongoing with self-assessment of the service being completed by the registered manager using the same tools.
- The provider was keen to encourage learning from staff and by working in partnership with others such as the Local Authority to improve the service. They understood the importance of feedback and using this for future ways of working.
- The electronic systems had recently been developed further to help monitor the service, look at trends and ensure tasks were completed.
- The management team had developed good communication with people who used the service and their relatives so they felt they could contact them if they had any concerns. A person said, "[staff] who I've had most contact with has been very good. She's certainly approachable and always helpful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was collaborative and open with relevant stakeholders and agencies. It worked in partnership with key organisations to support care provision, service development and joined-up care.
- The service shared a package of care with another agency. They had developed a good working relationship. The other agency said the communication was perfect, they were pro-active in sharing information and ensuring the person's needs were met.
- Feedback from health care professionals was consistent in saying how proactive the service was in keeping them up to date, ensuring changes were implemented and how knowledgeable staff they liaised with were.
- People and their relatives were involved in regular reviews about the care provided and from this changes were taken forward and implemented. The care records seen at inspection all had a review in the last six months. A relative said, "I have had meetings and phone chats, so I do feel I'm part of it and have a say certainly. The review is once a year. We had one fairly recently and it was pretty thorough, and I was there. They came out to [relative's] home".

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure risks to people had been assessed and guidance put in place to minimise risk.

**The enforcement action we took:**

The provider was served a warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure systems were in place to robustly monitor the quality and safety of care provided.

**The enforcement action we took:**

The provider was served a warning notice.