

Forever Good Care Ltd

Forever Good Care Ltd T/A Caremark Merton

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Forever Good Care Ltd T/A Care Mark Merton is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. At the time of our inspection, 32 people were receiving personal care and support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We received mixed feedback about staff punctuality. Sufficient numbers of staff were deployed to meet people's needs although some people had experienced delayed calls. Comments received, "Yes as far as I know, they have enough carers" and "Yes always have double ups, although the carers sometimes arrive at different times." People were supported safely.

We received mixed feedback about staff's practice to minimise the risk of contamination and spread of disease. People using the service and their relatives told us staff did not consistently and correctly wear masks when they visited people. However, they said staff wore gloves and aprons when preparing food and providing personal care. The provider explained staff followed guidance and worked in line with the provider's policies and people's preferences.

Staff knew the types and signs of abuse and the action required to protect people from the risk of avoidable harm. Comments we received included, "[Person] feels safe with [staff]"; "Oh yes I do feel safe with the agency" and "Bruises, lack of food in the fridge, falls and an untidy house can be signs of abuse. I will report to the [registered] manager such things." Staff understood their responsibility to identify and report suspected abuse to keep people safe. Risk management plans enabled staff to provide care in a way that minimises harm to people.

People were supported to take their medicines safely. The provider followed safe recruitment practices including checks on new staff's suitability to provide care. Staff received support, training and supervisions to ensure they were appropriately skilled to meet people's needs.

People told us staff were kind and caring. Comments we received included, "[Staff] are respectful" and "Very kind and friendly." Staff provided care in a manner that respected people's privacy, dignity and confidentiality. Where possible, staff encouraged people to undertake tasks they were able to do for themselves and to make choices about their daily living.

People's needs were assessed and staff delivered care appropriate to them. People accessed healthcare services when required. People and their relatives knew how to make a complaint about any aspect of their

care that fell short of the expected standards. The majority of people felt their concerns were resolved in a timely manner.

Checks and audits were undertaken on the quality of care and shortfalls were addressed. People, staff and relatives were encouraged to share their views of the service. They told us the registered manager considered their ideas when making improvements to the service. People benefitted from the close partnership working of the provider with other agencies and health and social care professionals.

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.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 5 December 2017.

Why we inspected?

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

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective..

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of one inspector and two Experts 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 24 hours' 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 at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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.

During the inspection

We spoke with four people who used the service, 11 relatives and five members of staff including the registered manager, field care supervisor, care manager and care staff.

We reviewed a range of records. This included five people's care records and various staff records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 2 August and ended on 31 August 2022.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People experienced delays to care delivery particularly over weekends and during evening calls. People using the service and their relatives commented, "I find weekends are a bother" and "Timekeeping varies enormously, especially at the weekends." Records showed the majority of the staff were punctual on their calls. People told us they preferred to have the names of staff in advance so that they knew who was coming to provide care. The registered manager told us, weekend travel was a factor because the area served was geographically spaced and staff who relied on public transport struggled to get to distant places. The provider had recruited drivers to help with transport. Staff told us they received rotas in advance and said were flexible to provide cover for sickness and annual leave absences which ensured people received care when needed.
- The majority of people were supported by a regular team of staff. The registered manager told us the ongoing recruitment programme continued to increase the pool of care staff. This would ensure staff got to familiarise themselves with people's needs and provide support safely.
- People were supported by staff who underwent safe recruitment procedures that included obtaining employment history, reference checks and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People's care delivery was not consistently done in line with infection prevention and control (IPC) guidance. A small number of people said staff did not always wear masks correctly. Relatives commented, "There's some disparity with the (wearing of) PPE"; They always wear masks and just wear apron and gloves if they need them" and "They wear gloves, mask and sometimes an apron."
- However, staff told us and spot checks records showed they followed good hygienic practices such as wearing gloves and aprons when appropriate which enabled them to minimise the risk of infection.
- Staff were trained in IPC procedures including those related to COVID-19 although people commented these were not always followed. The provider undertook spot checks, team discussions and supervisions to reinforce to staff the importance of correct and consistent use of Personal Protective Equipment (PPE) such as aprons and gloves when undertaking tasks to minimise contamination and spread of disease.
- We were somewhat assured that the provider was using PPE effectively and safely and signposted them to guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Comments we received included, "I think on the whole, [person] is safe"; "I feel quite safe with my regular carer or the new ones who have shadowed" and "Yes [person] seems to feel safe. I think she would speak to me if she felt uncomfortable with carers."
- Staff attended training in safeguarding adults and understood their responsibility to identify and report abuse to ensure people were safe. Staff followed the provider's safeguarding procedures to highlight concerns and have these investigated and resolved.
- The registered manager worked closely with relevant authorities to report safeguarding concerns to enable investigations and addressing of shortfalls in care delivery. There were open safeguarding referrals at the time of our inspection.

Assessing risk, safety monitoring and management

- People's needs were assessed and reviewed regularly which enabled staff to manage safely the identified risks to their health and well-being.
- Staff received updated guidance on how to support people safely through managing risks such as maintaining personal hygiene, a safe environment, medicines and nutrition and hydration.

Using medicines safely

- People were supported safely to manage and take their medicines when needed and in line with best practice and the provider's procedures. Comments we received included, "The carers do medicines ok. They are in blister packs and it's very straight forward" and "I have a medication plan in place. [Staff] give it to me from a blister pack and write it down."
- The registered manager undertook checks and audits on Medicines Administration Records (MAR) to identify and address any shortcomings appropriately.
- Staff who had attended training in medicines management and their competency checked supported people safely according to the provider's policy and procedures.

Learning lessons when things go wrong

- People's care and staff practice were reviewed when things went wrong. Staff were encouraged to learn from incidents and had additional training when needed.
- Staff recorded and reported incidents and accidents in line with the provider's policy and procedures. This enabled the registered manager to identify patterns and trends. Staff told us and records showed team meetings were effectively used to discuss incidents and learning outcomes to reduce the risk of similar events from happening again.

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 good. The rating for this key question has remained 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 and support met their individual needs and preferences. Comments we received included, "Somebody came out at the start and talked through [person's] needs" and "Staff wrote a care plan when they first came and did an assessment."
- People and their relatives where appropriate were involved in assessing each person's health needs and to develop care and support plans.
- Staff undertook regular care plans reviews and updates to ensure these were reflective of people's health and well-being needs and the support they required.
- People were supported effectively in line with the provider's procedures and best practice.

Staff support: induction, training, skills and experience

- The majority of people using the service and their relatives were happy with staff's skills and ability to do their work. Comments received included, "I'm happy with their work. [Staff] are well trained"; "My regular carer in the weekday mornings is very professional" and "[Staff] know what they're doing."
- Staff attended induction and training to enable them to deliver care effectively. Staff received training in safeguarding adults, infection control, Mental Capacity Act 2005, moving and handling and health and safety to enable them to deliver appropriate care.
- Staff told us the registered manager and senior staff supported them in their roles. Supervision records showed a review of staff's performance and support provided including additional training and refresher courses to improve their practice.

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

- People were supported to access healthcare services when needed. Relatives commented, "The carers have picked up on [person's] health issues and alerted me and other professionals" and "Staff had contacted the GP about [person's] medication and also to find out if they needed any hospital treatment."
- People told us and records showed staff worked closely with their relatives when their health changed. Where required staff supported people by organising appointments to their GP's, providing escorts to hospitals and contacting healthcare professionals and other agencies which ensured people's needs were met.
- Staff followed healthcare professionals' guidance to ensure they met people's needs, such as encouraging fluid and food intake to prevent dehydration and malnutrition.

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

- People who required support to eat and drink received the care they needed. Staff encouraged people to maintain a balanced and healthy diet and to drink sufficient amounts.
- People told us staff made suggestions to include fresh food, vegetables and fruit in their diets. Staff supported people in planning and preparing meals when needed and undertook shopping tasks when required. This ensured people had sufficient food and drink.
- People's food and drink preferences were recorded and meals prepared and served as they wished.

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.

- People gave consent to the care and support provided. Comments received included, "[Staff] do give [person] choices" and "We ask each person how they want to have their care delivered."
- Staff were trained in MCA and knew their responsibility to respect people's rights when providing care.
- Care records showed staff delivered care in line with MCA principles and supported people to make informed decision in areas they required support such as having a bath or shower, choosing and preparing meals, eating and drinking, managing their medicines and finances.
- Best interests' meetings were arranged when a person lacked capacity to make specific decisions in relation to any aspect of their care.
- Staff had access to the provider's procedures about MCA for guidance on how support people to make decisions about their care and to uphold their rights.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for with kindness and compassion. Comments we received included, "The carers are always friendly and chatty"; "On the whole the care is quite good"; "Yes most definitely they treat [person] with respect" and "Always cover me with a towel."
- Staff had guidance about how people wished to be cared for and ensured they respected individual preferences and routines. People's records showed their life histories, likes and preferences which enabled staff to provide appropriate care.
- Staff respected people's equality and diversity for example by supporting people with their individual preferences and without discriminating against their diverse needs. One relative told us, "Most of the people doing the caring have been sympathetic and understanding of my culture."
- People told us staff respected their cultural backgrounds and heritage and supported them with their choices on food, dressing and religion.
- People were supported to access the community, undertake activities of their choosing and to enjoy aspects of daily living like everyone else in the community.

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

- People were provided with opportunities to express their views and to make decisions about the care and support they required.
- People using the service and relatives where appropriate took part in planning and developing their care and support plans. They confirmed staff delivered care in line with their wishes and preferences. The registered manager allowed flexibility on rotas to allow people to receive support as they preferred.
- Staff advocated for people when needed, for example to get additional support hours for house cleaning, shopping and accessing the community when a person did not have local links. This enabled people to access various services they required.

Respecting and promoting people's privacy, dignity and independence

- People's care delivery was done in a manner that upheld their privacy and dignity. People told us they felt respected by the staff who cared for them. Comments included, "[Carers] are patient with [person]"; "The attitude of the carers is mostly pleasant" and "The care they've provided has been excellent, even though we've had a variety of carers."
- Staff supported people to live independent lives as far as practicable. One relative told us, "[Staff] try to encourage [person] to do things for herself."

- Care plans indicated the tasks each person could undertake in their daily living and the support they required. Staff understood what support people required to develop or to maintain existing abilities required for independent living.
- People undertook tasks and activities they were able to do for themselves such as dressing up, making a cup of tea and doing their hair.
- Staff supported people to take positive risks to enhance their independence, for example arranging outings to reduce social isolation and loneliness.
- People's right to privacy and confidentiality were respected as staff shared information with other health and social care professionals when appropriate.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 received personalised care which met their individual needs and preferences. Relatives told us, "[Staff] have contacted me when [person] hasn't been well and have stayed with him if necessary" and "When [person] had a fall, a carer stayed until the medics came."
- People and their relatives made positive comments about the care provided by staff. A relative told us, "Overall it's (the service) very responsive."
- Care records contained details about people's choices which enabled staff to support them to have control in planning for their care and support. People using the service and their relatives in the majority were complimentary about staff for providing care to meet people's needs and preferences. A relative told us, "When [person] is in hospital the staff will be flexible and get care back into the home when needed."
- Staff nurtured positive relationships with people they supported and knew how to provide appropriate care. However, staffing issues at times meant people received care from staff who did not always know them well.
- People had their care and support plans reviewed and updated regularly and highlighted their needs and the level of support they required. They told us, "Someone came three months ago and did a review" and "Received a telephone call a week prior to inspection asking [person] about their views on how the care was going." They told us staff responded appropriately and provided personalised care that met people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and other sensory needs were met. Care plans identified people's communication needs and the support they required to communicate effectively. Staff told us they had sufficient guidance about how to effectively communicate with people.
- The provider understood their responsibility under AIS to ensure people had access to information in a manner suitable to their needs. They knew agencies and professionals to contact when needed to ensure people's sensory needs were met such as use of braille and interpreters.

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 supported to develop and maintain relations with people who mattered to them. This minimised the risk of social isolation and loneliness and enabled them to undertake activities of their

choosing.

- Care records contained information of relatives, friends and community contacts people wished to be involved in their care. People enjoyed meaningful links with these people and lived fulfilling lives.
- Staff liaised with people and understood important aspects in their lives such as attending church, community festivals and their cultural and social preferences.

Improving care quality in response to complaints or concerns

- The majority of people using the service and their relatives knew how to make a complaint and get any concerns resolved. Comments we received included, "We had some teething problems with miscommunication but when I phoned the office to tell them exactly what I expected, things were resolved"; "Yes, I do know how and who to complain to. I haven't complained but have the company telephone number if I need to" and "Yes, I have complained when they sent me a novice carer who didn't have a clue how to support me. They sent me a competent carer to replace her."
- People and their relatives told us the registered manager and office staff had improved on their communication and in the majority of cases responded in a timely manner, investigated and resolved their concerns.
- People and their relatives were provided with the complaints policy and procedure to enable them to raise concerns and to understand the process in have their issues address.

End of life care and support

- People were supported to make their wishes known about their end of life care. Records were maintained and updated to show people's wishes when they shared these. At the time of this inspection, there was no one receiving end of life care and support.
- The registered manager understood their responsibility to support people with end of life care. The provider's policy on end of life care showed the agencies and professionals they would involve to ensure people received comfortable and dignified support.

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 good. The rating for this key question has remained 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 majority of people, their relatives and staff were happy with the running of the service. Comments we received included, "I have to sometimes do a little bit of chasing"; "The best thing is the [registered] manager is very much on hand. They are very personable and their ethos is good" and "I know a couple of managers and yes they do listen, for the most part."
- People told us the registered manager involved them in planning and making decisions about the care they wished to receive. Staff took into account people's individual needs and preferences when providing care.
- Staff received information about any changes to people's needs, preferences and routines which ensured they delivered person centred 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;

- People and their relatives told us the registered manager was open and honest when things went wrong. They told us the communication with the registered manager, office and care staff had improved and they could openly discuss issues that affected care delivery.
- Staff told us the registered manager encouraged them to take ownership when things went wrong and discussed with them ways on how to improve their practice.

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

- People received care in line with statutory and regulatory requirements. The provider and registered manager understood their responsibility and submitted notifications to CQC and the local authority safeguarding teams about significant events as required.
- The registered manager undertook quality checks of the care provided. This ensured shortfalls were identified in a timely manner and resolved enabling people to receive effective care. Care plans, record keeping, management of medicines, staff training and supervisions were audited and action taken to improve staff's practice.
- Staff had access to up to date policies and procedures which enabled them to provide care in line with current regulatory functions, for example guidance on how to deliver care during the COVID-19 pandemic and in line with national guidance.
- Staff understood their roles and responsibilities and knew when to get support to improve their practice.

- Staff told us they worked well as a team, enjoyed good relationships with their supervisors and registered manager. They felt well supported in their roles.
- The provider ensured staff received regular supervisions, feedback about their performance and that from people using the service which enabled them to develop their practice. Staff told us team meetings provided them with opportunities to discuss people's needs, risk management, policies and procedures, and any issues staff had.

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

- People and their relatives and staff spoke positively about their involvement with the service.
- People told us the provider and registered manager ensured they had opportunities to feedback and share their views about the quality of care. They took into account their religious background and cultural differences which ensured the equality characteristics were protected.
- People and their relatives completed questionnaires, undertook care reviews and received updates from the registered manager and staff through daily interaction or contact with the office.
- Staff told us they received regular updates from the provider and registered manager who shared information about changes at the service and information about people's needs and the support they required.
- The provider ensured staff had opportunities to develop their practice and advance their training and progress in their careers at the service.

Continuous learning and improving care

- People were supported by staff who were underwent continuous learning to improve care. The registered manager reviewed accidents and incidents which enabled them to identify gaps in staff's practice. Staff were supported to learn from any shortcomings via mentoring, individual staff supervisions and team meetings to develop their practice.
- Staff told us the registered manager sought their views and valued their ideas to develop the service.
- People and their relatives told us the provider used their feedback to drive improvements when required.

Working in partnership with others

- People benefitted from the involvement of various health and social care professionals and other agencies in their care delivery. For example, the registered manager followed guidance provided by healthcare professionals such as district and community nurses to support people with complex health needs.
- The registered manager made referrals to other healthcare professionals and agencies to ensure the received the support they required and support them to lead more fulfilling lives.