

Lady Forester Hospital Trust

Lady Forester Centre

Inspection report

Lady Forester Residential and Day Care Centre
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29 June 2016

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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

This inspection took place on 28 and 29 June 2016 and was announced.

Lady Forester Home Care provides personal care for people in their own homes. At this inspection they were providing care and support for 11 people.

A registered manager was in post and present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Staff had access to care plans and risk assessments and were aware of how to protect people from harm.

The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people. People received help with their medicines from staff who were trained to safely administer these and who made sure they had their medicine when they needed it. Staff followed safe practice when assisting people with their medicines.

People received care from staff that had the skills and knowledge to meet their needs. People's likes and dislikes were known by staff who supported them in a way which was personal to them. People had positive relationships with the staff members who supported them.

Staff attended training that was relevant to the people they supported. Staff received support and guidance from a management team who they found approachable.

People were involved in decisions about their care and had information they needed in a way they understood. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure people's rights were upheld.

People had their privacy and dignity respected and information personal to them was treated with confidence. People had access to healthcare when needed and staff responded to any changes in need promptly and consistently. People were supported to maintain a diet which promoted well-being.

People and staff felt able to express their views and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

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.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Risks associated with people's care were assessed and steps taken to minimise the risk of harm. Checks were made before staff could start work to ensure they were safe to work with people. People received their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and supported to provide care. People were supported to make decisions and had their rights protected by staff who were aware of current legislation related to their role. People had access to healthcare when they needed. People received support to maintain a healthy and balanced diet.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. People were provided with information in a way they could understand and allowed time to make decisions. People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People were able to raise any concerns or comments with the provider and were confident their opinions were valued. People were supported by staff who knew them well.

Is the service well-led?

Good ●

The service was well led.

People knew who the management team were and felt able to contact them when they needed. The provider and staff had shared values in supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

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Detailed findings

Background to this inspection

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

This inspection took place on 28 and 29 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people receiving support, two relatives, the registered manager, deputy manager and four care workers. We viewed the care and support plans for two people, including assessments of risk, consent and medicines. We saw records of quality checks completed by the provider, incident and accident records and details relating to staff recruitment.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. People told us they felt safe and protected when assisted by staff members from Lady Forester Home Care. One person said, "I have absolutely no concerns about any (staff members') conduct". Another person told us, "If I was worried about anything at all I report it straight away to the office. I am sure they (provider) would correct it straight away". Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. One staff member told us, "I would report any issues immediately and we are all given the contact details of where to report concerns". Staff members told us they had access to information they needed should they need to report concerns of abuse. This included details of the local authority and the Care Quality Commission. We saw the registered manager had made appropriate referrals to the local authority to ensure people were kept safe.

People told us they felt safe receiving services from Lady Forester Home Care. One person said, "I feel safer when they are here than at any other time". Another person told us, "They always tell me how to correctly use my frame to make sure I do it safely". People told us they were involved in assessments of risks which were personal to their individual circumstances. Assessments included mobility skin integrity and nutrition and hydration. These assessments detailed what the person could do to keep themselves safe and also what the staff members had to be aware of in order to prevent harm to people. The provider also completed assessments of the physical environment in which people lived including removing any tripping hazards to ensure safe movement. One staff member told us, "We have to be careful never to move furniture or put anything on the floor. If someone has difficulty with seeing things at ground level this could be a hazard. We remove anything which could cause any harm and talk to the person to make them aware of what to do to stay safe". We saw staff members discussing with the registered manager and deputy manager potential concerns about risk with moving and handling. We saw the registered manager followed up these concerns by passing relevant information to family members and agreeing action in order to keep the person safe.

Staff were aware of how to report incidents or accidents. We saw details of accident reporting which included assessment of the incident by the registered manager. For example, following one person falling in their own home the registered manager reviewed the person's risk assessment for falls. With the person's permission they provided a pendant alarm and ensured the person had access to walking aids. One relative said, "It is so reassuring that they (provider) are involved with [relative's name]. We cannot be with them all the time and we know they are safe when the care staff go to them".

Staff members told us before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. The registered manager described the appropriate checks that would be undertaken before staff could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. We saw records where these checks had been completed and recorded.

People told us they thought there were enough staff available to meet their needs. People and relatives said staff were punctual and were confident carers would arrive as agreed. If for any reason a care worker was going to be late the person was phoned by someone from the office and informed. One relative told us, "We were made aware by the registered manager that they were short of staff over the winter period and that some calls may be late. The registered manager and the deputy manager did some calls themselves so no one ever missed out and they were never more than 15 minutes late. I was very impressed with their contingency plans at this time". One staff member told us, "During one call the person was unwell and I needed to stay with them until the GP arrives. I contacted the office and the deputy manager did my next call for me so that [person's name] still got their call on time".

We looked at how people were supported to take their medicines. People told us they were prompted by staff members to take their medicines when they needed. One person said, "I can take my medicine myself but staff always prompt me to make sure I don't miss anything". One person told us, "I made a mistake once and they [staff member's name] helped me phone the GP to make sure I would be OK". Staff told us they received training before they could support people to take their medicines. One staff member told us, "I was assessed by the deputy manager to make sure I followed the correct process when supporting people". Medicine records were scrutinised as part of the spot checks completed with staff members. The registered manager told us they completed such checks to ensure staff followed safe procedures when supporting people.

Is the service effective?

Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One person said, "They (staff) all seem to know what they are talking about". Staff told us they felt well trained and supported in order to provide care for people. One staff member said, "When I first started I had to complete some basic induction training which included first aid and moving and handling. I then went out with a more experienced staff member until I felt happy to go out on my own". Another staff member said, "I went out on at least eight shifts with another person. I spoke with [registered manager] and was given the option to go out on more if I wanted but I felt confident to start going out on my own". People receiving support were introduced to new staff members before they started to provide care. One relative said, "The registered manager comes out with new staff members and introduces them to [person's name]. This means they never have strangers coming into their home". Staff felt they had a good introduction to their work and received training which equipped them with the necessary knowledge to perform their role.

Staff had access to training appropriate to the people they supported. One staff member said, "I have completed training in dementia awareness. Although I do not assist anyone with dementia it gives me the understanding of the illness and how to spot early signs. If I recognise any of these signs I can talk to the person and pass on any concerns to the registered manager and GP". At this inspection we saw staff members attending training in infection prevention with an external training provider. The registered manager told us, "We [provider] try to free staff to attend training sessions with other staff members. This allows staff the opportunity to discuss the topics in a group setting and to learn about other people's practice". One staff member said, "The training enables us to discuss any issues and to ask questions in a safe place without fear of making mistakes".

People received care and support from a staff team who felt supported to carry out their role. Staff told us they had regular one on one sessions with senior staff members. They used these sessions to talk about what was going well and what could be improved. One staff member told us, "I use these sessions to discuss things I need some advice or support on. I was a little unsure about how to support people experiencing mental health problems. We spoke about it and I got a lot of support which increased my confidence".

Staff members told us they shared information between themselves and where appropriate with any visiting health professionals or family members. We saw staff members sharing updates on people's health needs with the registered manager and deputy. Staff members told us any changes to people's needs were communicated to them in the first instance by text message so they received prompt updates. Any long term changes were recorded in people's care and support plans.

People told us they were supported to make their own decisions and were given choice. One person said, "It's my home and they [staff] are only here for a few hours. When they are here it's very apparent they respect my choice and decisions". The registered manager understood when to assess someone's capacity and the process to follow to ensure their rights were protected. At this inspection the registered manager told us they had no need to formally assess anyone's capacity as everyone they supported was able to make and communicate their decisions. Staff we spoke with had a clear understanding about the process to

follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision-making. One staff member said, "We work on the basis that people can make a decision for themselves unless we are told otherwise". Another staff member said, "If for any reason I suspected someone's decision making was impaired I would report it straight away to [registered manager] for them to formally assess". Staff we spoke with told us how they promoted choice. One staff member said, "Sometimes offering too much choice can be confusing for someone. When asking about lunch I will show [person's name] three different meals and they can point to the one they would like".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager talked us through the processes they would follow when making a decision for people in their best interests. The provider had trained and prepared staff in understanding the requirements of the MCA. At the time of this inspection it had not yet been necessary for the provider to be involved in any best interest meetings.

People were supported to have enough to eat and drink and to maintain a healthy diet. One relative told us, "They (staff) always make sure [relative's name] has access to drinks throughout the day especially if it is hot. They [staff] refresh these drinks every time they come". Staff knew people's personal food and drink likes and dislikes. One staff member told us, "[Person's name] doesn't eat much anyway but when we go in we see what they have eaten. We know they like pasties so if they haven't had much we always pick them up a pasty so we know they will at least eat something".

People had access to healthcare services and were supported to maintain good health. One person told us, "On a few occasions they (staff) have taken me to the doctors. I go in on my own but they will come in if I want them". One relative said, "(Staff) will always phone the GP or district nurses for [relative's name] if they need one. I have full confidence if [relative's name] needed to see someone they [provider] will arrange it".

Is the service caring?

Our findings

People told us they were supported by staff who were kind, caring, and compassionate. One person described staff as, "Fantastic". One relative said, "The staff are marvellous and I am thrilled to bits they [provider] is involved with [relative's name]". Staff we spoke with described those they supported with fondness and respect. Staff members could tell us about people's individual life histories, families and things that mattered to those them. People felt as if they mattered to those who provided care and support. One person said, "Whenever they (staff) come in they always chat to me and before they leave they always ask if there is anything else they can do to help. It makes you feel valued".

Staff took the time and opportunity to reassure people in times of upset and worry. One person told us, "I had a little spill and scared myself. They [staff member's name] stayed with me until I felt better and didn't just rush off". Staff told us they had the opportunity to spend time with people even if it meant going over their allotted time. One staff member said, "If someone still needs you even if it is just for some emotional support you stay. You can always contact the office and they will rearrange your next call if needed but you should always make sure people are ok before you leave.

People told us they felt that they mattered to those supporting them. One person said "We always chat about things that have happened during our days. They take their time to explain things to me so I don't get muddled". One relative told us staff always talk with their family member about everything not just their care but about their hobbies and interests also.

People were involved in making decisions about their own care and support. These decisions were recorded and staff were aware of how people wanted to be supported. One person said, "Sometimes I just don't feel like doing something and they (staff) will leave it until later when I feel more up to it". One staff member said, "If someone wants something different on one day no problem. We are there to support them how they like and not how we think".

People felt that staff communicated with them appropriately and adapted how they interacted with them depending on their needs. Staff told us they adapted how they spoke with people. For example one person was a little hard of hearing so staff would always ensure they faced them and spoke clearly and a little louder than normal. One staff member told us, "[Person's name] responds better if you show them pictures. Although they can't talk to us they can still write things down and show us what they want. This is good clear communication and we respect this at all times".

People told us their privacy and dignity was respected by staff providing support. One person said, "They do it (personal care) just how I want it". One staff member said, "I know how I would feel if someone was helping me with my personal care. I always remember this when helping people so always ask how they would like to be supported". People were supported to be as independent as they could be whilst living in their own homes. A staff member told us, "It is always about just helping and not taking over. People we support are able to still do things for themselves so we just enable them to do what they can and assist when they needed". Staff members told us they never discussed anyone's private information with anyone

who wasn't entitled to it. Even then they first obtained the person's permission before sharing any confidential information.

Is the service responsive?

Our findings

People had care plans which were personalised to them. Information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "Before they [provider] started to come out I met with them. They [registered manager and deputy manager] went through exactly what I wanted and how I liked things done". The registered manager told us they assess people's needs at the point of agreeing their involvement with them. They will involve the person in as much of the planning of their care that they want. If someone wanted they would also involve families in order to get a more detailed assessment of the person and their needs. We saw care and support plans were personal to people. Regular reviews of these plans took place and included any changes and reflected people's needs and preferences.

Relatives we spoke with told us they felt included in the planning of care and support for their family members. One relative said, "I am always fully informed about what is happening. They [staff] are always on the phone just letting me know how things are and that everything is ok. If there is any change I know they will sort this with [person's name] and I have reassurance that it is always in their best interests". Another relative told us, "They have been working with [relative's name] for so long now they know all about them. They can even spot small changes in their health and will always phone the doctor if they have any concerns at all. They then keep me in the loop about what is happening. I find it very reassuring that they sort any changes straight away".

The registered manager told us how they consulted with one person about the times their care and support was delivered. When they [provider] first became involved they were told about the times they were required. However, they became aware that the person preferred to have their hot meal at lunch time and a cold snack in the evening. Following discussion with this person the times were amended in order to support them with a hot meal at lunchtime. One relative told us, "It is their willingness to be flexible in their approach to [relative's name] that impresses us. It is always [relative's name] first in everything they do".

Staff we spoke with knew the individual needs and preferences of the people they supported. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. For example, one staff member said, "[Person's name] has their drinks in a particular order in the morning. We make sure this happens as it means so much to them".

People felt comfortable about raising any concerns or complaints with staff or the registered manager. One person said, "I have never needed to make a complaint but I know I can just phone the office and talk to [registered manager or deputy managers name] if I did. I know they would sort it for me". One relative told us, "I had to raise a concern once with [provider] however, it wasn't about their staff but they helped me out and addressed the concerns as much as they could whilst supporting me and [relative's name]". People and relatives we spoke with knew how to raise a concern if they needed to and were confident they would be responded to appropriately and promptly. The registered manager had processes in place to respond to any concerns raised.

Is the service well-led?

Our findings

People told us they felt involved and informed about the service that was provided. People knew who the management team were. People told us they felt able to approach the registered manager or deputy manager at any time. One person said, "I can talk to them [registered manager or deputy manager] at any time I want. They come out regularly and I have a good relationship with them". The registered manager told us, "I and [deputy manager's name] regularly get out and see people. We often complete calls ourselves and this gives us the opportunity to know what is happening day to day but also to chat with people and make sure people are receiving the care they want".

People and staff told us they believed the provider created a culture that was open and transparent. Staff we spoke with told us about changes that were made following a concern over call times. One staff member said, "We all had some concerns about meeting call times when we were a little short of staff. They [registered manager] made the changes we suggested and we were able to keep to time without missing any calls". Staff we spoke with told us they were able to openly raise concerns and were confident they would be listened to and their views were valued. Staff members told us they had the opportunity to attend regular staff meeting where they could discuss all aspects of their work. At this inspection we saw staff members expressing their personal preferences over a proposed change in their uniforms. They were presented with a number of options and were able to discuss their preferences. One staff member told us, "I couldn't attend the last staff meeting. [Registered manager's name] came and sat with me and went through the minutes of the meeting so I felt included. It mattered to me that they took the time to do this".

Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern. Staff understood what was expected of them and were supported to complete their role. Staff told us they felt the management team was supportive and approachable for advice and guidance when they needed.

Staff told us about the values of the provider and how these were reinforced by the registered manager. One staff member said, "I think it is all about just doing that little bit more for someone. Even just asking if they want something else. Things need to be personal to the person we support and I think this is displayed by everyone". One person told us, "They (staff) always do that little bit more for me. Nothing is too much trouble".

People were regularly asked for their feedback on how their care and support was provided including any recommendations for change. One person said, "We received a questionnaire recently asking how they [provider] were doing. My (family member) filled it out with me but we couldn't make any suggestions for improvement. Everything is just fine". We saw feedback had been received by the registered manager who analysed the results and made changes where needed. One questionnaire indicated that they would prefer information to be presented in a larger font size. At this inspection we saw the registered manager making changes to comply with this person's recommendation.

At this inspection there was a registered manager in post. The registered manager maintained their personal and professional development by attending regular training and support sessions appropriate to their role. Any learning or changes to practice were cascaded to staff members through regular team meetings or one to one sessions. The management team understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, staff members told us how any incident of people falling was discussed as a team. Falls prevention advice was discussed in order to keep staff were up to date with latest guidance. This benefited people receiving support as staff were aware of current practice.