

Forget Me Not Home Services Limited

Forget Me Not Home Services Ltd

Inspection report

85 High Street
Hadleigh
Ipswich
Suffolk
IP7 5EA

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Tel: 01473829977

Website: www.forgetmenothomecareservices.co.uk

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

Forget Me Not Home Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 15 August 2018 there were 55 people who used the personal care service. We gave the service 48 hours' notice of the inspection to make sure that someone was available in the office to assist us with our inspection.

At our last inspection of 31 July 2017, the service was rated requires improvement overall. The key questions for effective, caring and responsive were rated good and the key questions safe and well-led were rated requires improvement. We had found breaches of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and there were no breaches of Regulation. The service is now rated good overall and for all of the five key questions.

There was a registered manager in post, who was also a managing director of the organisation. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Improvements had been made in how the service was led. This included improvements in their governance systems to assess and monitor the service provided to people. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to improve.

Improvements had been made in how the service provided people with safe care. Improvements had been made to recruit care workers safely. Improvements had been made in how the care workers completed their medicines administration records and these were checked regularly by senior staff.

Risks to people were managed, including risks from abuse and in their daily lives. There were enough care workers to cover people's planned care visits. The risks of cross infection were minimised.

People continued to be provided with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place and complaints were responded to in line with this procedure.

People continued to receive a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People continued to receive an effective service. People were supported by care workers who were trained

to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to assist people with their dietary needs, where required. People were encouraged to access health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

Further information is in the detailed findings below.

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.

There were care workers available to cover planned visits. Care workers were recruited safely.

There were systems in place to support people with their medicines, as required.

There were systems in place to reduce the risks to people from abuse and avoidable harm. Infection control processes reduced the risks of cross infection.

Is the service effective?

Good ●

The service was effective.

People were cared for by care workers who were trained and supported to meet their needs.

The service understood the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided effectively.

People were supported to access health professionals, where required. The service worked with other organisations to provide a consistent service.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, planned for and met. People's end of life decisions were documented.

There was a system in place to manage people's complaints.

Is the service well-led?

The service was well-led.

The service assessed and monitored the care and support provided to people. The quality assurance systems supported the registered manager to identify and address shortfalls.

Good ●

Forget Me Not Home Services Ltd

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 checked 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 announced comprehensive inspection was carried out by one inspector on 15 August 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available.

The inspection activity started on 15 August 2018 and ended 16 August 2018. On the first day we visited the office location. We spoke with the registered manager, coordinator, a senior care worker and four care workers. We reviewed five people's care records, including medicines records, records relating to the management of the service, training records, and the recruitment records of five care workers. On 16 August 2018 we spoke with four people who used the service, and four relatives on the telephone.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Is the service safe?

Our findings

At our last inspection of 31 July 2017, the key question for safe was rated requires improvement. We found breaches of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because improvements were needed in how the service recruited care workers and recorded that people had received their medicines, when needed. At this inspection on 15 August 2018, we found improvements had been made and there were no longer breaches of Regulation. The key question for safe is now rated as good.

We reviewed the recruitment records of four new care workers. These included checks that prospective care workers were of good character and suitable to work in the service. There was a staff member responsible for ensuring recruitment was completed safely. Two care workers who had recently been employed by the service told us that the checks on their previous employment and their suitability to work in the service were done before they could work alone.

The registered manager told us about the improvements made in the ways that the service maintained records of the support provided to people relating to their medicines. They showed us records which confirmed what we had been told to demonstrate that the systems in place to support people with their medicines had improved. The medicines administration records (MAR) templates had been reviewed and amended to show the times of administration. The recording of the reasons for non-administration had been reviewed. Body charts for the administration of medicines to be applied externally had been reviewed and records to show the different areas of a person's body patches were administered had been introduced.

The registered manager and a team leader told us about the processes in place to monitor people's MAR. This included weekly checks by team leaders that all MAR were signed and checks by the office's management team. A team leader told us that the MAR were checked against the daily records and medicines in the monitored dosage system packs. If shortfalls were identified actions were taken to address them.

People told us that they were satisfied with how their care workers supported them with their medicines. People's care records included the support that they required with their medicines and the MAR we reviewed were appropriately completed. Care workers had received training in medicines administration and their competency was assessed by the management team.

People told us that they felt safe with their care workers. One person said, "There is no doubt I feel safe, they are all very good."

The service had systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. Care workers and other staff we spoke with understood their roles and responsibilities relating to safeguarding.

Risks to people's safety were managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and their home environment. The registered manager told us how care workers were provided with information about how to access people's homes safely. This was provided on a safe format which could not be accessed by others to protect people's home security. Records demonstrated that where care workers were concerned about people's safety, they contacted the office and other professionals were contacted for advice to minimise the risks to people. Examples of this included, a person's mobility equipment did not work and the office staff had contacted the supplying company to arrange a visit for the person.

People told us that their care workers always turned up for their visits and they were told if they were running late. One person's relative said, "They turn up when they should within reason, sometimes a little late but only a little sometimes it is traffic, it is never a problem."

There was a system in place to support care workers to arrive at care visits at the planned time and stay for the required amount of time. This included providing travel time between visits and set times for visits. The electronic system in place alerted the management team if visits were missed or late, with actions taken to ensure that the risks of these were reduced. A care worker said, "We get travel time so we are not going to be late unless something happens, people don't like it if we are late. We call ahead to let them know if we are late so they don't worry."

The registered manager told us that there were enough staff to ensure all visits were completed, but recruitment of care workers was ongoing. This was to ensure that any care workers leaving could be replaced promptly and to manage the demands for care visits. The registered manager told us that, since the service had been on the high street of the town they had more requests for services. They would not take on any new people until they could be assured that they had the care workers to cover their visits.

Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. Care workers told us that there was always a good supply of PPE that they could collect from the office.

The service had systems in place to learn from when things went wrong and reduce the risks of them happening in the future. This included the improvements made in the recording of medicines administration.

Is the service effective?

Our findings

At our last inspection of 31 July 2017, the key question effective was rated good. At this inspection we found effective remained good.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. The coordinator told us that they visited people before they started to use the service, to undertake assessments of their care needs with the person and their relatives, where required.

People's told us that they felt that the care workers had the skills to meet their needs. The service had systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care.

A trainer worked in the service, who told us about their role and responsibilities. New care workers were provided with an induction which provided them with the training they needed to meet people's needs and shadowing more experienced care workers. Care workers were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to. Records confirmed what we had been told. The trainer told us about the systems in place to nurture care workers and provide support to develop in their role.

Care workers were positive about the training and induction they had received. Records showed that training provided included safeguarding, moving and handling, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported, such as dementia. Where staff required updated training the new system in place, supported the trainer to identify when this was required. The trainer kept the management team informed if training updates were due or if new care workers had not yet completed training, so unable to perform certain duties until this was completed.

Records showed that care workers received one to one supervision meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

The service worked with other professionals, such as health care professionals and occupational therapists, involved in people's care to ensure that their needs were met in a consistent and effective way. People were supported to maintain good health and have access to health professionals where required. People's records, identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. Examples of this included, an incident form showed that a care worker was concerned about a person's wellbeing, they supported the person to visit the doctor immediately. They kept the office staff updated about their actions. Another incident form identified that the care worker had called emergency services when they had arrived for a visit and found the person had fallen. During our inspection the coordinator telephoned health professionals about concerns about a person's wellbeing to arrange a

visit from them, with the person's consent.

The service supported people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals.

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. People told us that the care workers asked for their consent before providing any care. People's care records included information about if people had capacity to make their own decisions. People had signed their care records to show that they consented to the care they were being provided with. Care workers had been trained in the MCA and understood the importance of seeking people's consent before they provided any care. One care worker told us how they supported people who were living with dementia in making their own choices, such as showing them the food they had in stock to allow them to make their own decisions about what they wanted to eat.

Is the service caring?

Our findings

At our last inspection of 31 July 2017, the key question caring was rated good. At this inspection we found caring remained good.

People told us that their care workers treated them with kindness and respect. One person said, "They are very very good carers, I love them all. We have a laugh and a joke." Another person commented about their care workers, "They are very nice people."

All of the staff we spoke with talked about people in a compassionate manner. They clearly knew the people who used the service well. A care worker said, "The good thing about this company is that you have time to spend with people, so we get to know them. We have jokes with them and they know who we are too."

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. People told us how they felt their privacy was respected by their care workers when they were provided with personal care. A care worker told us how they were guided in their training to ensure that people's privacy was always respected. One person's relative said, "They help [family member] get washed and dressed, [family member] seems happy. They always respect [their] privacy."

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. Care workers told us how they encouraged people's independence. One care worker said that they encouraged people with, for example, to undertake the parts of their personal care that they could themselves. One person's relative told us, "What [family member] can do [themselves], they encourage that, which is good."

People told us that the care workers listened to them, acted on what they said and they were consulted relating to their care provision. One person's relative said, "They consult me and [family member], two weeks ago we had a review, we discussed if anything needs changing." Care workers told us that they always asked people what they needed assistance with and when they were preparing to leave if there was anything else they needed.

People's care records identified that they had been involved in their care planning. The care records included information such as what was important to them. This included their choices about how they wanted to be cared for and supported. The coordinator told us that they visited people before they started to use the service. They undertook assessments of their care, including the input from the person and their relatives, where required. They also completed the first visit to people and then started the process of formulating people's care plans, which were completed by a member of the management team.

Is the service responsive?

Our findings

At our last inspection of 31 July 2017, the key question responsive was rated good. At this inspection we found the service had sustained the rating for good in responsive.

People said that they were happy with the care and support provided, which met their individual needs. One person said, "I am very very satisfied." One person's relative said, "We are really happy with them [the service]."

Since our last inspection people's care plans had been reviewed and updated to a new format. Care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. Reviews of the care provided were regularly undertaken to ensure people received care that reflected their current needs. People's daily records included information about the care and support provided to people each day and their wellbeing.

One care worker told us there had been an issue when a person's care plan in their home had not been up to date. They said this had improved, with the implementation of regular checks on people's care plans to ensure they were up to date. Another care worker told us that additional to their care role, they and other members of the senior team, as part of the service's quality assurance, ensured all care records were up to date.

People told us they knew how to make a complaint and felt that their concerns were addressed to their satisfaction. Care documents contained a copy of the complaints procedure for each person to refer to. Records showed that complaints were investigated, responded to and used to improve the service to reduce future risks, in line with the service's own complaints procedures. Prior to our inspection, we had received an anonymous concern about the service relating to training and recruitment, the registered manager had investigated this, as we had requested and updated us with their findings. We checked the recruitment processes and training during our inspection.

People's end of life choices and preferences were included in their care records, such as where they wanted to be cared for and if they wanted to be resuscitated. Some care workers had received end of life training and basic life support, with a view to roll this out to all care workers, this was in the process of being completed. There were policies and procedures in place relating to resuscitation and end of life care and support. The coordinator told us about where they had supported people at the end of their life, including working with other professionals to ensure that the person was comfortable. The coordinator and registered manager told us about the systems in place, if for example, access to a person's home could not be made. This included contacting relatives to check their whereabouts and the police if no contact could be made.

Is the service well-led?

Our findings

At our last inspection of 31 July 2017, the key question well-led was rated requires improvement. This was because improvements were needed in how the registered manager assessed and monitored the service provided to people, including completion of medicines records. At this inspection we found improvements had been made, and well-led is now rated as good.

The registered manager, who was also a managing director of the service was supported by a team of staff including the coordinator, and trainer. In addition, a staff member had been employed who was undertaking management duties in the service's office. There was a system in place to ensure that messages and information was passed to each of the team through use of communication books. This minimised the risks of important information being missed. In addition, care workers told us that if there were any changes in people's needs, they were updated electronically to ensure they were up to date when they visited. This included if, for example, a person had been prescribed new medicines.

The coordinator showed us how care visits were planned. Care workers scanned their mobile telephone, into the system in people's homes which allowed the management team to be alerted if there were any missed or late visits and take action to ensure that people received their care visits. The registered manager told us that there had been no missed visits to people.

The culture of the service was positive, people, relatives and staff were listened to and their feedback was valued. People completed annual satisfaction questionnaires to express their views of the service. Where concerns from people were received the service addressed them. The most recent questionnaires were still being received by the service and not yet analysed at the time of our inspection. In addition, there was a team of senior staff who, as part of their responsibilities, visited or telephoned people to check their satisfaction with the service and care reviews were completed, with people and their relatives.

The management team carried out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Records showed that actions were taken when shortfalls had been identified from the auditing process. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. The registered manager told us how they had recently improved this process and spot checks were undertaken unannounced. People using the service, and their relatives if people lacked capacity, had been sent letters to ask them if they consented to spot checks being done during their care visits.

Care workers told us that they felt supported by the service's management team. They said that the service was well-led, there was a positive culture and the team worked well together. A care worker told us that they felt that their suggestions were listened to and valued. Another care worker said that they always felt welcome in the office and if they had any concerns they could speak with a member of the management team when needed. Another care worker said that the staff working in the service were, "A good bunch of [staff], we have a great set of clients, we are working super hard to keep improving."

The registered manager told us how they tried to show the care workers that they were valued. This included being flexible around the hours that they worked to ensure that they could attend appointments as required. Care workers had one day in the week off to allow them to achieve a work life balance. In addition, all care workers received a day off on their birthday.

The management team worked with other organisations to ensure people received a consistent service. This included those who commissioned the service and other professionals involved in people's care.

We noted that the current rating for the service was not included on their website, as required. We spoke with the registered manager who told us that the website was in the process of being updated to include information relating to the new laws on the protection of people's records. They said that the previous rating was on their website but may have been removed during the website update. The registered manager assured us that this would be addressed in the update of the website.