

Forget me not homecare services Ltd

Forget me not homecare services ltd

Inspection report

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Date of inspection visit:
01 July 2019
02 July 2019

Date of publication:
18 July 2019

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

Forget me not homecare services Ltd is a domiciliary care service providing the regulated activity of personal care to 19 people at the time of the inspection. 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

People told us they felt safe and confident in the support they received from staff. Risks were assessed but the registered manager had identified that improvements were needed in this area. Safe recruitment practices were followed. People were supported by the same staff who knew them well. Systems were in place to ensure the safe management of medicines.

Staff were well trained and very well supported by the management team. Staff worked well together, and with external healthcare professionals to make sure people received the care and support they needed.

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.

People told us staff were very kind and compassionate and they had no concerns about the quality of the service they received. We were told staff treated people with dignity and respect and supported people to remain as independent as possible. People and their relatives were involved in decision making about their care and had access to care and support records.

Staff knew people incredibly well which led to care and support being very individualised to meet people's needs. Some care plans were very detailed and specific. The registered manager had already identified care plans as area for development and was working with the staff team to introduce and develop a new system. There had only been one complaint received which was fully investigated and the outcome shared with the complainant. Staff understood the need for flexible and compassionate care when supporting people nearing the end of their lives.

Everyone we spoke with told us the service was very well led and they had confidence in the management team. There was a focus on learning and continuous improvement to make sure people received a high quality, individualised service.

Rating at last inspection

This service was registered with us on 18 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring 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.

Forget me not homecare services ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 July 2019 and ended on 2 July 2019. We visited the office location on both days and spoke with people and relatives on 2 July 2019.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, safeguarding and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with the nominated individual who was also the owner and registered manager. The nominated individual is responsible for supervising the management of the service. We also spoke with the deputy manager and six members of staff including a team leader, senior support staff and support staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment, supervision and training. We also looked at a variety of records relating to the management of the service, including policies and procedures and quality assurance systems.

Is the service safe?

Our findings

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

This was the first inspection since registration and this key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had attended safeguarding training and were able to discuss the different types of abuse that may happen. Staff knew who to report concerns to and were confident they would be addressed.
- One person said, "I feel 100% safe, absolutely, I'm not worried one bit, it's marvellous."
- Any concerns were investigated thoroughly, and actions taken to minimise the risk of reoccurrence. This included developing multi-agency risk assessments when appropriate to do so.

Assessing risk, safety monitoring and management

- New systems were being developed to fully document and minimise risks. The registered manager and deputy had identified that the current care planning process didn't support the identification and robust assessment of risks in a way they were happy with.
- General risk assessments were in place and staff were able to discuss any risks associated with people and how they were managed.

Staffing and recruitment

- People were only supported by staff who had completed a full recruitment process and had been assessed as suitable.
- People told us they had a core team of staff who they knew well and felt confident with.
- Everyone we spoke with said there were enough staff to meet people's needs and cover for holidays or sickness so agency staff had never been used. Staff were very proud of the fact that there had never been a call missed since the beginning of the service.

Using medicines safely

- Staff had attended training in medicines management. One staff member said, "We have our competency checked as well."
- Systems had been developed to include monthly check sheets and monthly audits to ensure the safe administration, storage and recording of medicines.
- Medicine risk assessments, care plans and protocols for the administration of 'as required' medicines were in place.

Preventing and controlling infection

- Staff had access to plentiful supplies of personal protective equipment such as gloves and aprons.
- Plans had been implemented to ensure additional hygiene and cleanliness routines where it had been identified as a need.

Learning lessons when things go wrong

- The registered manager was constantly looking to improve the service. Since registering improvements had been made to the recruitment process and the management of medicines to ensure people received safe support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection since registration and this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed initial assessments with people and their family members where appropriate, to make sure they could meet people's needs.
- Information was used to complete care plans which were added to as staff got to know people better.
- The registered manager was aware of good practice guidance and said they used the National Institute for Health and Care Excellence (NICE) as well as the Commission's website.

Staff support: induction, training, skills and experience

- Staff said they were well trained and very well supported. One staff member said, "We've done catheter care and stoma care so we can meet people's needs. We are really well supported, we have time to meet people's needs and get to know them, to stay if they are poorly and to get to our next call."
- One person said, "The staff are well trained, I'm very comfortable with them." Relatives supported this view.
- Records were kept of staff training, induction and supervision. As the service had not been open a year staff had not yet had an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Where appropriate guidance had been sought from dieticians and speech and language therapists to make sure people had the right support with nutrition.
- Staff were aware of people's needs and had attended training in food preparation.
- People's food and fluid intake was recorded where staff provided support so people's needs could be monitored and action taken if there were any concerns.
- People were supported to attend healthcare appointments if needed and care plans included information around people's healthcare needs where this related to the support being provided.

Staff working with other agencies to provide consistent, effective, timely care

- Records clearly showed that staff worked with other agencies to ensure people received care and support that was appropriate and met their needs.
- The registered manager spoke with us about multi-agency working and how this was sometimes needed to minimise risk. They also explained how they had worked to support relatives and family members to gain the appropriate support when they were unsure of the health and social care system.

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 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Staff understood mental capacity. One staff member said, "It's about people being supported to make their own decisions and if they can't we need to make sure decisions are made in their best interests."
- Staff had attended training in mental capacity and DoLS and there were procedures to follow if it was felt people lacked the capacity to make their own decisions.

Is the service caring?

Our findings

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

This was the first inspection since registration and this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everyone we spoke with said they were treated with kindness and compassion. One person said, "It's absolutely marvellous, I am so relieved and happy."
- Family members spoke with us about the reassurance they felt knowing that their relative was well cared for. They also explained how staff supported them and other family members as well as the person receiving support.
- Staff told us how everyone they supported was different and their individually was respected as it was what made them the person they were.

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

- People were involved in making decisions about their care and support wherever possible and were clearly involved in writing and reviewing care plans.
- A relative said, "We were all involved in writing the care plans and they are in the house. Things have changed recently so we all sat down and changed the care plans so it meets everyone needs, you couldn't ask for more."

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood how to respect and promote people's privacy and dignity. One staff member said, "We are like a family with people, clients are like family, treat people the way we want a family member to be treated. I treat everyone the way I would have my family treated. People know what they need and we respect that."
- People we spoke with echoed this and said their independence was promoted. One person said, "If I can do it for myself they let me do it, but if I ask for help that's absolutely fine."
- Care plans were written in a way which promoted people's privacy and dignity. Some records included information on the areas where people were independent and needed minimal or no support.

Is the service responsive?

Our findings

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

This was the first inspection since registration and this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people very well and were able to speak with us about people's needs, preferences and how they were supported to have choice and control of their care.
- A relative said, "Everyone has got [family member] in mind, they go out of their way to make life better."
- Some care records were very individualised and contained detailed information, including pictorial guides on moving and handling for staff to follow. The registered manager had recognised that not all care plans were of the same quality and was sourcing new care planning tools to ensure improvements could be made.

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.

- Some information was available in easy read format and large print documents were available if needed. The registered manager explained they had introduced some pictorial information. Feedback from people was that this was not needed and they found it quite childlike so it was stopped.
- The registered manager and deputy manager took the time to support people and staff to go through any documentation verbally to ensure it was understood.

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 This

- People were supported to maintain relationships and video calls were used so people could keep in contact with family members.
- Events were held to support people to avoid social isolation and make friends, such as afternoon teas and Christmas events.

Improving care quality in response to complaints or concerns

- One complaint had been made since registration. This had been fully investigated and the complainant involved in finding a solution to their concerns. This was all documented and the concern had been resolved.
- A complaints policy was in place and was included in the welcome guide.

End of life care and support

- End of life care had been discussed with people and their preferences were recorded if they had shared

this with staff.

- Staff spoke about the need to support people, and their relatives, with care and compassion at this sensitive time. They spoke about how they had previously pulled together as a team to make sure one person's final wishes of dying at home could be met.

Is the service well-led?

Our findings

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

This was the first inspection since registration and this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a culture of openness, honesty and support. The values of the organisation were clear to see as everyone was treated respectfully, valued and offered support which reflected their individual needs.
- One person said, "I hope it doesn't get too big and change as it's perfect." The registered manager confirmed that their vision was to remain relatively small so they knew everyone and could provide individualised, personal support to people as though they were a family member.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibility under the duty of candour. They said, "If we do anything wrong we should apologise and be responsible for it. I've just been going through the policy with the deputy. Missed calls would be investigated, we would apologise and say what would be done to correct it. We are very proud that we haven't had any missed calls to date."

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

- There was a clear focus, from all staff, in making sure people received high quality care that met their needs. Staff said they were not rushed and had enough time to meet people's needs and travel to the next visit so they were never late or cutting calls short.
- Everyone we spoke with told us they thought the service was well led, with a supportive and knowledgeable management team. One relative described the service as, "Brilliant. The advice and support is invaluable."
- The registered manager was also the nominated individual and owner of the organisation. They understood the need for quality assurance and meeting regulatory requirements. Audits were completed which had led to improvements in systems.
- The registered manager and deputy were continuously identifying areas for development and learning. There was no formal plan as to how and when developments would be introduced but the quality of the care people currently received had not been impacted because of this.

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

- People had been included in the design of a survey that had recently been sent to people. The registered

manager was in the process of analysing the feedback but it was noted that comments were positive.

- The registered manager explained that they matched people and staff based on skills and qualities. People were very positive about the staff and said, "I have the same staff who I trust and respect."
- Staff meetings were held and the registered manager was reviewing the procedure for how they were held. It had been recognised that not all staff were able to attend team meetings due to the community-based nature of the support. Thoughts were being given to how to develop team meetings moving forward to ensure effective and efficient communication.

Working in partnership with others

- The registered manager was attending local care home forums and kept up to date via the Commission's website.
- There was evidence of multiagency working with other health and social care professionals.