Forward Support Limited

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Inspection report

7 Grant Terrace
Castlewood Road
London
N16 6DS

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29 September 2017

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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

The inspection took place on 4 and 9 September and was unannounced on the first day. The provider knew we would be returning for the subsequent day. Forward Support provides accommodation and personal care for up to five people with mental health needs. There were five people using the service at the time of our inspection. Accommodation was provided in a three storey house with a garden. This was the first inspection of the service since it re-registered in December 2016. The service was previously registered with a different name and had been rated as good.

There was a registered manager at the service at the time of 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 felt safe and were protected from the risk of potential abuse. Staff understood safeguarding procedures and knew what to do if they had concerns about abuse. The staff were suitable to work in the caring profession and were recruited safely.

People were protected from risks to their health and wellbeing because risk assessments to guide staff were clear and provided enough detail for staff to know how to manage specific risks.

Staff were trained to carry out their roles and provided with on-going support. Staff developed caring relationships with people using the service and respected their diversity and dignity.

People were supported to get enough to eat and drink and people had access to healthcare professionals. Medicines were managed and stored adequately.

People were involved in planning their care and care records included information about people's likes and dislikes and promoting their independence and wellbeing.

People were supported to have control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a positive and open culture at the service. People felt they could report concerns when necessary.

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. Risks to people's health and wellbeing were identified and plans were put in place to manage them.

People were kept safe from the risk of potential abuse.

Medicines were adequately managed.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective. Staff received relevant training and support.

The service adhered to the principles of the Mental Capacity Act (2005).

Staff supported people to eat and drink enough and to receive on-going care from health and social care professionals.

Is the service caring?

Good

The service was caring. Staff had developed good relationships with people.

People were supported to be independent and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. People were formally involved in planning their own care.

Care staff provided care tailored to the individual.

People felt able to raise complaints should the need arise.

Is the service well-led?

Good

The service was well led. The service had an open and collaborative culture.

The service was monitored to ensure the care delivered was of a high quality.	

Forward Support Limited

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.

The inspection took place on 4 and 9 September 2017 and was unannounced on the first day. The provider knew we would be returning for the subsequent day. The inspection was conducted by one inspector.

Before the inspection we reviewed the information we held about the service and statutory notifications of significant events that affected the service received. We spoke to the Local Authority safeguarding and contract monitoring teams to gather their views about the service.

During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with two people using the service. We spoke with the deputy manager, one member of care staff and a cleaner. We made observations at the service. We looked at two people's care records, and three staff files, as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and knew who to contact if they had any concerns. One person told us, "[The deputy manager] makes it safe." A second said, "I feel safe." Staff had received training in safeguarding adults from abuse and had a good understanding of what may constitute abuse. Care staff were aware of their duty to report any concerns to their manager, "If there is a form of abuse we have to inform the deputy manager and record it."

People were protected from the risk of poor practice and abuse because staff knew how to escalate concerns if needed. Staff were aware they could contact the local authority safeguarding team, the Care Quality Commission and the police if they considered that the matter was not dealt with internally but told us this had not been necessary. Staff were guided by an appropriate safeguarding policy. One safeguarding incident had been recorded by the service that had been dealt with appropriately.

People were protected from risks to their health and wellbeing as staff were aware of the risks people faced and how to mitigate them. There was a wide range of risk assessments in people's care files such as those relating to nutrition and social wellbeing. Specific risks had been identified for each person and the associated risk assessments and care plans provided staff with detailed guidance on how the person should be supported. For example, care plans for supporting someone with diabetes guided staff about how monitor if someone had high or low blood sugar levels and how to support the person in those events.

There were effective risk assessments to support people whose behaviour may challenge the service and we saw staff following these plans in a calm manner during the inspection. Staff were knowledgeable about how to support people if they displayed such behaviour.

Environmental risks were well managed. The environment was odour free, clean and presentable. There were up to date fire tests and drills and electrical installation and gas safety certificates were in place.

We saw there were enough staff to meet people's needs and the number of staff increased in line with people's needs such as when people wanted support to go shopping. People and staff told us there were always staff available to respond to people's needs and the rotas we reviewed confirmed this.

A thorough recruitment process meant people were supported by staff who were suitable for work in the caring profession. Staff recruitment files contained criminal record checks, application forms, proof of their right to work in the UK, and two references. This meant the provider had carried out appropriate checks to ensure staff were suitable to work in a care setting.

Medicines were well managed. Records showed medicines were ordered, stored and returned safely. Care staff had received relevant training to ensure they knew how to safely administer medicines. One medicine administration record (MAR) reviewed contained one error because a medicine had been given that had not been recorded as administered on the MAR. The deputy manager explained that the records were due to be checked imminently and took appropriate action to ensure the service user had had the correct dosage of

medicine and this was recorded appropriately. We noted the provider audited the medicines on a daily basis and ensured that any such errors were dealt with appropriately.

Good

Is the service effective?

Our findings

Staff were trained to meet people's care and support needs. The provider kept a training schedule which demonstrated staff had received training relevant to their roles. Records showed refresher training had been booked where staff training had expired and training requirements were identified and followed up during supervisions. Staff members were supported to complete national vocational qualifications to support them in their roles. The provider had a robust induction period for new staff to ensure they knew how to care for people effectively. Regular supervision sessions provided a good forum to discuss staff performance.

People's rights were protected as staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to live their lives in the way they chose. Staff supported people to make their own decisions about their care and appropriately involved health and social care professionals in planning for potential emergencies arising from any person's decision to refuse care. Staff were aware of how the MCA affected their work and the importance of gaining people's consent to care. One member of care staff told us, "I've had MCA training. If someone has capacity to make a decision whatever decision they make, even if unwise, it's their decision and you have to respect it."

People were supported to eat and drink enough. People told us they liked the food and enjoyed growing tomatoes and strawberries for their meals. We saw people were given choices about what they ate. Fruit, sandwiches and drinks were readily available between meal times. Support required from care staff was detailed in care plans such as providing food specific to a person's culture or medical needs. People's weight was monitored and discussed with health care professionals where necessary.

People told us they were supported to access healthcare and on-going psychiatric support for their mental health needs. There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as GPs, dentists and a psychiatrist. Treatment plans provided by a multi-disciplinary team were embedded by the provider and it was well documented that these were being followed by care staff. Staff told us about how they monitored people for signs that they were becoming unwell and that they reported this to medical professionals involved in their care.

Good

Is the service caring?

Our findings

Staff developed compassionate relationships with people using the service. People told us they had good relationships with staff. One person told us, "I'm happy here". A second told us, "I get on with the staff, they are nice people." Staff had fostered a good relationship with the people living at the service and spoke warmly about them. One staff member told us, "We work hard to make sure their confidence is there. We come down to their level. We sit in same lounge, talk, share jokes and interests. We build that platform, form a bond. We saw staff members were polite and respectful to people throughout the inspection.

Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. We observed people being supported in a way they chose to promote their independence. Care plans contained guidance about how to best support someone to share their views and we saw care staff following these plans. Staff we spoke with gave examples of how they promoted independence.

People's diversity was respected and the provider supported people to form positive relationships if they wished. A member of staff told us, "There is a network with other homes when they go out they see each other they come and visit each other. They have rights, it's their home. Their safety is important but they are grown men. We support it and encourage it." People's familial relationships were recorded and well understood by staff so that support could be offered where appropriate.

People's religion and cultural needs were captured in their care plan and staff knew how best to support them with these requirements, such as providing food appropriate to their religion or not discussing their religion if they chose not to do so.

People's privacy and dignity was promoted. A person told us that, "Staff knock on the door before they come in." A staff member told us that they viewed people's privacy as very important and kept people's medical history confidential. Care documentation included confidentiality statements and were written using respectful language.

Good

Is the service responsive?

Our findings

People's individual needs were assessed and met. People's care and support needs were written in care plans to ensure staff had appropriate information available to meet people's needs. The provider operated a key worker system so that each person was able to give input about their care and to set goals and monitor their mental health. Staff valued these meetings and people's input about their care. Care documentation was regularly reviewed to include the most up to date information about that person's health and wellbeing.

Care staff responded to people's changing needs by tailoring their support to them. Care records were written from the first person where appropriate and contained details of their personal preferences and circumstances. People's mental health and individual goals were monitored and changes in need were addressed appropriately and accurately recorded and communicated to staff.

A member of care staff gave a detailed example about how the service responded quickly to someone's needs after they had changed. Details in care records about how people wished to be supported were personalised and provided clear information for staff to provide appropriate and effective support. Staff were able to demonstrate that they knew the people well.

People were supported to maintain their hobbies and interests and people we spoke to told us about them. Records demonstrated that people took part in activities such as going to the cinema, to shops, and cafes and restaurants. Day trips to places further afield occurred on a weekly basis. We saw a birthday celebration took place during our inspection.

The provider gave opportunities for people to feedback about the service. One person told us, "If I've got problems I talk to the manager." It was noted that the service had not received any formal complaints. A staff member highlighted the importance of gaining feedback from people and told us they "Didn't put up any barriers". We noted that people's views were sought during residents' meetings and one to one sessions. There was a suggestion box in the corridor at the service so visitors could share their views anonymously if they wished.

Good

Is the service well-led?

Our findings

There was an open and positive culture at the service. The registered manager was supported by an experienced deputy manager. Staff stated they enjoyed their roles and morale was high. People using the service and staff spoke highly of the management team. One person told us, "He's the best manager. I've never met someone so nice." Staff felt well supported in their roles and described the management team as approachable. The staff member said, "They advise you about whatever needs to be done. They are friendly and easy to talk to." Staff felt they were able to make recommendations about improving service delivery and gave examples of where they had done so.

Staff told us the team worked well collaboratively and communicated openly in order to improve the care they delivered. The provider fostered this approach through effective team meetings and supervision sessions. Accident and incidents were recorded and discussed in these meetings so any concerns staff had were acted upon and lessons learnt shared.

The service was organised in a way that promoted safe care through effective quality monitoring. A range of audits, such as care plan and medicine audits, were conducted and improvements were made in a timely fashion where they were required. The registered manager conducted quarterly inspections of the service, including talking to people and making observations to ensure the quality of the service remained at a high standard. The provider formally sought feedback about the service from health and social care professionals and family members through written surveys. We noted feedback was mainly positive. Staff were encouraged to share their views and the provider stated they were intending to implement a format where this could be done anonymously to gain frank opinions to drive forward improvements.