

Forest Homecare Limited

Forest Homecare Suffolk

Inspection report

Unit 22 South Suffolk Business Centre
Alexandra Road
Sudbury
Suffolk
CO10 2XH

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15 November 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

Forest Homecare provides domiciliary care to people within their own homes in Sudbury and the surrounding villages. The office is based in Sudbury. Visits to people include support with personal care, shopping, housework and social visits.

The service has a registered manager in post. 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.

The provider was given 48 hours' notice of our visit. This was to ensure documentation and people we needed to talk to were accessible on the day of our inspection.

People were complimentary about the service they received from Forest Homecare. People's needs were assessed and appropriate information was given to people before the service commenced.

Staff had good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Where safeguarding concerns had been identified the service had made the appropriate referrals and was open and transparent. There were processes in place to identify and manage risk so that staff had the information needed to provide safe care and support. Also places where we say 'people said' or 'staff felt' that is evidence too.

Systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff were well supported to carry out their work and had received regular support and training.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to healthcare providers where possible.

People had agreed to their care and been asked how they would like this provided. People were treated with dignity and respect and that staff provided their care in a kind and caring manner.

The registered manager had a good understanding of Mental Capacity Act 2005 and who to approach if they had any concerns and the appropriate government body if people were not able to make decisions for

themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

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 could be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

There were enough staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service.

Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Is the service caring?

Good ●

This service was caring.

Staff were kind and caring.

Staff treated people with dignity and respect.

Staff had a good understanding of people's care needs.

Is the service responsive?

Good ●

The service is responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

Is the service well-led?

The manager understood their responsibilities and demonstrated good management and leadership skills.

The management team worked in partnership with other professionals.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

Good ●

Forest Homecare Suffolk

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 was an announced inspection and took place on the 14 and 15 November 2016. This was because it was a domiciliary care agency and we needed to be sure someone would be at the office to talk to us and to give us access to the agencies paper work.

The inspection was carried out by one inspector and an Expert by Experience who assisted us to make phone calls to people who used the service. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the day of our inspection, Forest Homecare was providing support to 102 people.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the registered manager and the operations manager also the care co-ordinator and administration assistant. As part of the inspection we visited three people who received care from the agency and also spoke with a further nineteen people on the telephone about the service they received. We also spoke with three relatives and five staff to gain their views about working for the service. Healthcare professionals were approached for comments about the service and any feedback received has been included in the report.

As part of the inspection we also reviewed six people's care records. This included their care plans and risk assessments. We also looked at the files of six staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

Is the service safe?

Our findings

People told us that they felt safe when receiving their care. Comments included, "These, days, I wouldn't be able to have a shower without my carer here to support me. She makes me feel safe and hopefully I won't go falling over again." And, "Yes, I do feel safe. Although I don't like having so many different carers, because I have the rota come every Monday, I do at least have the reassurance that someone has been allocated to me throughout the following week. This way, at least makes me feel as if I don't have to worry too much."

The manager was clear about their responsibilities in regards to safeguarding people and managing incidents. They made the appropriate referrals when situations were viewed as potential safeguarding incidents and were open and transparent when things went wrong. They took corrective action to prevent situations from reoccurring. Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to.

Staff spoken with stated they would feel confident in raising any safeguarding concerns they may have and they found the management supportive when they had raised issues in the past. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Staff told us that there were body map charts in people's care files that they would complete if they noticed any marks or bruising when they were assisting with personal care. Feedback from staff included, "I would call the office immediately if I had any concerns." Staff were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything. There were on call arrangements in place this meant that staff were supported and could contact a manager out of hours if they needed to.

Risks to people's safety had been routinely assessed at the start of a service and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process and a variety of risk assessments had been completed. These related to the environment and people's mobility needs and had clear instructions to staff on how risks were to be managed to minimise the risk of harm. Copies of this documentation could be found in people's homes and helped to ensure staff had up to date information to keep people safe.

The service was run from a self-contained office, which has access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance in place.

We were provided with rotas for care staff. We found there to be sufficient numbers of staff employed to meet people's needs. The registered manager told us that they would not commit to taking on a new care package unless they had sufficient staff to do so. The manager told us recruitment was an ongoing problem and they that they tried to be as flexible as possible to accommodate people's family commitments but had in the past had to turn packages away because they did not have enough staff to meet people's needs.

People told us they thought there was enough staff and they had received the care and support they needed from the care staff. People said they would prefer regular care staff as in the past they used more

consistency with the carers allocated to them. Comments included, "When I started with the agency some years ago I had three regular carers most of the time. Unfortunately over time they left and I now find myself in the position of having lots of carers covering the week. They are all very good, but they don't get to remember what it is I need help with, because they don't see me often enough." And, "I have lots of different carers I don't mind but it would be nice to have regular ones."

We discussed this with the management team who told us we do try to maximise continuity of care, but it is difficult when so many carers only work part time hours however, this was their aim and recruitment was ongoing.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring Service checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. Staff members confirmed they had completed an online application form outlining their previous experience and provided references. They had also attended an interview as part of their recruitment. Checks to staff files during the inspection showed that the correct documentation had been sought and the service had followed safe recruitment practice. Staff spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe. Documentation was kept safely and securely. The service was in the process of sourcing a package to enable them to keep paperless copies of personnel files in the office these would be password protected to ensure confidentiality was maintained at all times.

The service had systems in place to assist with the management of people's medication. Staff had received mandatory medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. Any assistance with medication had been identified during the initial assessment and was part of the person's care plan. Care plans seen, clearly stated, whether assistance with medication was needed, but most people we spoke to did not need assistance from staff due to having relatives who could assist or they were self-medicating.

We observed someone being supported with their medication the staff showed competency and told the person what each medication was for and gave the person each medication individually without rushing them allowing them to take it in their own time. They ensured the medication was taken and swallowed before completing the Medication administration records (MARS). Managers carried out spot checks and observed staff administering medication to ensure they were following the correct procedures.

Is the service effective?

Our findings

People were happy with the care they received and felt the staff had the right skills and knowledge. Feedback included, "I think in general they have all the skills, they certainly look after me and my [relative]." And, "My [relative] has to use a hoist and he doesn't really like it. I must say the carers are very good with him they always ask if he is ready and let him know exactly what is happening."

We observed two staff providing support to a person and this included using a hoist to move them from the bed to a chair, the staff demonstrated competency and supported the person informing them every step of the way about what they were doing and also respected their dignity at all times by ensuring their bed clothes were covering them and they were comfortable.

The registered manager informed us how new staff were inducted into the service. Once the potential candidate had been interviewed and were deemed suitable, they were required to complete a five day induction. During the induction, they were assessed as whether they were suitable for employment with Forest Homecare by passing the induction. Both the trainer and the registered manager found this system worked well as they were able to assess how well potential staff engaged and understood their roles and responsibilities as a care worker, and if they had the correct knowledge and skills to undertake their roles.

Staff inductions consisted of the five days classroom learning which was based on the care certificate. The care certificate was developed by Skills for Care. Skills for Care is an organisation that offers workplace learning and development resources and works with employers to share best practice to help raise quality and standards in the care sector. This included practical and theoretical training and also included the requirement to complete an induction workbook within twelve weeks of commencing employment. New staff were then required to undertake shadowing visits with experienced staff members in which their competency was assessed. Staff told us, "When I first started I shadowed a more experienced staff member who showed me what to do until I felt confident to go on visits on my own." The registered manager and the care co-ordinator met regularly with the staff during their training period of three months to discuss how things were going and if they needed further support and to carry out observations of their practice. This was evidenced and placed onto staff files. One staff member told us, "I had excellent training and I didn't do any lone working until I felt confident."

The manager undertook regular supervisions with staff members. This included formal supervision and direct observations to assess competency, knowledge and skills. Staff told us, "I feel really well supported, as well as training sessions and supervision, we can always just pop into the office for a cup of tea and a chat I never feel isolated."

All staff had received training appropriate to their job roles, for example moving and handling and safeguarding training. Where staff had requested further specialist training such as dementia training this was provided. Training was also provided around certain health issues such as diabetes, arthritis and pressure area management. The manager told us they work closely with a local hospice to provide training and support around palliative care.

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

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had received training in MCA both during induction and at regular refresher training. People we spoke with told us they were asked for their consent before any tasks were undertaken. Where people were able to sign in agreement to their care plans this was done. If people were unable to sign, this was discussed and recorded on their care plans. Documentation was recorded where people had lasting power of attorney, court of protection involvement and advocacy. This meant the service was aware of how to support and promote best interests in line with the MCA.

People were supported with their nutrition and hydration needs where required. Staff ensured they recorded appropriately where people were supported with food and drink. Staff told us that they would ensure that people had access to their food and drink before they left the person's home. They added that if they had any concerns that someone was not eating properly they would speak with their manager, so that they could speak with other health care professionals and get help and advice if needed. Feedback included, "The staff prepare my lunch for me they look in the freezer to see what I have then they give me a choice, I have a microwave meal, they will then ask if they can make a sandwich to leave in the fridge for me to have later on and again I will decide what it is I would like as a filling." And, "They always make me a nice hot drink and ask if I want anything to eat."

The service worked well with other health professionals to ensure people's health needs were met. Where required, the registered manager and co-ordinator liaised with health professionals such as social workers, doctors and district nurses to ensure where people required medical input this was sought and put in place. Where appointments had been made, clear notes were recorded with the actions and outcomes. One person told us, "I was taken ill some time ago when my carer was there and they promptly phoned 999 and waited with me while the ambulance arrived. They also phoned the office and the office contacted my daughter so that she was able to meet me at the hospital."

Is the service caring?

Our findings

People told us they felt the staff were kind and caring. Comments included, "Although they are so busy they always try and leave at least a few minutes so that we can have a little chat before they leave. The day can be so long, I really appreciate them taking the time to do that for me." And, "I think we all like things done in a certain way and I am no different but the carers are very good and will do things the way I like them to be done."

Staff were able to explain to us how they cared for people and ensured people were treated with dignity and respect at all times. One staff member told us, "I always knock before I enter the room and make sure the curtains are drawn, when I am giving personal care to someone I make sure they are covered up as much as possible." People we spoke with confirmed this comments included, "My carers wouldn't dream of undressing me until the go the shower nice and warm for me in the morning." And, "When the carer goes up to my husband's bedroom I always hear her knock, call out her name and ask him if she can come in, I know it's only a small thing but it makes all the difference."

Staff knew people's needs well including likes and dislikes. Staff were able to explain how they would support people to be independent. One person told us, "They certainly help my wife and I to stay here living independently with their support which we greatly value." And, "My family would like me to go into a residential home with lots of other people but I have lived in my house for thirty years and I would like to stay here as long as possible."

The manager told us how important it was to them to give staff the time to spend with the people they supported as they were aware how people looked forward to their carer visiting as they may be the only person they see each day. Staff told us they felt they had enough time for each care call and would inform the office if they felt the time allocated was insufficient.

Is the service responsive?

Our findings

People were happy with the care they received and told us they had been fully involved in their care plan. One person told us, "I was involved in writing my care plan when I first started with the agency and the manager came to visit me and talk about what help I needed."

The care needs of people had been assessed before receiving a service, which helped to ensure the service was able to meet their needs. Care plans had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and staff were aware of people's dietary, cultural and mobility needs.

People confirmed they had been initially asked if they would prefer a male or female carer. One person told us, "I was asked and I said I would prefer female carers. They have been very good and have only sent me female carers until about three weeks ago when a male carer turned up. I let him in and he did everything I needed very well but I did phone the office afterwards and told them I prefer female carers they were very apologetic and it hasn't happened since."

Care plans were reviewed on a six monthly basis however, if people's needs changed within that time reviews were undertaken promptly to ensure people were receiving the support and care they required. People had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. One person told us, "I have review meetings every six months with [name of staff] we talk through about any changes that are needed with my care." People had signed to say they agreed with the care as part of the initial assessment process. People had care plans within their homes which advised staff on what care they needed assistance with. Staff we spoke with were knowledgeable about their role and the people they supported.

The manager told us they visited and telephoned people who used the service to gather feedback to ensure they were meeting people's needs and to monitor any changes which would then be reflected in the care plan. People told us, "I get a visit from [name of staff] every so often to see everything is alright."

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Where complaints had been received there were records that these had been investigated and action taken. Senior management in the organisation monitored complaints, so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

Staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the manager. People confirmed they knew who to contact if they had a concern and all knew where to find information in the folder in their home. One person told us, "I have spoken with [name of staff] as I would like the same carers or just a couple of different ones, they told me that this is their aim but at the moment they cannot deliver on that now."

A list was given to people each week giving the names of the care staff that would be carrying out the visits for the week ahead. People we spoke to said they like to have the list so they knew who would be turning up, they said sometimes it changed if someone was off sick but it was normally accurate.

Is the service well-led?

Our findings

The service had a registered manager who was aware of their responsibilities. The manager was supported by the provider to undertake their roles through the use of effective systems, tools and processes. For example, a paperless system was used in the office for people's care plans and this was going to be extended to personnel files to alleviate the need to have storage space.

People benefited from staff that received regular support, attended regular staff meetings and could gain help and advice when needed. This enabled them to be clear about their roles and responsibilities and continually improve their care delivery. Staff told us that they felt listened to and were kept up to date with information about the service and the people. They added that management had an 'open door' and they could call in at any time.

Staff and management told us they had some 'pool' cars which staff could use in case of an emergency for example, if their car was being repaired or broke down. The manager told us this enabled staff to continue to still work their shifts which benefited the people they cared for. Staff were enthusiastic about their roles and responsibilities and said they always felt supported by the manager and the office staff. An on-call system was in place which ensured staff always had someone to call in the need of a problem or emergency.

The service had clear aims and objectives, which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

It was evident from discussions with the manager and staff that a clear organisational structure was in place and staff were able to access senior management easily. The registered manager was supported by the operations manager and attended regular meetings along with the other managers in the company where best practice ideas were shared and also the company's policies and procedures were discussed and reviewed.

Quality assurance checks were in place such as regular auditing. The registered manager was responsible for undertaking quality checks when daily books were returned to the office. These were checked monthly to ensure information written in people's daily books corresponded with their care plans and the planned visit times. Medication audits were also undertaken. Each month records of audits were collated and analysed. The provider employed a quality team who were responsible for providing monthly statistics to services which showed they had completed all tasks required to be 'compliant' with the provider's quality assurance processes.

The organisation carried out annual surveys by sending out a questionnaire to people that were supported by the service. People had responded to the survey very positively. Out of 78 forms that were sent out 49 were returned people were asked if they happy with the care, people were also asked if they felt they were able to request changes to the support they received, 41 people had said they felt able to the remaining people answered that they didn't know if they were able to request changes. When we asked people if they

would recommend forest homecare to other people comments included, "Yes, I would they always do their best." And, "Yes, I think I would, although I do see quite a few different carers each week all of them come with a smile on their face and ask me how I am before we do anything else, and that to me makes a world of difference."