

Forget Me Not Care Limited

Forget Me Not Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Forget Me Not Care Limited is a domiciliary care agency that provides personal care to people in their own homes in Westbury and the surrounding towns and villages.

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

Not all risks to people's safety had been identified. One person for example, had thickener in their drinks to minimise the risk of aspiration but the amount or required consistency was not stated in their records. Staff left another person's medicines out for them to take later yet this had not been assessed as safe.

Following the last inspection, some action had been taken to ensure the safe management of people's medicines. However, at this inspection, some shortfalls remained. There had been errors and records did not show the instructions for the use of topical creams. Staff had administered one person's laxative without clear instructions of its prescription.

The shortfalls regarding medicines and risk management, had not been identified. The registered manager told us they had requested assistance from the local authority to improve the auditing systems in place. This work was being undertaken.

Systems in place were not sufficient to safeguard people from financial abuse. This was because staff accessed some people's money, without there being clear control measures in place. The assistance people needed in this area was not detailed in their support plan. Following the first day of the inspection, this was being addressed.

There was a caring ethos that was adopted throughout the staff team. People were happy with their support and received a service that was responsive to their needs. Any changes, or additional support was arranged in a timely manner.

There were enough staff to support people. More staff were being recruited to accommodate new people to the service.

People were supported by a small team of staff who knew them well. Staff arrived on time and there were no concerns about missed calls.

People were fully assessed before being offered a service. Their needs and preferences were detailed within a support plan, which they helped to devise and review.

There was a focus on community engagement. People were assisted to attend community groups or go to the library or the local sports centre, if desired.

People were complimentary about the staff and their rights to privacy, dignity and independence were promoted.

Staff felt well supported and received a range of training to help them do their job more effectively.

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.

The registered manager worked three days a week and was available as required. Another manager worked the other days, which ensured management cover.

Rating at last inspection - The last rating for this service was Good. (The report was published on 6 January 2017). At this inspection, the rating dropped to Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will monitor all intelligence about the service and complete another inspection in line with this and our frequency of inspection guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Forget Me Not Care Limited

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 undertaken by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Forget Me Not Care Limited is a domiciliary care agency that provides support to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be available to assist with the inspection.

We visited the office location on 14 and 26 June 2019, to see the registered manager and staff.

What we did before the inspection

Before the inspection, we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We reviewed people's support plans and associated care records and information relating to the

management of the agency. This included areas such as quality auditing and staff recruitment, training and supervision. To gain feedback about the service, we spoke with nine people and four relatives on the telephone. We contacted two health and social care professionals for their feedback about the service, and both responded.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At the last inspection, some shortfalls in the management of people's medicines were identified. At this inspection, information about prescribed medicines and any support required had been added to people's support plans but other shortfalls remained.
- There had been errors with people's medicines. Appropriate action had been taken but the medicine error policy did not consider the severity and potential impact of an error.
- There was a record of the person's prescribed medicines, but this was not attached to the medicine administration record. This did not clearly inform staff of the medicines they needed to administer, which increased the risk of error.
- Staff had signed a record to show they had given a person different types of laxatives. There were no instructions to show the dose or frequency of these medicines.
- There were no instructions for the use of prescribed topical creams. This did not ensure the creams were applied as required, or to ensure maximum effectiveness.

Assessing risk, safety monitoring and management

- Not all risks to people's safety had been identified. For example, one person required a thickener in their drinks, to minimise the risk of them aspirating. The amount of thickener or the required consistency of the fluid was not stated. Another person had signed a disclaimer for staff to take their medicines out of the packaging, so they could take them later. The risks associated with this had not been assessed. One person had signed a disclaimer for their bedrails, but risks such as entrapment had not been considered.
- Action to be taken in the event of a fire had been considered. However, the information was generic and not specific to each person. For example, it was stated, "If you are unable to move your client, make sure they are behind a closed door if possible, and alert the fire brigade about them as soon as possible."

This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people's safety had been identified. This included risks associated with staff not replacing a key from a key safe, topical creams being flammable, and creases in bedlinen which could damage a person's skin.
- Staff told us they would inform staff in the office, if any concerns were identified whilst supporting a person. Staff monitored the person at their next visit or if needed, an additional visit would be arranged to ensure safety.

- People received a reliable service, which minimised the risk of their support being missed. One person told us, "If they are going to be late, they will always ring to tell you."

Systems and processes to safeguard people from the risk of abuse

- Sufficient safeguards to minimise potential risk of abuse were not in place. Two people had given staff permission to use their bank card to access their money or do their shopping. They had signed a disclaimer, which stated, "I take full responsibility for any problems that may arise from this declaration. Whilst the registered manager had tried to find independent advocates to support these people, the safeguards in place did not protect people from potential financial abuse.
- A policy regarding the management of people's monies was in place. However, information within people's support plans did not show the assistance they required in this area. Financial transaction records were not always clear or checked, to ensure all were correct.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed annual training about keeping people safe and had been given information about safeguarding, which they could refer to when needed.
- Safeguarding was regularly revisited in forums such as staff meetings and one-to-one staff supervision sessions.
- People told us they felt safe whilst being supported. One person said, "Just having [staff] here each morning, means that I have more confidence to be able to have a shower." A relative told us, "[Family member's] often told me how safe they feel when the staff are here and helping them to use the system they have."

Staffing and recruitment

- The registered manager told us there were enough staff to support existing care packages. They said additional staff were being recruited, so more care packages could be undertaken.
- Staff told us there were enough of them to safely complete people's support. They said they covered for each other at times of sickness or annual leave.
- The registered manager told us staff lived in each of the main areas where people were supported. This meant people's support was more efficiently allocated and undertaken.
- Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the agency.

Preventing and controlling infection

- People told us staff minimised the risk of cross infection. One person told us, "All of the staff arrive immaculately dressed and they always have plenty of gloves and disposable aprons if they need them." Another person said, "As soon as my [staff] is through the door, the first thing she does is washes her hands and puts on some gloves. She changes her gloves and washes her hands regularly throughout the 45 minutes that she is with me."
- Infection control practice was assessed when undertaking observational checks of staff.
- Records showed staff completed annual infection control training.
- Information within support plans showed staff were reminded to leave people's homes clean and tidy.

Learning lessons when things go wrong

- There were regular meetings for reflective practice. A member of the management team gave an example whereby generic texts were sent to all staff, when things could have been done better. This had caused

upset, so it had been agreed to only contact those staff who needed to be reminded.

- The registered manager told us they immediately addressed any shortfall in the service. They said a member of staff would be withdrawn from supporting a person, if a concern was raised. Discussions would then be held with the staff member, with additional training undertaken if needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- When there were doubts about a person's capacity, mental capacity assessments had been completed.
- Relatives or friends had been asked to demonstrate they had legal authority to act on a person's behalf.
- Staff had undertaken MCA training. One record showed a staff member's understanding as the information stated, "[Person] does not want to be resuscitated but is very depressed. Will ask again when depression lifts."
- People told us they were consulted about their support and encouraged to make decisions. One person told us, "They will always ask me if I'm ready to have a shower in the morning and if I'm not particularly feeling 100%, then I'll have a strip wash instead."

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

- People were fully assessed before being offered a service from the agency. This ensured their needs could be met effectively. Further assessments were undertaken as required.
- Records showed information gained within the assessment process was used to develop the person's support plan.
- People told us they were given the opportunity to discuss their needs, preferences and expectations of the service.
- The registered manager told us during the assessment process, people were always asked what they wanted from the agency, including the preferred time of support. They said they would always try to accommodate people's wishes.

Staff support: induction, training, skills and experience

- Staff undertook a range of training to help them meet the responsibilities of the role they were employed to do.
- A member of the management team was allocated to the organisation of training. They told us new training courses, which would benefit staff and the service, were always being sourced.
- Focus was given to 'face to face' training and discussion, to ensure staff's understanding and underpinning knowledge.
- Staff were well supported and happy with their training. They said their training needs were regularly

discussed. One member of staff told us about a resuscitation device, used to learn about Cardiopulmonary resuscitation (CPR). They said it showed the number and pressure of compressions, to help improve their technique.

- Staff told us they received a good induction when they joined the agency. They were able to work with more experienced members of staff until they felt competent to work on their own. One person told us, "When a new [staff member] starts, they will come firstly with one of my more regular [staff] so I can get to know who they are, and they can see exactly what I need help with, and how I like things to be done."
- People and relatives said staff were well trained. One person told us, "Never once has any of the staff ever struggled to do everything that I needed help with. They seem to have regular updated training, because occasionally one of my regular [staff] will say that she won't be working for the next couple of days because she's doing some training or other."

Supporting people to eat and drink enough to maintain a balanced diet

- Support people needed with eating and drinking, was detailed in their support plan.
- Staff offered people a choice of meal, dependent on what was available. One member of staff told us some people had their meals cooked, whilst others had microwaved, ready-meals or snacks.
- People were complimentary about the support they received with their meals. One person told us, "One day I will fancy a full-blown meal, and the next I'll just ask them to make me a sandwich. They never make any bother about it though and to be fair they are quite encouraging to try and get me to eat." Another person said, "They make all my meals for me. Nothing is ever too much trouble. They also write a shopping list for my [family member] which I know she finds really helpful."
- Records showed staff ensured people had snacks and drinks available to them, when they left the property.

Staff working with other agencies and healthcare services to provide consistent, effective, timely care and access to healthcare support

- During the inspection, office staff were regularly talking to health care professionals on behalf of people. This included making GP appointments and following up on medicine queries.
- Records showed a range of support people had received in relation to their health care needs. This included, arranging a dentist, ringing wheelchair services and reordering continence aids. A member of staff had identified a person's hoist sling was frayed so an Occupational Therapist was asked to check it.
- Records showed a person's hoist sling was frayed and potentially unsafe to use. Staff had contacted an occupational therapist to confirm the sling was safe to use.
- The management team told us they knew health and social care professionals, who worked in the area, well. This enabled people to gain support in a timely manner.
- Staff identified any slight changes in people's health due to knowing them well. One relative confirmed this and said, "If my [family member's staff] are the least bit worried about him, then they will let me know as soon as they come downstairs. It also gets written up in the book and if it's anything more serious, they will usually ask me if I'm prepared to contact his nurse or whether I'd like them to."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The management team told us values were reinforced when staff started with the agency. Values were then further discussed during training, observational visits and one-to-one meetings.
- Records showed staff had completed equality and diversity training.
- Each person had a personal profile, which gave information about their life, interests and preferences. This aided conversation and enabled staff to get to know the person.
- Staff showed a caring approach and spoke positively about people. Office staff were friendly and polite when they answered the telephone.
- People and their relatives were complimentary about the staff who supported them. They said they completed additional tasks such as putting the rubbish out and sorting any recycling. One relative said, "I go up to the bedroom to find the [staff] have already made the bed and put his pyjamas out for wash and tidied up after themselves. It's very kind of them to do that because as I say, they don't have to, but I do appreciate it."
- A range of compliments had been received about the service. These included, "[Person] valued the caring and compassionate way in which each of the team helped. They all acted in a respectful, professional, yet friendly and cheerful manner" and, "An enormous thank you for all the lovely, very caring carers who came to us. I could never have wished for better, [Person] became very fond of them."

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

- People were fully involved in the development of their support plan and its review. They were able to amend their support or request a different member of staff if needed. One person told us, "When we first met the manager, she put together a care plan from our discussions. My [family member] and I read it, he signed it and sent it back. We have a copy in his folder here. The manager was here a few weeks ago when we were reviewing it."
- People were encouraged to give their views about the service. This was informally, during a review of their support or by completing a survey.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their rights to privacy and dignity were respected. One relative told us, "My [family member's] staff always make sure they knock on his bedroom door, and they usually wait for him to shout to them to come in. Once they're in there, I hear them asking him how he is, but then they shut the bedroom door and it doesn't get opened until he is fully dressed and they're about to help him downstairs."
- There was information within a person's support plan, about promoting their privacy, dignity and

independence. This included, "Please leave bathroom and allow [person] time to wash independently."

- Staff were knowledgeable when talking to us about people's rights.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was responsive to people's needs and could make changes or provide additional support, in a timely manner.
- People were assisted in addition to their usual support, if required. For example, during the inspection a person called the office, as they were worried about their front door not closing. A member of staff visited and the person's relative was informed.
- People were allocated a small team of staff to support them, which ensured consistency and established relationships to be built. One person told us, "Because I just have a small number of regular [staff] who I see most of the time, they have got to know me, and I've got to know them, so they know precisely how I like things to be done." Another person said, "We chat so much, the time goes."
- People told us staff arrived to support them on time and they always knew who it would be. One person told us, "I always get a call from the office when one of the [staff] has gone off sick and they always tell me who will be coming instead. It's usually one of my other regular [staff] when this does happen." Another person said, "Occasionally [staff] can be late because of an emergency. If that happens, the office will always call me to see if I'd rather wait for my regular [staff member] or if I am willing to accept someone else."
- People were happy with their support. One person said, "The first thing they do as soon as they come through the door, is put the kettle on so I can have a nice cup of tea." Another person said, "The first thing they usually ask me in the morning is how I'm feeling and then whether I'd like a cup of tea."
- People had a support plan in place. Much of the information was detailed and person-centred. For example, one plan showed a clear strategy to help a person with their mobility, which had deteriorated due to their health condition. Another plan stated staff were to ensure the microwave was set to a specific time, so the person only had to shut the door for their meal to start cooking. Information within another plan however, did not inform staff how they should manage any behaviours others found challenging.

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.

- People were able to request information in a format which met their communication needs. This included letters or support plans, in large print.
- Records showed one person had information, which had been laminated. The information was placed near the person to remind them they had food in the fridge, to eat later in the day.
- The complaint procedure was available in large print or with pictures, to aid understanding.

End of life care and support

- The registered manager told us staff worked alongside specialised nurses or the local hospice, when supporting a person at the end of their life.
- End of life training for staff had been scheduled, and an end of life pathway was being developed. This was intended to further develop the support people received.
- Staff told us they always ensured families were supported, as well as the person at the end of their life.
- The service had received compliments about their end of life care. One relative said, "They were so kind and careful when moving him, especially towards the end when he was in a lot of pain."
- The registered manager told us an aftercare service, had recently been developed. This involved making contact and/or visiting relatives, after a person's death to ensure wellbeing.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or make a formal complaint. One person told us, "If I was concerned about my safety at all, I would soon be phoning the office to talk to one of the managers about it."
- The registered manager told us they were in the process of re-issuing the agency's complaint procedure in case the original copy had been lost.
- There was a willingness to address concerns and improve practice as a result. Records showed staff were spoken to if they were involved in any concern raised.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits to assess the safety and quality of the service had not been fully developed. Not all shortfalls within the service, such as the assessment of risk, had been identified or satisfactorily addressed.
- Records did not always show a clear overview of the different aspects of the service. For example, medicine errors had been documented under staff's names, which did not enable the number or potential trends to be clearly seen.

This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were observational visits to monitor staff's practice and the registered manager had started auditing people's support plans. The registered manager told us they had requested assistance to develop a comprehensive auditing system to ensure the safety and quality of the service.
- People were complimentary about how the office was run. One person told us, "Everything just runs like clockwork". Another person said, I feel very fortunate that I get such a professional well-run service from forget-me-not."
- The structure of the service enabled staff to be clear of their roles and responsibilities.
- Staff told us communication was good and they were kept up to date with any information they needed.

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

- The registered manager undertook their role for three days of the week and was available when required. Another manager managed the service in their absence. Both were in regular contact and worked together for a day, in the middle of the week. This enabled them to work on different projects and discuss the service at regular intervals.
- The management team said the service was, "Very much about the person", and their individuality. They said they were passionate about providing people in the local area with a good standard of support.
- There was a strong team within the office, who worked well with the registered manager. One person told us, "The office staff are all lovely and very helpful. I have a number to call when the office is shut, and I also have the manager's mobile number." Another person said, "All the [contact] numbers are in the front of my folder, but I need to tell you how very helpful everyone in the office is."

- There was a caring ethos that was adopted throughout the staff team. Staff were caring, committed and enjoyed their role.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager told us they were happy with the size of the service and had no desire for it to grow considerably. They said they wanted to do, "what they did well" and enjoyed the "family feel of the agency." They said the service currently enabled them to know all staff, people and relatives well.
- There were positive comments about the registered manager and their management style. Specific comments included, "They are very open, approachable and friendly, flexible as well" and, "They have a nice manner and are known to people. They get and about and meet people. It's nice."
- The registered manager told us the service had seen many successes of enabling people to remain as independent as possible. One person confirmed this and said, "My family would have had me in a care home if it weren't for the [staff] coming in every day."
- People valued the service they received. One person told us, "Very often, my [staff] are the only people I see all day." Another person said, "I want to stay here in my family home as long as I can, my [staff] help me do that." A relative said, "We as a family trusted the ladies to assist our [family member] in maintaining her independence, and they all did a great job."
- Staff told us they enjoyed working for the agency and would recommend the service to a family member, if they needed such support.

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

- The registered manager told us community engagement was deemed an important part of the service. They said people were supported to go to library, garden centres or to the local sports centre to swim.
- The management team told us different clubs and community groups were sourced. This included art and pottery classes. They said a day was often allocated to enable people to get together for coffee and a chat.
- There was a newsletter every quarter to keep people informed about what was going on in the service.
- People were encouraged to give their views about the service within review meetings and through the completion of surveys. One person told us, "[The registered manager] comes to see us every six months or so."

Continuous learning and improving care

- The registered manager told us they joined various networks, undertook training and researched topics on the Intranet to keep updated with best practice.
- The management team told us the key focus for the future were auditing systems and the development of end of life care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks were being properly identified and minimised. Regulation (1)(2)(a)(b). Medicines were not always safely managed. Regulation 12(1)(2)(g)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not sufficient to minimise the risk of people experiencing financial abuse. Regulation 13(1)(2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Shortfalls in the service were not always being sufficiently identified or addressed. Regulation 17(1)(2)(a)(b)