

Forget Me Not Caring Ltd

Forget Me Not Caring Limited

Inspection report

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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

About the service: Forget Me Not Caring Limited is a community based adult social care service that offers a variety of different services for adults with learning disabilities, mental health and or autism from domiciliary care support, personal assistants and supported living schemes. Supported living is where people live independently in specifically designed or independent accommodation but need some help or support to do so. There were 11 supported living schemes providing support to approximately 27 people and one person who was receiving domiciliary care support at the time of our inspection. The accommodation was provided by another organisation and is not registered for accommodation with the CQC, the premises and related aspects were not inspected.

People's experience of using this service:

- The service applied the values and principles of CQC guidance 'Registering the Right Support' (RRS). People were enabled to make choices about their lives and were supported to be as independent as possible. RRS guidance works to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes including control, choice and independence.
- Relatives spoke positively about the service and said they felt their loved ones were safe and well supported.
- The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe.
- People's needs and preferences were assessed and where risks were identified, plans were in place to manage risks safely in the least restrictive way possible.
- There were safe arrangements in place to manage medicines and staff followed appropriate infection control practices to prevent the spread of infections.
- Appropriate recruitment checks took place before staff started work.
- There was sufficient staff available to meet people's needs promptly and to ensure they could go out with support when they wanted.
- Staff had the skills, knowledge and experience to support people appropriately. Staff were appropriately supported through induction, training and regular supervision.
- People were supported to maintain a healthy balanced diet.
- People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service support this practice.

- Relatives told us they were fully involved in and consulted about their loved one's care and support needs.
- People had access to health and social care professionals as required.
- People were supported to access community services and to participate in activities of their choosing that met their needs.
- Staff worked with people to promote their rights and understood the Equality Act 2010 supporting people appropriately addressing any protected characteristics.
- There were systems in place to assess and monitor the quality of the service.
- The service worked in partnership with health and social care professionals and other organisations to plan and deliver an effective service.
- The service took people, their relatives and staff's views into account through surveys and informal feedback to help drive service improvements.

Rating at last inspection: Good (Report was published on 13 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good in all areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

For more details, please see the full report which is on the website at www.cqc.org.uk

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 safe

Details are in our Safe findings below.

Good ●

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 well-led.

Details are in our Well-Led findings below.

Good ●

Forget Me Not Caring 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: A single inspector carried out this inspection.

Service and service type: Forget Me Not Caring Limited offers a variety of different services for adults with learning disabilities, mental health and or autism from domiciliary care support within their own homes, personal assistants and supported living schemes. We checked the service was working in line with 'Registering the Right Support' which makes sure services for people with a learning disability and or autism receive services that are developed in line with national policy. For example, how the service ensures people care is personalised, maintains their independence and supports links with people's community.

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: The inspection site visit took place on 14 March 2019 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present in the office.

What we did: Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection visit we spoke with the managing director, registered manager and service support manager. Following our visit, we spoke with three support workers and a senior support worker by telephone. Due to the nature of people's varying levels of communication, we were unable to speak with them and therefore spoke with their relatives to seek feedback about the support they received by telephone. We spoke with three relatives of people using the supported living service and also received feedback through correspondence from two further relatives of people using the service and a local authority worker who commissions the service. We reviewed a range of records including four people's care plans and records and four staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe and well supported by staff. Comments included, "[loved one] has come on so well, staff know how to manage [loved ones] behaviour", "I have no concerns at all about the support [loved one] gets", and, "[loved one] is very happy living there with the support from staff which makes me happy."
- People were supported and protected from the risk of abuse or harm. Staff understood their roles and responsibilities to protect people from abuse. Staff spoke confidently about the indicators of abuse and how to report concerns both inside the service and to external agencies. Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.
- The registered manager was aware of their responsibilities to safeguard people. Where people had been at risk appropriate professionals had been informed and investigations were conducted when required by statutory agencies. Staff worked with people to help them manage risks that could result in safeguarding concerns.
- Information was available to people and staff about safeguarding and how to raise any concerns and was made available in alternative formats such as large print or easy to read if required.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed, reviewed and managed safely and effectively by staff to avoid harm.
- Staff worked with people, their relatives where appropriate and health and social care professionals to monitor and assess risks and to develop plans and responses together to ensure people's continued safety.
- Risk assessments documented identified risks to people and guidance for staff to ensure they acted correctly to manage them safely. For example, risk assessments included areas such as medicine management and the management of medical conditions such as epilepsy.
- Positive risk taking was supported and encouraged in line with the principles of RRS to help people learn new skills or enjoy experiences such as accessing community services.
- There were arrangements in place to deal with foreseeable emergencies and to maintain the safety of supported living premises.
- People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency. There were fire risk and evacuation plans in place and staff knew how to respond in the event of an emergency.

Using medicines safely

- Medicines were managed, administered and stored safely.
- People received their medicines safely. Individuals care plans documented the level of support they

required and how their support should be delivered.

- Staff administering medicines had received up to date training, and regular competency assessments to ensure their skills and knowledge remained sufficient and up to date with best practice.
- Medicines Administration Records (MARS) were kept in people's supported living schemes and were checked regularly by staff and management within the office location to ensure they were accurate and people received their medicines as prescribed.

Staffing and recruitment

- The service ensured there were enough staff to meet people's needs within the supported living schemes and the recruitment system continued to work to reduce risk.
- Staff told us there was enough staff on duty to meet people's needs promptly and to support them with the things they wanted to do. Comments included, "We are currently recruiting staff, but there's no shortage as we all cover and work well together", and, "Yes there is enough of us to make sure people are safe and supported well. The staff here work really well together."
- Staff were recruited safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- Staff received training on infection control and food hygiene and were provided with personal protective equipment such as aprons and gloves. Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal and environmental hygiene.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- The service worked hard to learn from incidents, accidents, near misses and mistakes. Investigations were carried out when required and systems were in place to help identify any trends or patterns, which could mean changes to service provision or delivery.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

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.

People's outcomes were consistently good, and a relative'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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- The registered manager and staff encouraged and empowered people to make their own decisions ensuring they were supported if required. If someone lacked capacity to make a specific decision, the registered manager and senior support workers within individual supported living schemes would ensure best interest principles were followed and appropriate involvement from professionals was sought.

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

- Assessments of people's needs and preferences were completed before they received services or moved into a supported living scheme to ensure the service's suitability and that their needs and preferences could be met.
- Assessments covered areas such as individual's personal history, preferences, wishes, capacity and consent. Care plans documented the involvement from people and their relatives where appropriate and any health and social care professionals involved, to ensure all individual needs were considered and addressed.
- Assessments from local authorities who commissioned the service were also retained and regular reviews were conducted with commissioning health and social care professional to ensure people's needs were effectively met.
- Staff applied learning effectively in line with the law and best practice, which led to good outcomes for people.

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

- People were supported to have a balanced diet to ensure their well-being. Care plans documented people's nutritional needs, support required with meal preparation, known allergies and any nutritional risks such as swallowing difficulties and weight loss or gain.
- Records were kept and maintained when required in relation to people's food and fluid intake and any concerns were monitored and referred to relevant healthcare professionals.
- Staff regularly consulted with people on what types of food they preferred, any cultural requirements they had and any support they required to shop for foods.

Supporting people to live healthier lives, access healthcare services and support

- People's physical, emotional and mental health care and support needs were effectively assessed, documented and reviewed by staff to ensure their needs were met.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received so staff were informed of any changes.
- People had comprehensive health care plans and hospital passports in place. This ensured that should people require medical treatment; health care staff would be fully informed of the individual's care needs and wishes during treatment.

Adapting service, design, decoration to meet people's needs

- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met. For example, wheelchairs and adaptive cutlery to promote independent eating at meal times.
- Care plans contained detailed guidance for staff on the use of specialist equipment which were subject to regular checks and routine servicing.

Staff support: induction, training, skills and experience

- There were effective processes in place to ensure staff new to the service were inducted appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- One member of staff told us, "My induction started with meeting people living in one of the supported living schemes. This was good as it provided me with the opportunity to meet them and for them to get to know me. I also worked alongside the senior support worker before they left the service so I could become familiar with the role."
- Staff were knowledgeable about the people they supported and had the necessary skills to meet their needs appropriately. Staff received training in a range of topics including safeguarding, moving and handling, fluid and nutrition, epilepsy, health and safety and behaviour that may challenge amongst others.
- One member of staff told us that the provider had supported them to undertake a diploma in adult health and social care which they had recently started.

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

- People's physical, mental and emotional health and well-being needs were assessed and documented in their plan of care. Staff monitored people's well-being to ensure their needs continued to be met appropriately.
- Staff worked in partnership with health and social care professionals to plan, review, monitor and deliver an effective service.
- Guidance from health care professionals such as dietitians and speech and language therapists were in place to ensure people received the appropriate care and support to meet their needs.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us they were consulted about their loved one's care and support options and were involved in making decisions about their care and support. One relative said, "We were part of the assessment process and now have regular review meetings with the staff and social workers. We are always involved and have regular contact with everyone." Another relative commented, "Communication is very good, we know what's going on. There are always regular reviews to make sure we are happy with the arrangements in place."
- Relatives told us staff communicated with them effectively and people's communication needs were assessed and documented within their plan of care. This ensured staff could effectively communicate and engage with people.
- Staff understood the Accessible Information Standard [AIS] and had received training in areas of communication such as Makaton. The AIS sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example easy to read versions. The service user guide contained details of the providers aims of the service and their care philosophy. It also provided information on the care and support provided, costs and people's rights amongst others.

Ensuring people are well treated and supported; equality and diversity

- Staff had built trusting respectful relationships with people valuing their individual needs and wishes.
- Relatives told us staff treated their loved ones well and supported them to meet their individual needs, aims and wishes. One relative commented, "Since [loved one] has received the service they have become very independent and is also now able to ask when they need support. This gives us comfort that [loved one] is very happy where they are."
- People were allocated a keyworker to support them to meet their expressed needs and wishes and to ensure they are happy with the support they receive. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- Staff had received training on equality and diversity to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- People were supported to access and attend community services and activities of their choice including inter-denominational places of worship and social clubs.

Respecting and promoting people's privacy, dignity and independence

- Following the principles of RRS, relatives told us staff supported and encouraged their loved ones to be as independent as possible. One relative commented, "They [staff] are so good at promoting [loved ones] independence. They work so well with [loved one]. They go to local clubs of [loved ones] choice and do all sorts of things with [loved one]."
- Care plans contained detailed information on what people could do for themselves and areas they felt they needed support with. Positive risk taking was also safely encouraged with staff support where required for example, when leaving the home environment and or attending social clubs and events.
- People were supported to maintain relationships that were important to them. For example, regularly visiting family members and attending social clubs and events.

Is the service responsive?

Our findings

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

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.

- People's care and support needs were assessed, personalised and reviewed to meet their individual needs and wishes appropriately. Regular meetings took place to monitor people's progress and to ensure that care arrangements remained appropriate and up to date.
- Person centred care plans documented information regarding people's physical, emotional and mental health needs, life histories, choices and wishes and things that are important to them, for example attending classes based at local colleges or social activities.
- People's communication needs were identified, assessed and recorded in their care plans. For example, clear guidance was documented for staff on the use and style of non-verbal communication such as sign language, gestures and Makaton.
- People were supported by staff who knew them well, were knowledgeable about their individual interests and who supported them to plan for things they wanted to do. For example, we saw that staff were supporting one person to plan and budget for a holiday they wished to take later in the year.
- People's care plans documented their health care needs and included guidance for staff on how to best support them. For example, actions to take to support people to manage their long-term health conditions such as epilepsy and how to respond in the event of medical emergencies.

Improving care quality in response to complaints or concerns

- There were appropriate arrangements in place to respond to people's concerns and complaints. The complaints procedure was available in different formats to meet people's needs including an easy to read format which was made accessible to people and their relatives.
- One relative told us they were aware of the complaints procedure and knew how to make a complaint and who to go to. They said, "I am fully aware of how to raise a complaint but I have absolutely no reason to complain, I'm not concerned about anything. I'm very happy with the service."
- Complaints records we looked at showed that when complaints were received these were responded to timely and appropriately in line with the provider's policy.

End of life care and support

- The director told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with other health and social care professionals and services including local hospices to provide people with appropriate support when required.
- People were supported to make decisions about their preferences for end of life care where appropriate and these were retained in individuals care plans for reference.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. □

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

- There were established processes and procedures in place to ensure people received the care and support they wanted.
- It was evident during our inspection that people benefitted from receiving a service that was continually seeking to provide good care and support. During the visit we met with the managing director, registered manager and service support manager. They all demonstrated good leadership skills within their roles and a commitment to the service and the people they supported.
- People's relatives were positive about the care and support their loved ones received and the way in which the service was managed. Comments included, "I think the service is good, the staff are great and [loved one] is happy", "We are very happy with the support [loved one] has. They [staff] have worked hard to support [loved one] and they are very happy there", and, "The service is good. I have no issues or concerns and think it's managed well."
- Staff we spoke with told us management support was always available to them when they needed it and they were very positive about how the service was run. Comments included, "The organisation is good and the staff we have are great. I feel very supported by management", and, "I really enjoy my job and the people I work with. I am very much supported and we all work well together as a team to ensure people have the best support possible."

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

- The service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager was very knowledgeable about the needs of the people the service supported. They worked hard to keep up to date with best practice and the needs of the staffing team.

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

- People and their relatives were regularly asked for their views about the care and support provided to check they remained happy or if changes were required.

- There were formal systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and monthly surveys.
- We saw results for the last completed survey conducted in January 2019 which were positive. Minutes of regular meetings held showed discussions and involvement with people and items discussed at the January 2019 meeting included fire safety, activities, menu planning and cleaning.

Continuous learning and improving care

- The service recognised the importance of regularly monitoring the quality of the service to help drive improvements.
- There were processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out on a regular basis in areas such as medicines management, care plans and records, staff records and training and health and safety of equipment and supported living environment. Where required, action plans were developed to address any issues or concerns raised.
- Managers of supported living schemes completed audits and checks of the service on a regular basis. Senior managers and the director also completed regular checks on the service to ensure good service delivery.
- Daily staff handover meetings were held and provided staff with the opportunity to discuss people's individual daily needs, activities and any issues or concerns. Staff team meetings and senior managers meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the service.

Working in partnership with others

- The service and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, service commissioners, mental health professionals, GPs, physiotherapists, occupational therapists, nurses and speech and language therapists.
- The registered manager told us the service worked in partnership with many local organisations to ensure the most appropriate services were available to provide appropriate support to individuals if required. For example, local clubs and colleges.