Care Quality Commission

Forge House Care Ltd

Forge House Care

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

Overall summary

The inspection was carried out on 17 September 2015, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

Forge House Care is a domiciliary care agency which provides supported living services, to younger adults who are living in their own homes. People had a variety of complex needs including mental and physical health needs and behaviours that may challenge.

At the time of the inspection, the service was providing support to 25 people, four of who received personal care. The agency operated the service mainly in Chatham and the surrounding areas.

Summary of findings

The service is run by the provider who is also the registered manager. 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 and associated Regulations about how the service is run.

The agency had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. Staff were confident that they could raise any matters of concern with the provider, the deputy manager, or the local authority safeguarding team. Staff were trained in how to respond in an emergency (such as a fire, or if the person collapsed) to protect people from harm.

Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted.

The agency provided sufficient numbers of staff to meet people's needs and provided a flexible service. The agency had robust recruitment practices in place. Applicants for post were assessed as suitable for their job roles.

All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding people and infection control. They worked alongside experienced staff and had their competency was assessed before they were allowed to work on their own. Refresher training was provided at regular intervals. Staff had been trained to administer medicines safely.

Staff followed an up to date medicines policy issued by the provider and they were checked against this by the training manager. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

The provider and deputy manager involved people in planning their care by assessing their needs on their first visit to the person, and then by asking people if they were happy with the care they received. The provider and deputy manager carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the agency and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the provider and deputy manager to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider or the deputy manager at any time, and they felt confident about raising any concerns or other issues. The provider or deputy manager carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the provider and deputy manager.

The agency had processes in place to monitor the delivery of the service. As well as talking to the provider or deputy manager at spot checks, people could phone the office at any time, or speak to the senior person on duty for out of hours calls. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the agency was meeting their needs.

Incidents and accidents were recorded and checked by the provider or deputy manager to see what steps could be taken to prevent these happening again. Risks were assessed and the steps taken to minimise them were understood by staff. Managers ensured that they had planned for foreseeable emergencies, so that should they happen, people's care needs would continue to be met.

People felt that the service was well led. They told us that managers were approachable and listened to their views. The provider and deputy manager of the service provided good leadership.

Summary of findings

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.

Agency staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

The agency carried out environmental risk assessments in each person's home, and individual risk assessments to protect people from harm or injury.

People received their medicines when they needed them and as prescribed.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Is the service effective?

Good

The service was effective.

Staff received on-going training and supervision, and studied for formal qualifications. Staff were supported through individual one to one meetings and appraisals.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

The Mental Capacity Act was understood by staff and unnecessary restrictions were not placed on people.

Is the service caring?

Good

The service was caring.

People felt that staff went beyond their call of duty to provide them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Care plans contained details of the exact requirements for each visit.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously. Action was taken to investigate and address any issues.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture which focused on people. The registered manager and deputy manager sought people and staff's feedback and welcomed their suggestions for improvement.

The provider and deputy manager led the way in encouraging staff to take part in decision-making and continual improvements of the agency.

The provider and deputy manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

Forge House Care

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 September 2015 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. However, this inspection was planned in response to a concern we had received and there was not time to expect the provider to complete this information and return it to us. We gathered this key information during the inspection process.

Before the inspection we looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

We visited the agency's office, which was situated in Victory House, Chatham Maritime. We spoke with the provider and the deputy manager of the agency. We visited and spoke with two people who lived in their own homes. We spoke with three members of staff, one relative, and an advocate for one of the people who used the agency. We also contacted two health and social care professionals.

During the inspection visit, we reviewed a variety of documents. These included two people's care records and four staff recruitment files. We also looked at records relating to the management of the service, such as staff training programmes; and policies and procedures.

This was the first inspection of the agency, since registering a new address with the Commission in May 2015.

Good

Is the service safe?

Our findings

People said they felt safe receiving care from the staff at the agency. Two people who used services said that they felt safe with their care staff and had no cause for concern regarding their safety or the manner in which they were treated by care staff. Relatives said, "She knows the carers well, and is settled in her home", and "The agency staff are reliable".

People could be confident that staff had the knowledge to recognise and report any abuse.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff understood the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The agency's policies and procedures were included in a staff handbook given to staff when they started work for the agency. This provided them with contact information in the event of any concerns of abuse. Staff said they would usually contact the provider or deputy manager, immediately if abuse was suspected, but knew they could also contact the local authority safeguarding team directly. Staff understood the whistle blowing policy. They were confident about raising any concerns with the provider and the deputy manager, or outside agencies if this was needed.

The agency had processes in place to protect people from financial abuse. This included recording the amount of money given to care staff for shopping; providing a receipt; and recording the amount of change given. Where possible, any transaction was signed by the staff member and the person receiving support, or their representative. The provider provided people with information about the care they provided and the prices for different services. A contract was completed and agreed at this meeting and signed by both parties. This ensured that people who were paying with direct payments were fully informed and in agreement with the costs of their care. Staff were not permitted to receive gifts or be named in legacies, as a precaution against financial abuse.

Before any care package commenced, the provider or deputy manager carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough, and included risks inside and outside the person's home. For example, outside if there were any steps to negotiate to enter the property, and whether there was any outside lighting. Risk assessments for inside the property highlighted, if there were any obstacles in corridors and if there were pets in the property. They included checks of gas and electrical appliances, and safe storage of cleaning materials.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The provider or deputy manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the local authority. The provider said that staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Some people had 'live in' staff, and additional staff at certain times of the day, for example, to support them to access the community. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a

Good

Is the service safe?

person could be increased if required. Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times.

The agency had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of key policies, such as maintaining confidentiality, security of people's homes, emergency procedures and safeguarding. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Staff were informed about action to take if people refused to take their medicines, or if there were any errors.

Good

Is the service effective?

Our findings

People said that they thought the staff were well-trained and attentive to their needs. Feedback from people was very positive, and relatives comments included, "My sister has had regular carers for some time, and she knows them well", and "We can always contact the office and discuss our relatives care with the provider or deputy manager". People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

Staff had appropriate training and experience to support people with their individual needs. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' common induction standards. These are the standards that people working in adult social care need to meet before they can safely work and provide support for people. Staff had vocational qualifications in health and social care, and staff without a vocational qualification would undertake the care certificate. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard.

The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were given other relevant training, such as behaviours that challenge, autism awareness and personality disorders. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff were supported through individual supervision and the provider said that yearly appraisals were booked for all staff commencing in October this year. Records of staff supervision were seen in staff records. Spot checks of staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that staff were doing things properly. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The provider said that a mental capacity assessment was undertaken at the first visit in conjunction with the person's care manager, to determine people's ability to understand their care needs and to consent to their support. The provider or deputy manager then completed forms as appropriate, in relation to a person not having capacity for example, to access the community without support, or to take control of their medicines. When people lacked mental capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or deputy manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

Staff sought and obtained people's consent before they helped them. One person told us "The staff always ask me before they do anything". People's refusals of help were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other, for example, people with similar interest of hobbies. The provider or deputy manager introduced staff to people, and explained how many staff were allocated to them. People got to know the same staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink, and were supported to prepare food for themselves. One person said that they made their own sandwich at lunchtime. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

Good

Is the service effective?

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the provider or deputy manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that staff worked closely with health professionals such as district nurses in regards to people's health needs. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility. Staff told us, and records confirmed that one person's mobility had improved over the last few months, due to staff encouragement and support. A social care professional commented, "A great deal of significant marked improvement in behaviours in general".

Good

Is the service caring?

Our findings

People told us, "I have regular carers, and could not manage without them", and "The know how to support me, they are friendly and kind". Relatives told us, "Our daughter is much more settled and more consistent in her behaviour. Thanks to all involved". A social care professional commented, "Staff seem very pleasant, very knowledgeable, and focused on ensuring that the person has what they need".

Positive caring relationships were developed with people. One person said "I get on well with and like my carers". Staff told us they valued the people they supported and spent time talking with them while they provided care and support. Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, morning routines were clearly written in the care plan records, and included the order in which the person liked their morning routine to be carried out. Regular reviews were carried out by the provider or deputy manager, and any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person.

Staff had received training in equality and diversity, and treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and made decisions. Staff knew about people's past histories, their life stories, and their preferences. This enabled them to get to know people and help them more effectively. Staff ensured people's privacy whilst they supported them with personal care, but ensured they were nearby to maintain the person's safety, for example if they were unsteady on their feet. One person said, "I am treated with dignity and respect by the staff". Staff were respectful of people's privacy and maintained their dignity.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person. It also included, staff promoting peoples' independence for example, supporting them to make their own breakfast and carrying out domestic tasks. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

The agency had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. People were informed if their regular carer was off sick, and which staff would replace them. The provider said he or the deputy manager would cover a call, if there was no other staff member available at the time, however this had not been necessary as staff cover had always been found.

People were informed of agency processes during their first visit. The provider or deputy manager provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern. People said that they did not have any concerns.

The staff recorded the care and support given to each person. People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the provider or deputy manager, they were listened to. Each person was involved in regular reviews of their person centred plan, which included updating assessments as needed. The records of their care and support, which were both written and pictorial, showed that the care people received was consistent with the plans that they had been involved in reviewing.

Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

Good

Is the service responsive?

Our findings

People described their staff as being 'supportive' and 'helpful'. One person said "They help me in the way I like". Relatives said they know that they can always contact the office and speak to the person in charge.

The provider or deputy manager carried out people's needs and risk assessments before the care began. Staff we spoke with were 'live in carers', and lived with the person for a week at a time. For some people, a second member of staff would visit at certain times. Clear details were in place for exactly what staff should carry out whilst supporting the person. This might include care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, or assisting with medicines. It included domestic tasks such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning and supporting the person with these activities.

Staff were informed about the people they supported as the person centred care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The provider or deputy manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for staff assisting new people, or for staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The provider or deputy manager carried out care reviews with people after the first 28 days, of receiving care, and then at a six weekly reviews with the care managers. After that, reviews were carried out on a six monthly basis, or sooner if needs of the person had changed. Any changes were agreed with people, and the care plans were updated to reflect the changes. Staff were informed immediately of any changes. Care plans were also reviewed and amended if staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required. For example, one person was receiving monthly screening by the GP practice. Another person was receiving support from the district nurse.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the provider or the deputy manager if they had any concerns, or would speak to their staff. The provider dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The provider or deputy manager visited people in their homes to discuss any issues that they could not easily deal with by phone. They said meeting with people was really important, and allowed full details of any concerns to be discussed. The provider said there had been no formal complaints made.

There was no history of any missed calls over the preceding months, but the deputy manager said that if any calls were missed this would be taken very seriously and treated as a complaint, and there would be a full investigation.

The complaints procedure stated that people would receive an acknowledgement of their complaint within two days, and the agency would seek to investigate and resolve the complaint within 28 days. People told us they knew how to raise any concerns and were confident that the provider or the deputy manager dealt with them appropriately and resolved these.

Good

Is the service well-led?

Our findings

People spoke highly of the provider or deputy manager, and said that staff listened to them. One person said, "The provider visits and has a chat about how things are going, to make sure I have the support I need". Staff said they felt they could speak with the provider or deputy manager if they had any concerns, and that they liked working for the agency. Our discussions with people, their relatives, the provider, deputy manager and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that the provider and deputy manager were supportive of them. Staff told us that the provider and deputy manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team.

The management team included the provider, the deputy manager, the training manager, and a senior member of staff. The provider was familiar with his responsibilities and conditions of registration. The provider or deputy manager kept CQC informed of formal notifications and other changes. The provider had managed the agency for a number of years, at a previous registered address. Since setting up the agency they had concentrated on consolidating existing processes and bringing about a number of changes. For example, the agency had transferred to new office premises. They had set targets for staff supervisions, spot checks, risk assessments and care reviews, and this work was ongoing. It was clear that the provider and the deputy manager complemented each other's skills and worked together for the good of the agency. They showed a passion to ensure that people were looked after to the best of their ability.

Organisational values were discussed with staff, and reviewed to see that they remained the same. Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. The provider and deputy manager both worked directly with people receiving support. They said that this enabled them to keep up to date with how people were progressing. Staff said it gave them confidence to see that the management had the skills and knowledge to deliver care and support.

People were invited to share their views about the service through regular meetings, and included phone calls from the provider or deputy manager; care reviews with the provider or deputy manager; and spot checks for the staff who supported them. This process was agreed when the provider and or the deputy manager carried out the first visit, and people were pleased to know that someone would be coming in to check that care staff carried out their job correctly. The provider or deputy manager conducted spot checks and these monitored staff behaviours and ensured they displayed the values of the agency. This had the added benefit of enabling people to get to know the provider and deputy manager, as well as their usual care staff. The management team ensured the staff values and behaviours were maintained through these regular spot checks.

There were systems in place which meant that the service was able to assess and monitor the quality of service provision and any concerns were addressed promptly. The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by the provider and deputy manager on a regular basis.

Policies and procedures had been updated to make sure they reflected current research and guidance. Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

Staff knew they were accountable to the provider and deputy manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meeting

Good

Is the service well-led?

agendas and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.