

Forever Loving Care

Forever Loving Care Head Office

Inspection report

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04 June 2019

05 June 2019

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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:

Forever Loving Care is a domiciliary care agency. They provide support to people within their own homes, so they can live as independently as possible. At the time of the inspection the service was providing personal care to 16 people who were living in their own homes.

People's experience of using this service:

People and relatives felt confident in staff, they told us there was a caring culture within the service and staffing levels were appropriate.

We looked at how the management team planned their rotas. Rotas were organised around a set geographical area. Staff were given travelling time between visits to ensure people received their allocated and appropriate support.

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 supported this practice.

Care plans had been developed with people and their relatives being involved throughout the process. These were reviewed to reflect people's current needs. The management of risk was included within the care plan to minimise the likelihood of preventable harm occurring.

Staff told us they had appropriate training, knowledge and support to keep people safe. Staff could tell us how they managed risk while respecting the person and supporting their dignity.

Staff files we looked at showed the registered manager used same safe recruitment procedures to keep people safe. Staff told us training was ongoing and they received refresher training to update their knowledge.

There was a complaints procedure which was made available to people and their families. People we spoke with told us they had not made a formal complaint. The management team delivered care and worked alongside staff. This allowed good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well-led.

The management team used a variety of methods to assess and monitor the quality of the service. These included questionnaires to seek their views about the service provided.

The service worked in partnership with outside agencies, health and social care professionals to ensure people received timely healthcare support.

Rating at last inspection:

This was the first inspection of Forever Loving Care.

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

Why we inspected:

This was a scheduled inspection based on the time the service registered with CQC.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified, we may inspect sooner.

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 ●

Forever Loving Care Head Office

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One Inspector carried out the inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

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:

We gave the service 4 days' notice of the inspection site visit because it is small, and we needed to be sure that they would be in. Inspection site visit activity started on 03 June 2019 and ended on 05 June 2019. We visited the office location on 03 and 04 June to see the registered manager and office staff; and to review care records and policies and procedures. We visited two people in their own homes on 04 June and made telephone calls on 05 June 2019.

What we did:

Before our inspection, we checked the information we held about Forever Loving Care. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of

people who received support.

We also contacted the commissioning and contracts departments at Shropshire County Council and Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. This helped us to gain a balanced overview of what people experienced when they received support at Forever Loving Care.

We looked at information the provider sent us in the 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. All the information gathered before our inspection went into completing our planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we visited two people in their own homes and spoke with one relative on the telephone. We spoke with the registered manager, care manager, admin manager and three carers. We looked elements of five people's care records, recruitment of two staff members, service training records, and records relating to the administration of medicines and the management of the service. We looked at what quality audit tools and data management systems the registered manager had.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Forever Loving Care.

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

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- The service assessed and managed risks to keep people safe. There were comprehensive risk assessments within care plans to guide staff on safe working practices and to keep people safe from avoidable harm. There was a lone worker risk assessment to manage the risks when staff travelled and worked alone.
- Staff assessed environmental and chemical hazards to manage the risks associated with these. These included the hazard, safe working methods and actions to take manage any incidents.
- The service had started completing spot checks on staff to ensure suitable standards were maintained and staff followed safe working practices.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. Records we looked at showed Disclosure and Barring Service checks were completed and references obtained from previous employers before staff worked alone supporting people.
- The service had appropriate staffing levels and deployment strategies to keep people safe. Staff told us they had enough time to meet people's needs and staff rotas were organised in geographical areas. One person commented, "You can set your watch by them visiting, always on time." One staff member told us, "I get enough time to see the clients, enough time to keep them safe."

Using medicines safely

- The service had systems to protect people from unsafe storage and administration of medicines. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance.
- Staff received medicine training and competency observations to ensure they administered the medicines safely.
- People received appropriate support, so they could choose to self-administer medicines or receive support from staff.

Preventing and controlling infection

- People were protected against the risk of infection. Staff told us they had access to gloves, disposable

overshoe shoe covers and aprons as required. This helped prevent the spread of infections. One person told us, "I have never known staff not to wear gloves."

- The registered manager ensured infection control procedures were maintained with effective staff training.

Learning lessons when things go wrong

- The service learned lessons to make improvements when something went wrong. The provider had processes to ensure any accidents, incidents, complaints or safeguarding incidents were documented and analysed. The registered manager reviewed them for patterns, themes or trends to identify any improvements.

- There had been no major incidents, but we were assured of the registered manager's readiness to investigate any arising concerns.

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 people's feedback confirmed this.

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

- Staff assessed people before they received support from Forever Loving Care, to check their needs were understood and could be met effectively by the service.
- The management team applied learning effectively in line with best practice. This led to good care for people and a good quality of life.
- People's support was up to date to ensure they received the right care and support. Staff regularly reviewed and updated people's care plans when changes occurred. Care plans included a list of personalised duties for staff to complete to ensure positive outcomes for people. The list included tasks and emotional support people required.
- People told us they had been involved in the creation of their care plans and were happy with the support they received.

Staff support: induction, training, skills and experience

- People received care and support from staff who had the right skills and knowledge and knew them well. New staff worked alongside (shadowed) a mentor to get to know people they would be supporting. One staff member commented, "I got to meet the clients and got to know their routines."
- Staff received induction training at the start of their employment and refresher training was planned to maintain their knowledge and skills.
- The management team strengthened staff experience and support through supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. Staff we spoke with confirmed they had regular formal supervision sessions. One staff member commented, "We discussed any training I needed and if I felt supported enough."

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

- The service supported people to ensure their nutritional needs were met. People we spoke with told us they were happy with the support they received with their meal preparation. People told us they were encouraged to eat and drink regularly. One person's care plan identified they liked their dining table formally set. We visited before lunchtime and observed the table laid with cutlery and napkins ready for the meal to be served.
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with local community health providers to deliver ongoing care. Visits were rearranged to work alongside occupational therapists to meet people's needs effectively.
- We saw evidence the registered manager engaged with health professionals to ensure people received positive outcomes. For example, they consulted with health professionals on the purchase of specialist equipment to keep people's skin healthy.
- We found evidence the registered manager and management team was referencing current legislation, standards and evidence-based guidance to achieve effective outcomes.

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

- Staff visits were planned in geographical areas to ensure people received the support they required at the time that had been agreed.

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 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. Where people are deprived of their liberty in their own homes' applications must be made directly to the Court of Protection.

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.

- The registered manager had a suitable understanding of the MCA procedure. They had worked in partnership with health professionals in people's best interests to support their decisions and deliver positive health outcomes.

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.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected each person's individuality. People told us they valued the support they received. One person commented, "They [staff] couldn't be nicer. I am very lucky to have found them." The conversation between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality.
- We saw evidence of compassionate care that extended outside of the staff members' role. The management team visited one person in hospital and liaised with their support network to ensure they had everything they needed. This included their favourite nightwear. They supported one person through the loss of a beloved pet.
- People's care records contained information about people's background and preferences, and staff were knowledgeable about these.

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

- The service supported people to choose how care and support was provided to them. People and their relatives told us they were involved in the creation of their care plans. We saw consent forms had been signed to authorise the support identified.
- People and their relatives were encouraged to offer feedback on the service they received. Feedback included, 'My mother considers all the carers as friends.' And, 'Always kind, helpful and sympathetic and good at listening.'
- Staff told us they had enough time on each visit to meet people's needs. One staff member confirmed, "I have plenty of travelling time. I am never late." They stated the registered manager ensured rotas allowed enough time for the care and support to be appropriately and people were not rushed.
- Information was readily available about local advocacy contacts within the care plans, should someone wish to use this service. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. The registered manager was able to share contact details of local advocacy services.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence. Care plans included information for staff to follow to support people's independence. For example, they guided staff to ensure people wore their falls alarm.
- People and their relatives told us staff promoted their dignity. One person said, "They help me wash and dress. They are so polite and respectful." One relative told us, "They are so good with [family member]. They look after him and he loves them, they are so kind and caring."

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

- The management team had introduced white boards in some people's homes. These were used as a communication tool to remind people visits had taken place, who was visiting or to leave uplifting messages or drawings.
- Care plans identified unique considerations staff needed to be aware of to ensure responsive support was delivered. For example, people requested and received female only support. Care times varied depending on the support required.
- The service changed visits times, so they would be at people's homes when health professionals visited. This ensured the support was tailored to people's needs.
- Staff had the time and information they needed to deliver care that was responsive to people's individual needs. One person told us, "They do everything I ask of them." Staff told us care plans held comprehensive information on each person and comprehensive step by step guidance for them to follow.
- The Accessible Information Standard (AIS) was introduced by the Government to make sure people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Through our review of people's support records and other associated documentation, we were satisfied should people require information in an accessible format, this would be quickly identified by the service and acted upon. Care plans documented how people could receive information in a way that was suitable for them. For example, when people needed to wear their glasses and if they were hard of hearing and what specific support was required.

Improving care quality in response to complaints or concerns

- The provider had systems to analyse complaints and concerns to make improvements to the service. Information relating to how to make a complaint was readily available throughout the service. The registered manager had an 'open door' policy and people were actively encouraged to provide feedback or raise concerns. Members of the management team delivered personal care and were highly visible.
- People told us they knew how to complain and were happy with the service delivered. One person said, "I have no complaints. They [staff] are wonderful."

End of life care and support

- At the time of the inspection, there was no-one receiving end of life support. The registered manager told us they would ensure all relevant support was available to ensure people received the necessary support to remain in their own homes.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- Feedback we received was complimentary about the registered manager and management team. People, relatives and staff said the registered manager and management team were approachable, available and always and operated an organised service. One staff member told us, "They [management team] are always there and at the end of the phone should you need them."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties, when appropriate.

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

- People spoke positively about how the service was managed. They informed us the registered manager and management team were visible and had a good understanding of people's needs and backgrounds. One staff member told us, "This is a brilliant company, the best I have worked for. They [management team] deal with issues straight away."
- The registered manager understood their role in terms regulatory requirements. For example, notifications were sent to CQC to report incidents that had occurred and required attention.

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

- People told us they and their relatives were involved in how their support was delivered and they spoke positively about the support they received. One relative said, "They inform me of any concerns about [family member]'s health, making sure they receive medical support."
- There was a strong culture of teamwork within the service. The registered manager and staff spoke positively about working at Forever Loving Care. A member of the management team told us, "We are not in this to make a load of money. We are doing this to make a difference." One staff member commented, "It is a family business and I feel I'm one of the team, one of the family."
- The service had systems and procedures to monitor and assess the quality of their service. These included seeking views of people they support and relatives through satisfaction surveys. The feedback was positive and included, 'Staff members, management and all staff offer a professional and friendly service at all times.'
- Staff meetings were held regularly and regular spot checks at people's homes had started to ensure the service was monitored and continued to develop. One staff member told us, "Staff meetings are really useful. A good way to sort things out."

Continuous learning and improving care

- The registered manager was committed to ensuring continuous improvement. Accidents and incidents were reviewed, and actions recorded where improvements could be made.
- The management team completed a range of quality audits to ensure they provided an efficient service and constantly monitored Forever Loving Care performance. These included, medication, care records and spot checks. This meant improvements could be made to continue to evolve and provide a good service for people. The registered manager told us, "You learn a lot from the audits."

Working in partnership with others

- There were good relationships with other services involved in the person's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included risk management with GPs and managing people's ongoing health concerns with district nurses to ensure vital equipment was in place to keep people safe.