

Forever Good Care Ltd

# Forever Good Care Ltd

## 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

Forever Good Care Ltd, trading as and referred to in this report as Caremark (Merton), is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and people with physical and mental health needs. There were 41 people using the service at the time of our inspection.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they were treated in a respectful and caring manner by regular staff members who supported them safely and effectively.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service. They had access to supervision and were given regular opportunities to discuss their performance with the management team.

People and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. Staff understood how to help protect people from the risk of abuse. The agency had procedures in place to report any safeguarding concerns to the local authority.

Medicines were administered in a safe way. Staff received training and followed safe procedures for administering medicines.

Staff had received training in the MCA (Mental Capacity Act) and understood the importance of gaining people's consent before assisting them.

The service completed detailed assessments of people's needs and these were used to inform the care plan for each person. The service kept people's needs under review and made changes as required.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues.

The service was well led. The registered manager monitored the quality of the service and made changes to improve the service provided when required. Staff and people who used the service found the management team approachable and responsive.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Forever Good Care Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service. This included a Provider Information Return (PIR). 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 gave the service notice of the inspection visit because the registered manager may often be out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Our inspection visit activity started on 25 October 2017 and ended on 10 November 2017.

We spoke with a range of people about this service either in person or by telephone. They included the registered manager, three staff members, seven people using the service and five relatives.

We also spent time looking at records. We checked care documents in relation to four people who received care and support and four staff files. We reviewed records about staff training and support, as well as those related to the management and quality of the service.

# Is the service safe?

## Our findings

People using the service said they felt safe in the care of staff who supported them. One person told us, "Yes I feel safe."

Care staff worked in zones to help ensure they made calls in the same geographical area working with a regular group of people. The majority of people told us, and records showed, that the same group of staff provided their care who were familiar with their support needs and preferences. Comments included, "I have different carers in a group. They are all regular" and, "I have two regular people coming." A relative commented, "They used to be different but we now have the same people coming." A staff member said, "I have consistent clients. People do have regular carers."

We saw there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by people's needs. For example, people who needed support with moving and handling were allocated two care staff to carry this out safely.

Staff received training in safeguarding adults that was regularly refreshed. Staff were able to explain the actions they would take to help make sure people were protected from possible abuse. They said they would report any concerns to the registered manager or senior staff and were confident they would respond appropriately. One staff told us, "I will report back to the manager. I have had safeguarding training."

Assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks in people's homes and any risks in relation to their care and support needs. For example, any support given with medicines or required moving and handling tasks. Training records confirmed staff had received moving and handling and health and safety training so they had the knowledge and skills to support people in a safe way.

Staff were recruited safely. Necessary pre-employment checks, including Disclosure and Barring Service (DBS) checks had been completed to ensure staff were suitable for employment in the care sector. Employment references, right to work checks where applicable and proof of identity documents were available in staff files.

Some people using the service required support from staff to take their medicines safely. There were suitable systems for the safe management of people's medicines with risk assessments carried out where this support was provided. The service kept details on file so they were always aware of the medicines people were being supported to take. Administration records were completed by staff and these were checked regularly by the field care supervisor to make sure they were being completed correctly.

Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care. One relative told us, "They are always bringing more gloves when they are running out."

# Is the service effective?

## Our findings

New staff completed induction training when they started their employment. This included reviewing the service's policies and procedures and completing training to achieve the competencies required by the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced carers for a number of calls until they were confident to provide support independently.

People told us that staff had the knowledge and skills to meet their needs. One person said, "[Staff member] is very good." A relative told us, "They are very professional." Another relative described the care staff as "exceedingly competent". Staff records confirmed training had been regularly refreshed with systems in place to make sure training was updated when required. Records showed staff had received training in areas such as, safeguarding adults, moving and handling and the Mental Capacity Act. Staff told us, "I did moving and handling training recently. I have completed all my mandatory training." A training room equipped with a hoist and adjustable bed was available at the agency office. One staff member said the person providing the training was "The best I have ever had."

Staff received regular supervision to support them in their job roles. Supervision was a one-to-one support meeting between each individual and a senior member of staff to review their work role, current responsibilities and development needs. Regular staff meetings and annual appraisals also provided opportunities to identify people's development needs. This was in addition to the informal day-to-day contact with the office and management team.

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 told us they were able to make choices about the day to day care they received. One person using the service told us, "They are always asking." Another person said, "Yes they do ask. We usually work to a routine."

Staff had received training in understanding their responsibilities under the MCA. Staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support. Where people had declined planned care this was logged within the person's daily care records and reported to managers.

People's support plans included guidance on how to support people with food and hydration. The registered manager gave us an example of how staff were supporting one person to have meals reflective of their own cultural background. Records showed that the service had communicated the person's preferences to the local authority highlighting their increased nutritional intake when these meals were

provided.

The registered manager told us how they worked with district nurses and people's GPs to make sure people's health was maintained. Records showed that staff were provided with information on people's health needs so they could monitor these effectively. One staff member gave us an example where they had called an ambulance where they had concerns about one person's health.

## Is the service caring?

### Our findings

People using the service spoke positively about the care they received. They told us that staff were polite, kind and caring. One person said, "Absolutely, they are very polite." Another person told us, "They're nice, really nice." A third person commented, "They are always joyful. We have a laugh." A relative said, "They are very kind and thoughtful."

Staff schedules showed, where possible, people were supported by carers who visited regularly and were known to people using the service. Most staff had regular allocated calls so they were able to get to know the people they supported well. The majority of people using the service told us that staff let them know when they were running late due to public transport or similar issues.

Support plans were written in the first person and gave information about the person's background and preferences. For example, one section was titled, 'How I want to be supported'. Other sections of the plan gave information to staff using phrases such as 'I used to work for, I live with, I would like you to'. This helped staff to understand how people wished to be supported. Any goals or aspirations for the support were also documented. One person had stated that they wanted staff to support them to continue to live as independently as possible.

A survey of people using the service was carried out in February 2017. All respondents reported that they were treated with dignity and respect by care staff and felt their care was delivered with compassion and kindness. A relative had commented, "[Person's name] benefits enormously from the care they are receiving from your company. We have noticed the changes in them." Another relative remarked, "I genuinely believe that [person's] standard of care has led to an improvement in their health over the past year."



## Is the service responsive?

### Our findings

People said that they received care and support that was responsive to their needs and preferences. They told us they were supported by staff to express their views and wishes. A relative said, "We have a good relationship with the carers. They are excellent." Another relative told us, "We are probably going to increase the hours. We are very happy."

Each person's care needs were assessed by a senior staff member before they started using the service. Where possible the service would meet with the person at their home to complete assessments around the care and support to be provided. Where the local authority commissioned the care, a copy of their assessment and care plan was also obtained. All this information was then used to inform each person's agreed care support plan. A copy of this support plan was kept in the persons homes for reference and another in the agency office.

We saw people's support plans provided staff with information about their needs and the support they required. Each support plan was kept up to date and included clear instructions on the care to be provided during each visit. This was organised for each required call across different days of the week, clearly setting out the support tasks required.

Daily care records, kept in people's homes, were completed by staff at the end of each visit. These recorded a summary of the care and support provided including any food and drinks consumed, their mood and information about any changes in care needs. Completed daily care records were returned to the service office each month and reviewed by senior staff.

People using the service were provided with information about how to make a complaint about the service should they need to. People and relatives spoken with felt able to report any concerns to the agency office and had confidence they would be resolved. One person said, "I ring the office. Yes they listen to me." Another person commented, "When I had a problem they dealt with it." A relative told us that they had been impressed with the office staff and how they had responded to a raised issue.

Caremark (Merton) worked as a care provider in the host local authority area which meant that they worked in partnership with them to make sure people's needs continued to be met. Records seen for people using the service contained email and other correspondence providing a record of information shared and decisions made.

# Is the service well-led?

## Our findings

People and their relatives reported that they were happy with the care and support provided. Comments included, "I get on very well with the staff. They are polite", "They are excellent" and "[carer's name] is very good. Her work is very good." The majority of people spoken with said they would recommend the service to other people.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

There was a staffing structure in place which provided clear lines of accountability and responsibility. Office staff had designated responsibilities. One staff member explained they had responsibility for quality and compliance and another co-ordinated the care delivery. A field care supervisor supported staff as necessary out in the community.

An on-call system ensured care staff and people who used the service could access support when the office was closed. Staff told us this system worked well and people reported they were able to contact the service when they needed to. One staff member commented, "The phone is manned 24/7."

Staff spoke positively about the way the service was managed. There was a positive culture within the staff team. Small gifts and awards were used to recognise and reward staff for their commitment to the service. Staff told us, "It's a good care team, many of us have been around for a while" and "The manager is doing a really great job sometimes under difficult circumstances." A third staff member commented, "The manager has so much passion for what she does." Team meetings were held regularly with discussion topics including medicines, safeguarding, flu jabs for carers and training courses. A staff survey carried out in February 2017 documented positive responses around their training, supervision and on-going day to day communication. Staff spot checks addressed areas such as timekeeping, documentation, observation of moving and handling and support with people's medicines.

Quality assurance systems helped to drive improvement in service performance. Feedback was obtained from people through care review meetings and spot checks of individual staff carrying out their duties. Recent comments from people included, "I don't want anything to be changed" and "I am happy with the present set up."

Senior Caremark managers made regular visits to the service to undertake quality checks and provide support where required. The registered manager attended regular meetings with other Caremark managers to share information and keep up to date.

Records were very well organised and up to date. Policies and procedures had been regularly reviewed and

updated to make sure they reflected current practice.