

Forget Me Not Home Services Limited

Forget Me Not Home Services Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection that took place between 31 July 2017 and 2 August 2017.

Forget Me Not Homecare provides domiciliary care services to people in their own homes. At the time of the inspection, the service provided care and support to 35 people.

We last inspected Forget Me Not Homecare in March 2015 where we rated the service as 'good' in each of the key questions and overall. At this inspection we found concerns in 'safe', 'effective' and 'well-led'. This means we had concerns at this inspection that we didn't have at the last one. We have now rated the service requires improvement overall.

At the time of this inspection there was 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. The registered manager was also the owner of the company Forget Me Not Care. This person has been referred to as the provider throughout this report.

The provider had a recruitment procedure in place; records did not, however, reflect that this was always followed when staff were recruited.

People felt safe with the care they received from staff. The service had clear procedures to help minimise the risk of abuse and staff were aware of these. All staff completed safeguarding training. Risks to people were assessed and there was guidance for staff about how they should minimise these risks while they were delivering care.

Records relating to the administration of medicines were not always accurately completed. This meant the provider was not always able to demonstrate that people had received their medicines as needed and as prescribed.

Staff received on going training which was relevant to the needs of the people they were supporting. People who used the service, their relatives and the staff thought highly of the provider and the ethos of the company.

People who lacked the capacity to make their own decisions or consent to their own care were not always supported in line with the requirements of the Mental Capacity Act 2005. Where people did not have the capacity to make decisions about their own care an assessment had not been completed to reflect how important decisions about them and their care had been made.

Where needed, people were offered support to eat and drink and to prepare meals and snacks. Staff supported people to make and attend health appointments if requested.

People were involved in planning their care and had regular reviews to gain their opinion on how things were. Staff knew people well and people and their relatives felt that they were treated with dignity and respect.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. Staff felt supported. Staff felt they were listened to and were given the opportunity to raise any concerns. Staff were knowledgeable about people's background histories, preferences and routines.

There were insufficient systems in place to monitor the quality of the care and service provided. Audits were not taking place in relation to people's care records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicine administration records were not always accurate

Safe and effective recruitment practices were not always followed to ensure that staff were suitable for the roles they performed.

Staff were effectively deployed to provide people's care at the agreed times.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider lacked an understanding of the requirements in relation to the Mental Capacity Act (MCA) and the principles of the MCA had not been considered across the service when planning and delivering care.

Consent to care was obtained by staff delivering care where people were able to give it.

People were supported to maintain their day to day health needs.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and staff maintained privacy and dignity.

People were encouraged to have input into their care and their views were respected.

Is the service responsive?

Good ●

The service was responsive.

People's preferences were considered and people were involved with planning and reviewing their care.

People knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

The service was not always well-led.

The provider had not ensured that effective quality assurance procedures were in place to assess and monitor the quality and safety of the service people received.

Staff felt supported by the provider to carry out their role effectively.

People who received support and staff were very positive about the provider and how the service was operated.

Requires Improvement ●

Forget Me Not Home Services 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.

This inspection visit took place between 31 July and 2 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, and we wanted to make sure they were available to speak with us. On 31 July 2017 we visited the provider's office. On 1 and 2 August 2017 we contacted people who used the service, their relatives and staff who worked for Forget Me Not Homecare to seek their feedback on the service.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with four people who used the service on the telephone and four relatives. We also spoke with the provider, care co-ordinator, administrative staff and had contact with seven care staff.

We looked at care plans relating to five people who used the service, five staff files and other information relating to the running of the service.

Is the service safe?

Our findings

At the last inspection in March 2015 this key question was rated good. At this inspection it has been rated requires improvement. This means that we had concerns at this inspection that we didn't have at the previous inspection.

The provider told us all new staff had appropriate checks carried out prior to commencing work to make sure they were suitable to work for the service, delivering care to people. These checks included seeking references from previous employers and carrying out a disclosure and barring service (DBS) check. Staff being employed to work to provide care to people must have a DBS check. DBS checks identify if prospective staff have a criminal record or are barred from working with adults

We reviewed the recruitment records of five care workers. We found that these records demonstrated that DBS checks and references had been received. However, we found that where one care workers had a previous criminal conviction there was no risk assessment or records in place to show how the service had considered this and made the decision to employ the person. We saw in another staff file that one person had not had gaps in their employment history explored with them.

Improvements were needed to establish safe and robust recruitment systems, including the provision of accurate information and guidelines on the safe employment of fit and proper persons. The provider later told us that they do not employ any staff member with any criminal convictions recorded on their DBS check. They also told us they ask staff about any gaps in their employment however this information is not recorded anywhere.

The provider told us that they did not employ staff with any convictions on their DBS check and also that they checked employment gaps when staff applied for a job role with them. For both of these issues the provider was unable to tell us what the outcome had been. These omissions put people at potential risk of receiving unsafe care.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed to ensure that medicines were managed appropriately. We looked at five people's medication administration record (MAR) charts and found errors had been made and not identified by office or care staff. We found numerous gaps where staff had not signed to confirm that the medicines had been administered in all of the five records.

The information on a MAR chart should be based on the medicine name and administration instructions as directed by the persons prescriber. The member of staff who was completing the MAR charts told us they wrote the name of the medicine on the MAR chart but shortened the directions that the prescribing doctor recorded on the prescription. For example one person had a topical cream prescribed. The MAR chart contained the name of the prescribed cream and then the instruction for administration stated 'arms and

legs 4 x daily'. There was no other detail included. By not copying the prescribing doctors instructions from the prescription there was a risk that the exact prescription guidelines would not be followed.

The member of staff also failed on most occasions to sign the MAR chart to state they had been the member of staff to complete it. They also failed to obtain a second competent staff member to sign the MAR chart when it was being written up to state they had checked it and it was accurate as per the provider's policy. The member of staff told us, "I have been told about signing the MAR charts and getting someone else to check them but I forget."

We saw that on a number of days staff had failed to sign the MAR charts in full and gaps in signature were evident on the MAR chart. For another person we found their MAR chart contained a 'when required' medicine. The instruction on the MAR chart stated that staff were to use the code 'R' and then record on the back of the MAR chart the reason the medicine was not administered. This information was not recorded for the whole month's chart we viewed.

We also found that where some people had been prescribed a medicine four times a day the instruction was that there must be a one and a half hour gap between administrations. We saw from the MAR charts that staff were not routinely recording the time that this person had their medicine and so therefore they could not be sure that sufficient time was been left between doses. We could not therefore be confident that people were always receiving their medicines as prescribed.

The staff member responsible for the MAR charts told us that they thought the provider audited the medicines processes and safety. The provider told us that the records were audited and checked however this information was not recorded anywhere.

These concerns are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a policy for the safe handling of medicines. Staff managed other aspects of people's medicines well. Where required, people had a medicines management assessment which described the level of support they needed to manage their medicines safely. One person's relative told us how impressed they were with how their relative was being supported with their medicines by staff. They said, "We had problems with a previous care agency regarding medication but since Forget me Not have taken over it [medicines] has been brilliant."

People told us they felt safe receiving care in their homes and that they trusted the staff that arrived to see them. One person said, "I feel safe with the carers that come to me, they all treat me so well." One person's relative commented, "Yes my [relative] is very safe with the carers that come to them."

Staff told us that they had received training in how to recognise and report if they felt people were at risk of harm. Staff we spoke with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Care plans contained copies of risk assessments which established whether it was safe for the person to receive a service in their own home. We saw that environmental risk assessments had been completed in respect of people's home for their safety and for the staff visiting them.

People told us they received their calls as scheduled. One person commented, "Yes they [care staff] are on

time, they're pretty good, I have once a day of $\frac{3}{4}$ an hour and I am happy with that."

Relatives were also positive about the dependability and reliability of staff. A relative told us, "Yes staff are very punctual, they come in four times a day, sometimes the times vary but usually they arrive to get to [family member] at 7.30am." Another relative told us that the reliability of staff was very good. They said, "They do that [being reliable] very well." Staff told us that communication was good and the planning of their rotas was well organised and meant they knew which people they were visiting and when with plenty of notice and in advance. One member of staff said, "Our rounds are sent to our work mobiles up to two weeks in advance which really helps us." Another member of staff told us that if there were any issues with their rota's or care calls they also had the on call member of staff available to help them, "The office is always contactable and if for any reason the office is closed then alternatively the on call is available 24/7. A third member of staff said, "The back up in this company is amazing. If I am concerned about anything I can phone the office or on call number and get help."

Staffing levels were determined by the number of people using the service and their needs. The registered manager told us that they were continuously looking at ways to recruit and bring new carers to the company. The registered manager had recognised that they needed to keep the numbers of people they were supporting relative to the number of staff they were employing due to recruitment being a challenge and the need to not overstretch themselves.

Is the service effective?

Our findings

At the last inspection in March 2015 this key question was rated good. At this inspection it has been rated requires improvement. This means that we had concerns at this inspection that we didn't have at the previous inspection.

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

People's capacity to consent to their care had not been assessed when they started using the service. Where people were deemed to lack capacity, there was no evidence that staff had liaised with family members, GP's and care managers to seek their views about and to ensure that the care plan being delivered was in the person's best interests. The registered manager and care co-ordinator were not clear on their role and responsibility in ensuring that the MCA was followed.

The staff we spoke with had a mixed knowledge about the MCA and its associated principles. All staff however understood the importance of providing people with choice and seeking their consent to care and told us how they did this. For example, asking people how they wished to be supported and what help they would like.

We recommend that the provider researches current guidance on best practice, to assess capacity in relation to specific decisions for people living in their own homes.

People and their relatives told us their care workers were competent and well trained. One person said, "They [care staff] are very well trained, they're experienced carers."

All of the staff that we spoke with told us that they had received enough training to give them the skills to provide people with effective care. One member of staff said, "my training has been detailed and relevant." Staff had received training in a number of areas including moving and handling, medicines administration and first aid. The registered manager sourced training from an external trainer. They told us that their previous trainer had left so they were now sourcing training from an alternative training provider. They also told us that whilst some staff training needing renewing, they were aware and a plan was in place to address this.

Staff said that they received sufficient support in order to fulfil their roles and responsibilities. We spoke with staff about their experiences of induction at the start of their employment. One staff member told us, "I had four different shadowing shifts to see the different areas we travel to and meet different people." This meant that staff had the opportunity to learn about the job role and build up their confidence whilst working alongside experienced staff.

People were supported by staff who received regular supervision from a manager. These were either through one to one meetings, team meetings and observational checks of staff care practice by a manager. This enabled staff to discuss working practices and their developmental and training needs. Staff we spoke with told us they felt supported and that they benefitted from their regular supervision which meant they could deliver effective care to people.

People told us that where it was part of their plan of care that staff prepared their food and drinks, this was to their liking. One person said, "They [care staff] always make my breakfast for me, it's just how I like it." A member of staff told us, "I prepare meals for people, whatever they like. I always give them a choice." People and their relatives told us that staff encouraged and monitored people's fluid intake where this was a support need for them. A relative told us, "They're [care staff] very hot on hydration, they [care staff] always leave two glasses of water for my family member."

People were supported to maintain good health and had access to healthcare services. This was because people had access to and were referred to a variety of health professionals who promoted and supported their health needs. This included GPs and community nurses amongst others. The provider told us how they had supported one person who needed a dentist to have a home visit as they could not leave their house but still needed access to dental treatment.

Is the service caring?

Our findings

At the last inspection in March 2015 this key question was rated good. At this inspection it has been rated good again which means the provider has continued to be rated good in this key question. the rating.

People and their relatives told us their care workers were kind and caring and that they had developed positive relationships with the staff who were their regular care workers. One person told us, "My carers are very good. They are excellent, they're all nice, and they always have time for a chat and some of my homemade bread." Another person told us, "I've never had any problems with the carers, they are all very pleasant." One relative told us, "Staff are very kind and respectful to my [family member]. They are very good, they have a good relationship with [family member], very much so."

We found the culture to be a genuinely caring one. The staff we spoke with showed a great deal of warmth about their work and the people that they were providing care to. One staff member said, "I would honestly have anyone of the care staff here look after my own mum, they are that good."

People had been involved in planning their care and had been given the opportunity to say how and when they would like their care to be provided. If a person's preferred time was not available, staff tried to adjust this as soon as they were able to. Records showed that people received their care calls at consistent times. Staff were required to complete daily care logs detailing the care provided to people at each appointment. These records completed by staff were detailed and outlined the care and support they had offered the person which was in line with their scheduled visit. One person's relative told us, "The care staff write everything down about [family member] every day they visit and provide care."

A care co-ordinator told us how they carried out initial care visits when someone approached the company to have a care package set up. They told us, "It's about what the person wants, not always about what their family wants."

The staff we spoke with showed enthusiasm for their work and the people that they were providing care to. One staff member told us, "I feel we provide the best possible care to all service users, taking account of individual needs and preferences." Another member of staff said, "I love this job, we put people before anything else."

Staff maintained people's privacy. Care staff had a good understanding of how to ensure that people were respected and their dignity maintained. Care staff said they were mindful to ensure that when supporting people with personal care doors and curtains were kept closed. A member of staff told us, "I treat everyone like my mum. I talk to them throughout their personal care if that is what they like and try and keep them as covered up as possible."

Relatives were also very positive about the way staff demonstrated respect for people's privacy and dignity. One relative told us, "All the [care staff] are very pleasant and amiable. They are regular staff and all known to us."

The staff spoke with fondness about the people they supported and tended to know people well. A member of staff told us, "We have a laugh and a chat with people".

Is the service responsive?

Our findings

At the last inspection in March 2015 this key question was rated good. At this inspection it has been rated good again which means the provider has sustained the rating.

People and their relatives told us that the care and support they receive was responsive to their needs. One person told us, "They [care staff] always stay for the right length of time. They help me wash and they get my breakfast. They have a rota, and they change my bed, clean the bathroom and vacuum. I only need to ask if I want help with any other chores like laundry, they [care staff] are always willing and always helpful." A person's relative told us, "They [staff] will always get my [person] a bacon sandwich every breakfast; my [relative] loves bacon sandwiches."

We spoke with the provider and care co-ordinator about how they strived to meet people's preferences; they told us that they tried wherever possible to meet people's choices for what time and which carer they had to deliver their care. As the provider supported a relatively small number of people, this meant people could mostly choose the times they had their support and this could be honoured. The staff told us they tried to always ensure people had their care at the time they wanted it. Staff were also consistent; people received support from the same members of staff wherever possible. Staff told us that people's care was not hurried or rushed. One staff member shared how they spent longer with people to ensure they had time to chat and said they always took their time and never cut people's care time short. A person's relative told us, "They [care staff] are very helpful and they spend time chatting with my [family member]."

A copy of each person's care plan was held both in the person's home and securely at the office. Care records were basic with details of the persons care call and what they needed assistance with as well as risk assessments. There were no details of people's personal histories, likes and dislikes however staff demonstrated they knew people well regardless. Staff told us care plans were available when they needed them along with risk assessments both of which helped them in their job roles. One member of staff said, "Care plans are set out well and easy to read."

The care co-ordinator told us how care plans were reviewed every six months unless a review was needed sooner, in which case it would happen as soon as possible. They told us where people may be admitted to hospital they would go straight out to see them when the person was ready to return to their home to make sure their plan of care was right.

Staff were very considerate and responsive. People told us how they felt staff went to additional efforts for them as part of their care. One person said, "I wanted to get a birthday card for a relative but couldn't get out getting one. I called my carer and asked if they could help me. Later that day they popped a card through my letterbox which meant I had a card to give to my relative. They take good care of me."

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. The provider told us that they had not received any complaints. People and relatives said that they knew how to make a complaint and felt comfortable raising any issues if

they needed to, but everyone we spoke with said they had not needed to. One person said, "The telephone number I would need to make complaint is on the front of my [care plan] but I've never had to call them." A relative said, "I have the telephone number but have never needed to call. We have been using the service [Forget Me Not] for three years."

Is the service well-led?

Our findings

At our last inspection during March 2015 we rated the service as good in all of our five key questions. This meant that we rated the service 'good' overall. At this inspection we have rated it as 'requires improvement' in three of the key questions and overall. This means that we considered that there were concerns at the service now that were not there in March 2015.

The service's quality assurance processes required improvement. We were not provided with evidence to show that people's medication administration records were checked to ensure their medicines were administered safely. The provider told us they visually checked the records but did not record their findings anywhere. The visual check as an audit was not effective because the concerns that we found with the medicines management had not been identified by the provider. In addition there were no recorded audits of care plans, accident and incident records or other areas of the service delivery.

The service had a quality monitoring system which consisted of questionnaires for people who received personal care from the service and their family member. We saw the results of the recent survey undertaken in May 2017, which included questions around support and care, staff approach and reliability of care workers. The feedback was positive. Comments from one relative who completed the survey included, 'There ought to be a question on dignity and respect for the client – the response from us would be very positive.' In total 13 responses were received and all rated the service either 'excellent' or 'good' overall.

People spoke positively about the service they received from Forget Me Not Homecare. One person told us, "I am happy with the service I receive. There is a variety of faces, but I like seeing different faces. They send me a weekly rota which is reliable." Relatives were also happy about the management of the service and the care their family member was receiving. One relative said, "As far as I am aware it's very good, I can call [provider] anytime if I need to talk to them about anything."

Staff shared the provider's vision and values to provide high quality care for older people living in their own homes. Staff told us they felt well supported and valued and were positive about the provider and staff who worked in the office. One staff said, "I feel very privileged to work for Forget Me Not, I am part of a very strong team who all have service users best interests at the fore front." Another staff member said, "Overall I am happy to be working for them [Forget Me Not]."

The provider was based in the service office however they had very detailed knowledge of the people they were supporting because they also regularly delivered people's care themselves. This was to ensure that in the event of staff sickness, holidays or staffing vacancies people did not miss their care calls. Staff told us they felt very supported by the provider and felt they could confidently report any concerns or approach them for support. For example one care staff commented, "There is always someone on the end of the phone to help/ talk to when needed." And another said, "There is a great support network within the team."

We previously rated this service as good and at this inspection it has been rated as requires improvement. The provider was open to the feedback we provided throughout the inspection and was receptive to our

findings. They were clearly passionate about the service provided to people and told us they were keen to make any necessary improvements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way. The management of medicines was not always safe.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate staff pre-employment checks were not always undertaken.