

Forget Me Not Caring Ltd

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Inspection report

16 Riverside Industrial Estate
South Street
Rochford
Essex
SS4 1BS

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21 June 2016

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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

The inspection took place on 21 June 2016. Forget me not provides a domiciliary care service which offers personal care, companionship and domestic help to support people living in their own home. Their main client group currently is for people living with learning disabilities and complex needs. They are currently supporting three people who use the service.

The service has a 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 2008 and associated Regulations about how the service is run.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs. People were supported with their nutrition and hydration needs. Staff supported people with their medication as required.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People and their representatives knew how to make a complaint; complaints had been resolved efficiently and quickly.

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and they were supported with their nutritional choices.□

People were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

People and their representatives were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good ●

Forget Me Not Caring Limited

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.

The inspection took place on 21 June 2016 and was announced. We told the provider one day before our visit that we would be coming. We did this to ensure the manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

On the day of the inspection we met the service manager at their office and spoke with them, and a member of staff. We also met two people who used the service. We reviewed three care records, training records, four staff recruitment and support files and audits. After the inspection visit we spoke with two relatives.

Is the service safe?

Our findings

People were looked after safely, a relative told us, "They are an excellent service, and we don't worry about anything." In addition they said, "We feel lucky we have found them."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "We ensure people have a good quality of life. I would raise any concerns to a senior or manager to investigate. If needed I would go higher to the CQC or local authority." Another member of staff said, "I have never had a safeguarding concern I feel very comfortable working with all the staff, if I did I would raise it and take it further." The service also had a 'whistle blowing' policy where staff could discuss any issues confidentially.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service or escorted them on trips out. This was recorded in people's records and all receipts were kept. The service manager kept very detailed paperwork of all financial transactions and audited these monthly.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people's homes. The risk assessments included making sure the environment was safe, for example, that there were not any loose rugs or carpets that people could trip over, the service manager said, "We do a slips, trip and falls assessment and complete regular environment checks." In addition the service manager completes individual risk assessments on people with regards to their mobility, or how best to support them when accessing the community. The risk assessments aim to support people with full and active lives rather than being restrictive, for example they had risk assessed one person so that they could go ice skating safely.

Staff knew what to do if there was an accident or if people became unwell in their home. One member of staff said, "We support people to go to their GP if needed, or we arrange this with their relatives." All staff were trained in first aid should somebody need immediate assistance, one member of staff said, "I have just undergone three days training to update my first aid." A relative told us how following advice from a member of staff they put together an action plan of what to do in an emergency such as a fire. They said, "We had not thought of this before but it made sense to have a fire evacuation plan in place and we bought a couple of fire extinguishers for the home."

There were sufficient staff employed to keep people safe. The service manager told us that they had a small team of staff to provide support and that they did not have an issues covering shifts. In addition they only provided support to a small client base and should they expand this then they would recruit more staff.

The service manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). We

reviewed four staff files and saw all the appropriate checks had been completed. The service manager told us when they needed to recruit they used an employment agency to advertise and that they were currently in the process of recruiting new staff.

Staff supported people to take their medication as appropriate. The service manager told us that staff had received training in the management and dispensing of medication. People's medication was usually supplied in blister packs from a pharmacy. However there was currently nobody who required medication support from staff. The service manager did however have systems in place should staff be required to administer medication. This included auditing medication and the medication recording charts.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they were supported to complete nationally recognised training courses. One member of staff told us, "I have completed my national vocational qualification at level 3, and I plan to do my level 5." Another member of staff told us, "I feel like the training we receive is good, I have never been in a situation where I felt I don't know how to do something."

Staff undertook a thorough induction when they started at the service. The service manager told us that when staff first started they spent time going through all the policies and the running of the service. This was followed by a three month induction which included completing training. New staff were introduced to people they would be working with and would work alongside the service manager or another member of staff until they were fully confident to work unsupervised. The service manager also enrolled new staff into completing the Care Certificate; this is an industry recognised award that equips carers with the skills and knowledge they need to support people. Staff received regular supervision from the service manager and had observations completed on their work. One member of staff said, "I have supervision with [person name] we set goals and targets and talk about training and they come and do observations of my work."

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. Where appropriate people had in place lasting powers of attorney applications. The service manager worked with people's appointed guardians to ensure their rights were being protected. Where possible people were encouraged to make their own decisions for example what clothes they want to wear or what they want to eat or drink, or activities they want to participate in.

Where required people were supported with their dietary needs. The service supported one person with all their dietary requirements; they did this by planning their meals with them and by supporting them with shopping and cooking of meals. From records we saw the meal choices were varied and that they were supported with healthy eating. The service manager told us it is important they participate with the cooking and preparation of the meals as they enjoy doing this and it is also an important life skill for them to develop.

People if required were supported to attend healthcare appointments. Staff told us that they had assisted people to go to hospital or doctor's appointments when required. In addition they supported people to attend regular dental check-ups. The service manager said they also kept-up-to-date health passports on people to ensure they had all the relevant medical details they needed.

Is the service caring?

Our findings

We received lots of positive feedback on the service and how caring the staff were. One relative told us, "[staff names] are really caring they are like a member of our family, we all work together." Another relative told us, "They [staff] are fabulous, the care is excellent."

Staff knew people well, including their life histories and their preferences for care. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. Staff were able to describe to us how people had their own individual routines and how people liked to have things done differently from each other. One relative told us, "Staff truly treat people as individuals, they give total personalised care."

A relative told us how supported they felt by the staff they said, "When I needed some emergency respite, [service manager name] and staff arranged this for me, straight away, it was such a relief to know they were there to support me and [relative's name]." Another relative said, "The care the staff give goes beyond good, and I have had plenty of experience of services over the years."

When talking with staff they were all very positive about the people they supported and spoke of them fondly. Staff felt it was their job to assist people to maintain their independence and develop life skills. We saw in feedback from a survey one person had written, 'I like [staff name] they are kind to me'. In addition a relative told us how attentive the staff were to their relative's personal care they said, "[person's name] used to have frequent ear irritation but we noticed [staff name] wiped their hearing aids with a cleansing wipe every day and now the skin irritation has stopped. Such a simple thing but we never thought of doing this."

People and their relatives were actively involved in decisions about their care and treatment and their views were taken into account. The service manager discussed people's care needs with them so that they could develop a care plan that was tailored to their needs. People used the service for a number of different reasons from personal care, as companions and escorts in the community and as a sitting service to support people whilst their relatives were not at home. This would all be identified in the care plan which was then reviewed as required.

People were supported to access an advocate should this be required. The service manager told us how they supported one person to have an independent advocate come in to review their care independently to ensure they were happy with the care they were receiving. This meant people's rights were being protected. Relatives told us staff always treated people with dignity and respect.

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. When people first applied for support the service manager met with them and their representative or relative to discuss what was required. The service manager completed a full assessment and agreed a care plan of how the support could best be provided. A relative told us, "We met with [staff name] and we went through every single detail of how [person name] preferred to be supported. We worked together until I was sure it was just how I wanted it to be done."

We saw that each care plan was individual to the person's needs and for consistency the same staff provided the support. One member of staff told us, "I have worked with [person name] for the past two years now." They went on to tell us how they had broken down every task that they liked to be completed into steps and had written this down which was used in conjunction with the care plan. This meant should they ever not be able to provide care the member of staff who took over would have guidance.

Relatives told us that the service was very responsive to their needs and were flexible, one relative said, "I know I can always rely on them even at short notice they are very accommodating."

Staff supported people to follow their hobbies. Staff for some people provided 24 hour support and this included making sure their social and well-being needs were being met. The service supported people to attend clubs or college courses as well as supporting them to have full social lives. For example they supported people to go to the cinema or bowling and out on day trips of their choice.

The provider had a robust complaints process in place. We saw from records that any complaints had been promptly investigated and responded to with actions taken to resolve the issues. The service also received a number of compliments one read, 'You provide a fabulous service and I can't tell you how lucky we feel to have forget me not in our lives, keep up the excellent work.'

Is the service well-led?

Our findings

The service had a registered manager in post; in addition they had a service manager who was responsible for the day to day running of the service. Relatives we spoke with were very complimentary of the service manager and provider. One relative said, "[service manager name] has been fantastic so supportive to me and [relative name]."

The service promoted an inclusive and person-centred culture. People benefitted from a small staff team that worked well together, and were consistently supported by the same staff. Staff told us, "We work well together; we are always in touch with each other and cover everything we need to do between ourselves." Staff shared the same vision of the service, to support people in their own home, to promote their independence and enable them to live a fulfilled life. One member of staff said, "We aim to support people with the best quality of life as possible."

Staff felt supported at the service. One member of staff said, "[service manager name] is very supportive they are always on call and we can always get hold of them if we need to." They also said, "[service manager name] comes out and works with us to check everything is okay." In addition staff received regular one to one supervision and a yearly appraisal from the service manager, where they could discuss any training needs or ideas they had about the running of the service. The service manager told us that they felt supported by the registered manager and provider and had regular meetings with them to discuss the running of the service. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People and their relatives were actively involved in improving the service they received. The service manager gathered people and their relative's views on the service through direct feedback, telephone calls, emails and by using questionnaires. The responses and feedback from the surveys were all positive. Relatives we spoke with said that communication with the service was 'excellent'. This showed that the management listened to people's views and responded accordingly, to improve their experience of the service.

Staff knew how to treat people's information confidentially, although people's care records were kept in folders in people's homes this was with their agreement. Information would then be taken to the main office and stored there within locked filing cabinets.

The service manager had a number of quality monitoring processes in place, these included doing spot checks on people's care and monitoring the support they received from staff. The manager also reviewed people's care records and written notes, financial records and medication records every month. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.