Care Quality Commission

Forest Homecare Limited

Forest Homecare West Essex

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Forest Homecare West Essex is a domiciliary care agency that is registered to provide personal care to people living in their own homes. At the time of our inspection care was provided to 136 people living in the Uttlesford area.

The service had a registered manager in place. 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.'

This announced inspection took place on 11and 16 December 2015. This service was added to the provider's registration on 18 October 2013. This was the first inspection of this service.

Systems were in place to ensure people's safety was effectively managed. However, people were not always supported to manage their prescribed medicines safely. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by their managers. There were sufficient staff to meet people's assessed needs.

Summary of findings

People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

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. The local manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required

People received care and support from staff who were kind, thoughtful, caring and respectful. Staff respected people's privacy and dignity. People were encouraged to express their views on the service provided. People were encouraged to provide feedback on the service in various ways both formally and informally.

People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person that met their needs. Changes to people's care was kept under review to ensure the change was effective.

People and staff told us the service was well managed. People said that all staff were approachable. People's views were listened to and acted on. The provider constantly looked for ways of improving the service and striving towards best practice.

We found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

A full record of the medicines administered to each person was not always maintained.

There were systems in place to ensure people's safety was managed effectively.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Requires improvement

Is the service effective?
The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

Staff were trained and supported to provide people with safe and appropriate care.

People's nutritional, hydration and health needs were met.

Good

Is the service caring?
The service was caring.

People were treated by staff who were polite, thoughtful and kind.

People had opportunities to comment on the service provided and be involved in the care planning process.

Staff knew people well and what their preferred routines were. Staff were responsive to people's needs and treated people with dignity and respect.

Good

Is the service responsive?
People were involved in their care assessments and reviews.

People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

Good

Is the service well-led?
The service was well led.

People and staff were enabled to make suggestions and comments about the agency and actions were taken in response to these.

Good

Summary of findings

The service had an effective quality assurance system. This was used to drive and sustain improvement.

The provider had good links with other professionals and organisations. This helped them work towards best practice.

Forest Homecare West Essex

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 announced inspection took place on 11 and 16 December 2015 and was undertaken 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. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office. We need to be sure they had the opportunity to be present for our inspection.

Before our inspection we looked at all the information we held about the service. Although we had not requested the provider information return (PIR), the operations manager sent us this after we announced the date of the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We looked at other information that we held about the service and asked for feedback from commissioners of people's care. During our inspection we also requested feedback from healthcare professionals. These included a GP, a community matron and a specialist nurse.

During our inspection we spoke with 11 people and three relatives. We also spoke with the operations manager, the local manager and six staff who work at the service. These included a three care assistants, a senior care assistant, a care co-ordinator and a quality monitoring officer.

We looked at 11 people's care records, staff training records and three staff recruitment records. We also looked at records relating to the management of the service including audits and records relating to compliments and complaints.

Requires improvement

Is the service safe?

Our findings

A full record of the medicines administered to each person was not always maintained. Some people's medicines were administered from a monitored dosage system (MDS) that contained all medicines to be taken on each occasion together in one 'blister'. Where this was the case we found staff only recorded that the medicines from the 'blister' had been administered. The local and operations manager confirmed that no record was held of the medicines administered by staff to people from an MDS once the empty MDS container was discarded. This meant that there was not a full record of medicines administered to each person on each occasion by staff members.

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were satisfied with how they were supported to take their prescribed medicines. One person told us, "They get my tablets, the correct ones, and give them to me and I take them."

Staff told us, and records verified, that they had received training in how to safely administer medicines. This included written tests and regular competency checks. This helped to ensure that staff had the skills and knowledge they required to administer medicines.

People told us they felt safe with the care workers that visited them and that they felt the care workers were trustworthy. People said that they felt safe because the staff were kind, they got along with them and were good at their job.

The operations manager told us in the PIR that all staff received training and, where appropriate, refresher training within the last 24 months, in safeguarding people from harm. All the staff we spoke with confirmed this. Staff showed a good understanding and knowledge of how to recognise and report any concerns to protect people from harm. All staff were confident their manager would take their concerns seriously, but all knew how they could escalate their concerns within the service and to external agencies such as the local authority or CQC.

People had individual risk assessments which had been reviewed and updated. Risks identified included hazards such as slip, trips and falls, assisting people to move and those associated with the management of medicines. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised. For example, one person's risk assessment and care plan identified that staff should support them to wear an alarm pendant to enable them to call for assistance in an emergency. Staff were aware of this and the person was wearing the pendant when we visited them.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accident and incident records included details of all incidents or near misses. The local manager reviewed these regularly to ensure any action required to reduce the risk of reoccurrence was taken. We saw that thorough investigations were carried out. These reports were further audited by staff at the provider's head office and scrutinised for emerging trends.

Prior to our inspection the provider told us that they had a 'robust recruitment policy to ensure only the best staff are recruited' and that they select staff who 'demonstrate the ability to empathise and have a natural kind and compassionate disposition.' The staff we spoke with told us that senior staff had interviewed them and obtained the required checks before they started working with people. Records verified that this was the case. The checks included evidence of prospective staff member's experience and good character and included work references and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to safely meet people's care needs. A care co-ordinator explained to us that the service used an automated system to plan people's visits. They told us this was set up to help the service provide people with continuity of care workers and regular call times. Staff worked in two separate teams covering different geographical areas. Each team had a co-ordinator, senior care workers and care workers for each area. They told us this meant staff visited a smaller number of people and were able to get to know them well.

People verified that staff had got to know them well, understood their needs and were usually on time. One

Requires improvement

Is the service safe?

person told us that staff were, “Mostly punctual. If they are running late they do call me to let me know. [Staff member’s name] is very good.” We asked another person what they would do if there care worker did not arrive as planned. They told us, “I’d phone [the office staff], but they usually let me know. They’re very helpful.” One relative told us that care workers usually arrived on time. They said, “If [the care worker] is going to be late they give me a ring. If they want to come earlier they send me a text. It’s very amenable and acceptable the way we do it.” Staff told us that if they were going to be more than 30 minutes late for a call they informed the office staff who informed the person or people affected. Care records showed that calls were made within the agreed time frame.

Staff said they had sufficient time during their visits to carry out the care people required. Most people also felt that staff had enough time to care for them in the way they wanted them to. However, a few people said they felt that this wasn’t always the case. One person told us, “[The care workers] do tend to dash about.”

The provider told us that senior staff regularly reviewed the number of staff they employed to ensure they had sufficient staff to meet people’s needs. Staff said that when colleagues were absent, their colleague’s planned visits were spread across the team, minimising the impact on people’s call times. One staff member told us, “There’s really good team work. You can always call on another member of staff to do a call if there’s a problem.” One person told us, “I collapsed on the floor on one occasion and [a staff member] stayed with me for two hours.” This showed there were sufficient staff to cope with planned and unplanned events.

Good

Is the service effective?

Our findings

People told us that their care needs were met and that staff knew what they were doing when providing care. One person told us, "[Staff member's] knowledge seems to be very good. They seem to know what to do." Another person said, "[Staff members] know what they're doing so yes [I think they are well trained]. I think they're always going on courses and refresher [training]." A relative told us the staff were well trained and, "Even the new [staff] know what to do."

Staff made positive comments about the training the provider offered. One care worker told us, "The training is good here." Another staff member said the training they had received was, "Really useful and keeps us updated. It helps us see what to do." They told us about the training they had attended to assist people to safely move. They said without this training, "I wouldn't have had a clue [what to do]." One recently recruited care worker said that once they had completed the training they then shadowed experienced members of staff until they felt confident in providing care.

Staff told us that they received training prior to being introduced to people who received a service. They said, and records verified, that this included training in topics such as assisting people to move safely, safeguarding people from harm and medicines management. In addition the training also included topics such as catheter care and awareness about specific conditions, for example, dementia and multiple sclerosis. Staff had undertaken written and observational competency tests to check staff member's understanding and application of their learning. We saw the provider had recently received staff induction training to incorporate the Care Certificate, a nationally recognised qualification and were piloting the new format.

Following their induction, staff said they attended four day refresher training of their basic competencies every two years. There were opportunities for staff to undertake additional training. For example, one staff member told us several staff had attended specialist palliative care training. Another staff member told us the provider had funded their diploma in business and administration The provider told us that some staff were trained to Occupational Therapy levels 1 and 2 and Assistive Technology which helped speed up people's discharge from hospital. This showed that staff were supported with further learning and received appropriate training to enable them to meet people's needs effectively.

Staff said they received regular supervision with senior staff. This included individual and group meetings and a senior member of staff observing their practice. All the staff we spoke with said they felt well supported by each other and the senior team. One staff member described the local manager as "fabulous" and said, "There's always someone to call [if you have a problem]." Another staff member said, "We're all a good support network to each other. We work as a team. Out of hours [staff] too. I'm just happy working here."

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The local manager, staff and people using the service, confirmed that no one receiving the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The local manager and the staff were knowledgeable about these and said they had received training in this area. One staff member told us, "We presume everyone has [mental] capacity [to make decisions]. If you think not then you phone the office and ask them to make an assessment." The local manager and staff told us that no-one they offered care to at the time of our inspection was deprived of their liberty.

People's rights to make decisions were respected. People told us that staff involved them in making decisions about the way they lived their lives. People said, "[The staff] always ask me what I want." Another person said that staff ask permission to do things for them. They said that staff ask "Shall I do that for you?" before doing it. A relative told us that staff always ask what their family member would like them to do. During our inspection we observed staff seeking consent from people before they provided support or entered the person's home.

Good

Is the service effective?

Some people we spoke with told us that staff assisted them by preparing meals. One person said, “Sometimes [the staff] cook from scratch... They make sure I eat properly.” Another person said, “[The staff] make me a nice meal.” People told us staff involved them in deciding what they would like to eat and drink. Records showed that staff took consideration of people’s specific dietary needs. Where required, staff had recorded people’s food intake. This showed people were receiving a nutritious diet, suitable to people’s need and preferences.

A healthcare professional told us that staff contacted them for advice and were willing to engage in training. They told us that staff followed their directions when providing people’s care.

Records further confirmed that people were supported to access healthcare professionals, such as the occupational therapists, community nurses and their GP. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

People made positive comments about the staff. One person told us, "They're all lovely." Another person said, "They're all very thoughtful and kind." A third person told us, "[The staff] are very nice. They're very polite. They're very helpful… They're very, very willing."

People described having built good relationships with their regular care workers. One person said, "I treat them as my friends. I look forward to their company. We chat about everything. They know me well." Another person told us," [The staff] listen to what I've got to say."

All the staff told us they would be happy with a family member being cared for by the service. Two members of staff told us they wouldn't want any other care agency providing care to their family members. Staff members comments showed they were proud to work for this service. One staff member told us, "I wouldn't work for another care agency. I think the carers are great. We're not robots. We're human. Carers go above and beyond [when providing care]." Another member of staff said, "We all give a really good level of care. We hope we're making their lives easier for them. I love my job."

During our visits to people in their own homes, we saw good interactions between staff members and the people receiving the service. It was clear staff knew people well and were aware of their life histories and personal preferences. This meant staff could easily engage people in conversation about things that were important to them. Staff were clear that they did not take this information for granted and still offered people choice.

Staff provided reassurance when people were anxious while supporting people to maintain, or regain, their independence. . One person told us felt they were able to continue to do things for themselves with the support of staff, whilst another person said the support they received helped them to stay in their own home. A third person said, 'I think them helping me…they've put a couple of years extra on my life. They make me feel happy.' A staff member described how they supported a person who was anxious after they first got a catheter. The staff member said they reassured the person and told them "not to worry, it's what we're here for." The staff member went on to tell us that gradually the person built in confidence to the extent that they took care of the catheter themselves. The staff member said they checked periodically to make sure the person was still comfortable doing this.

People told us that staff treated them in a caring manner and with dignity and respect. For example, where people were unable to answer their front doors, staff knocked and called out, checking the person was happy with them entering. One person told us, "[The staff members] always give a shout when they come in." They said that staff made sure their curtains stayed closed until they were dressed. We saw that staff addressed people using their preferred name. They spoke calmly to people and explained why they were in their home. Records were written in a respectful manner. One care worker told us, "We have to be careful what we write in the book." They went on to explain they were conscious that the records had to be factual and respectful of the person."

People told us they felt involved in decisions about their care and their everyday lives and that they were involved in initial discussions and reviews of their care. One person said, "[The staff] talked through the care with me initially." Another person said, "[staff] check [my folder] and go through it with me. They reviewed it a little while ago. They went through it with me." A relative said that they were involved in a discussion about their family member's care. They told us, "'I had somebody come [here] and that's how [the care plan] was arrived at."

Good

Is the service responsive?

Our findings

People told us that staff had a good understanding of, and met, their care needs. One person told us they were visually impaired. They said that staff always put things where they tell them to. They said this was important so they could navigate their way around and find things. Another person told us that staff always knew what care they needed. They were impressed with this and told us, "I don't understand how they do it." A relative said their family member's care, "Happens as it's meant to." They said that care workers "Always ask if there's anything else they can do."

Staff received a copy of people's assessed care needs prior to offering them care. Senior staff told us they verified this information with people or their family members, initially by telephone, but also during a visit to the person at their home. This helped to ensure that staff could effectively meet people's needs. These assessments were then used to develop care plans and detailed guidance for staff to follow. Assessments and care plans included information about people's health, physical and emotional needs. They also included information about what was important to the person and how the person preferred their care needs to be met.

Care plans provided sufficiently detailed information for staff to follow so they could provide care safely and in the way the people preferred. Examples included guidance on assisting people to move and with their personal hygiene, for example bathing and dressing. Care plans also included information about people's life history and things that were important to them. For example, people, pets and hobbies.

Staff involved people and, where appropriate, their relatives in writing care plans. We found that staff were knowledgeable about people's needs and preferences.

People and staff told us, and records showed, that people's care plans were accurate and updated regularly and promptly when people's needs changed. The provider and senior staff told us that each person's care plan was reviewed within 10 days of it being set up to ensure its accuracy, with further review after three months and annually thereafter or when the person's needs changed.

Staff completed records of each visit to each person. These provided an overview of the care provided and any changes in the person's condition from the previous visit. Staff told us they read people's care plans and the records of the last few visits if they had not carried these out. This ensured that staff were up to date with any changes in people's care.

Staff responded appropriately to people's changing needs. For example, while we were carrying out our inspection we heard a care worker contact the office to raise concerns about a person's deteriorating condition. The office staff recorded this concern and referred it to the relevant healthcare professional.

People told us they had never felt the need to complain about the service, but they said they knew who to speak to if they had any concerns or complaints. They all told us they would call the service's office. No-one we spoke to had had cause to complain about the service. One person told us, "I'm very happy with [the service]. I can't say anything bad about them." Another person told us the service put things right very quickly when they raised an issue so they had not felt the need to complain.

The complaints procedure was available in the folders in people's homes. Staff had a good understanding of how to refer complaints to senior staff for them to address any issues raised.

Good

Is the service well-led?

Our findings

All the people we spoke with made positive comments about the service they received and the way it was run. They said they would recommend the service to other people. One relative said, "I would say the service is a very good one. For us it's acceptable and flexible."

The registered manager visited the service regularly however another manager (referred to as the 'local manager' in this report) managed the service on a day-to-day basis. 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 supported by the head of operations and centralised teams, which included human resources, training, and finance. The local manager reported to the registered manager and the head of operations. The local manager was supported by a team consisting of a senior co-ordinator, co-ordinators, review officer, a quality and monitoring officer, administrators, senior care assistants and care assistants. Staff had a good understanding of their lines of accountability and the reporting structure within the service. This included use of the whistle blowing procedure to raise concerns within the provider's organisation.

Staff said they felt well supported by the local manager and senior staff both informally and through formal meetings and supervision sessions. They told us they were always able to contact a senior member of staff. They said they felt the manager was approachable and that they felt confident the manager and senior staff would address any issues they raised. Staff told us they felt the service was well managed.

The provider told us they had received 14 compliments about the service in the last 12 months. The service was complimented on 'excellent care', 'kindness and understanding', 'helping people to remain in their own homes', 'support during end of life care', compassionate and dedicated care workers', and consistent care workers over a number of years'. They also told us there had been no complaints about the service in the last 12 months.

The provider sought people's views about the service. People said they were asked for feedback about the service. Some people said they had completed questionnaires and others said that staff members had come to their homes and asked them questions. One person said, "One [staff member] came a little while ago and sat and chatted." Another person said, "They come fairly regularly to check everything's working properly and that the carers are writing in the book." A relative said that staff, "Come and check the sheets and then stamp them and sign them." Another relative said, "We have someone come round and check every so often."

The provider had also used a survey to gather people's views of the service during 2015. The results were very positive. Of the 70 people who responded to the survey, 64 people said they were 'extremely' 'very' or 'quite' satisfied with the service they received. Four people said they were neither satisfied or dissatisfied. Two people said they were 'quite' or 'very' dissatisfied with the service. The provider had in place an action plan for improving people's experience of the service. For example, six people responded to the survey saying they were not able to request changes to the support they received. The provider sent a letter to all people reminding them of how they could do this.

The provider had an effective quality assurance system in place that helped them identify any shortfalls in the service or ways the service could be improved. One staff member told us, "There's a process for everything. Everything gets dealt with, no doubts whatsoever."

In addition to annual reviews of each person's care, the quality monitoring manager told us that they visited everyone three months and asked people their views of the service. They also checked the person's records to ensure staff had completed these and that care had been delivered appropriately. We saw where issues had been identified, they had been addressed. For example, it was not clear who had made a hand written entry on a person's care plan. This had been followed up and the information had been formally adopted and updated on the person's record in their home and in the office. We also saw that where staff had not followed procedure, this had been addressed. For example, where a medicines administration chart had not been signed.

Senior staff regularly checked staff competence, both after training and whilst they were delivering personal care to

Good

Is the service well-led?

people. Again, we saw that any shortfalls identified were followed up through supervision. We saw that systems were in place to monitor the outcome of audits that were carried out and to ensure follow up action was taken.

Staff were committed to driving improvement in the service. For example, the operations manager told us that they audit all concerns and complaints and feedback to all staff on the findings of any investigations and learning points. They told us that "year on year complaints were reducing because we're looking at ways of responding to concerns at an early stage."

The local manager attended the 'My Home Life' programme. The provider told us this provided an opportunity to lead on best practice within homecare. Staff received regular updates from senior staff in the form of newsletters, meetings and training. The provider was a member of the United Kingdom Homecare Association (UKHCA), a professional association for home care providers. The provider told us they received best practice updates from the UKHCA, Skills for Care and the CQC. Senior staff attended various forums where providers could share their knowledge. This included the Essex County Council provider groups and Essex Safeguarding Board. They told us this helped them to work towards best practice.

Records we held about the service, and looked at during our inspection confirmed that no notifications had been sent to the Care Quality Commission (CQC). A notification is information about important events that the provider is required by law to notify us about. The operations manager told us they had recently reviewed their systems to ensure CQC were being notified of all required events. They confirmed that no such events had taken place since the service had been added to the provider's registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 **Records of medicines administered by staff to people had not always been maintained. Regulation 12 (2)(g)**