

Carers Forward C.I.C.

Carers Forward Head office

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

About the service: Carers Forward Head Office, is a domiciliary care agency. It provides personal care to children and young adults with physical and or learning disabilities in their own home. At the time of inspection 18 people were using the service.

People's experience of using this service: People's relatives told us people were safe and well-supported. There were sufficient staff hours available to meet people's needs in a safe and consistent way, and staff roles were flexible to allow this.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Care plans were in place detailing how people wished to be supported. People were supported to access health care professionals when required. They were supported to eat and drink according to their plan of care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People and their relatives were offered choice and staff encouraged them to be involved in decision making whatever the level of support required. Information was accessible to involve people in decision making about their lives.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support. Staff were kind, caring and supportive of people and their families.

People's rights to privacy and dignity were respected. There was a very good standard of record keeping to ensure people's needs were met.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care. Systems were in place for people to receive their medicines in a safe way.

Processes were in place to manage and respond to complaints and concerns. There were opportunities for people, relatives and staff to give their views about the service. The provider undertook a range of audits to check on the quality of care provided.

Why we inspected: This was the first inspection of the service since it was registered in December 2016. This was a planned comprehensive inspection.

Follow up: We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Carers Forward Head office

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to children and younger adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 72 hours' notice of the inspection visit because we needed to be sure that the manager would be in the office.

Inspection activity started on 8 March 2019 with a visit to the office location. We made telephone calls to staff and relatives on 17 March 2019.

What we did: Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.

We contacted commissioners to seek their feedback. During the site visit we spoke with the registered manager and director. We reviewed a range of records. These included four people's care records. We also looked at five staff files to check staff recruitment and their training records. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

After the site visit we contacted four relatives of people who used the service and three support workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were safely supported. Relatives of people and staff said the service was safe. Relative's comments included, "[Name] is quite safe with staff support" and "I trust the workers."
- Staff completed and updated their safeguarding children and adults training regularly to ensure it remained current. Staff had access to up-to-date safeguarding policies and procedures to guide them.
- Staff received a staff handbook, at the start of their employment, which highlighted their responsibility under safeguarding to report any concerns about people's safety.

Assessing risk, safety monitoring and management.

- Risk assessments were in place that identified risks specific to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person such as for distressed behaviour.
- Risk assessments were reviewed to reflect people's changing needs. We discussed with the registered manager that they should be evaluated more regularly to ensure they remained relevant and accurate. They told us that this would be addressed.
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge others.
- Staff received positive behaviour support training which gave them more insight when a person was distressed. Relative's comments included, "[Name] knows the workers they send, the workers understand them" and "[Name] doesn't like change so we get the same workers."
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. A relative said, "I have a mobile and land-line telephone number that I can use if I need to call."

Staffing and recruitment.

- There were enough staff deployed to support people safely. Relatives told us staff stayed for their allocated time, were reliable and arrived as arranged. Their comments included, "Staff work at [Name]'s pace, "Staff don't rush" and "The service is very reliable, we get the same workers and if they were going to be late, the office would telephone and let us know." Records showed where there had been a missed call this was being investigated by the registered manager.
- Staff were allocated to people and the same staff provided continuity of care at each visit. Relative's comments included, "[Name] gets the same workers at each visit" and "We were told the two regular carers would not be off at the same time, so one of the workers, who knows [Name], would always be available."
- The provider had an on-going programme of staff recruitment and retention. Safe and effective recruitment practices were followed to help ensure only suitable staff were employed.

Using medicines safely.

- People received their medicines in a safe way, where support was required.
- Staff received regular medicines training and systems were in place to assess their competencies.

Preventing and controlling infection.

- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available for use as required to help reduce the spread of infection.

Learning lessons when things go wrong.

- The service was quick to make any improvements for the benefit of people who used the service.
- A system was in place to record and monitor incidents including safeguarding to ensure people were supported safely.
- Any incidents were analysed individually and a monthly analysis took place to identify trends and patterns to reduce the likelihood of their re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Relatives confirmed workers were skilled and well-trained in how to provide care. Their comments included, "The carers are trained, they know what they are doing" and "Regular workers are well-trained, they know how to support [Name]."
- Staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. The registered manager told us staff were also receiving e learning about aspects of NHS health as part of their induction.
- Staff said they received ongoing training that included training in safe working practices and any specialist needs. Staff comments included, "We do lots of training" and "If people have specialist needs we get training about it. I've done some specialist feed training."
- Staff told us they were well-supported. They told us they were fully confident to approach the management team for additional support at any time. One staff member told me, "The manager does my supervision. They are very approachable."

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

- The agency provided support to some children and younger adults with complex care and support needs.
- People's needs were thoroughly assessed before they started to receive care. Assessments included information about their medical conditions, mental capacity and other aspects of their daily lives.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs.

Supporting people to live healthier lives, access healthcare services and support.

- Care plans were in place to promote and support people's health and well-being.
- People were registered with a GP and received care and support from other professionals, such as the speech and language therapist and community learning disability nurse.
- Staff were taught about people's individual warning signs that could indicate their condition was deteriorating. They then reported any changes to the relative and the office, for any required action to be taken.

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

- People had a variety of food and drink to meet their needs.
- People's care records included nutrition care plans and these identified needs such as the need for healthy eating or culturally specific diet.

- Where people had specialist needs to receive their nutrition, staff received guidance and training to ensure these needs were met.

Staff working with other agencies to provide consistent, effective, timely care.

- Assessments had been completed on people's physical and mental health needs.
- Staff followed professional advice to ensure people's care and treatment needs were met. The registered manager told us they received advice and support from the learning disability nurse for guidance about some people's behavioural support needs.
- Staff had developed good links with health care professionals, education and specialists to help make sure people received holistic and effective care.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

The Court of Protection will consider an application from a person's relative, to make them a court appointed deputy to be responsible for decisions with regard to the person's care and welfare and finances where the person is over the age of 18 years and does not have mental capacity. We checked whether the service was working within the principles of the MCA.

Staff were trained in the MCA and understood the implications for their practice. Consent was obtained from people in relation to different aspects of their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives were all positive about the care provided. Their comments included, "The workers are really kind and caring", "Regular staff know how to support [Name] and this makes [Name] happy" and "I think staff work at [Name]'s pace."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Staff came from a variety of ethnicities and backgrounds which provided people with diversity and choice. A relative told us, "Staff are matched with people."
- Care plans took account of people's likes, dislikes and preferences including how they wished to be supported.

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

- Information was provided in ways which people could access and understand and promote their involvement. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service.
- People were involved in daily decision making. One relative commented, "[Name] let us know which worker they wanted to support them." People's records were detailed and advised staff how to communicate with the person. For example, by use of pictures or symbols for people who did not read or use verbal communication.
- The registered manager told us where English was not the first language a social worker and interpreter would assist with communication with some families.
- Staff were respectful of people's opinions and choices. Records gave guidance about people's routines if they could not tell staff themselves. For example, getting up and going to bed and what people might like to do.
- No-one was using an advocate at the time of inspection. The registered manager told us that relatives were available to advocate on behalf of people.

Respecting and promoting people's privacy, dignity and independence

- Support plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy and dignity.
- Staff supported people to be independent. People were encouraged to be involved and do as much as they could for themselves, whatever the level of need.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care and support was personalised and responsive to people's individual needs and interests. It was delivered by staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- Care was planned around people's individualised needs. Care plans were accessible and in pictorial format so people who may not read were able to identify with them.
- Care records contained clear information about how best to support the person, in the way they wanted and needed.
- Care plans were reviewed routinely and when a person's needs changed. We advised the registered manager they should be evaluated more regularly to ensure they accurately reflected people's current needs. The registered manager told us this would be addressed.
- People were supported to take part in leisure activities in the community at weekends and during the holidays. These included, bowling, cinema, park, swimming, soft play and trampoline.
- There was a wealth of accessible child friendly information in the office. The office was accessible and contained child-friendly furniture, equipment such as a drum kit, toys, books, activities and resources that workers could take to do activities at people's houses. A relative told us, "The agency runs a leisure club for children from a sports hall during the holidays and there are coach trips that relatives go on to help support."

End of life care and support.

- No-one was receiving end-of-life care at the time of inspection.

Improving care quality in response to complaints or concerns.

- A complaints policy was available. No complaints had been received from people. However, some of the less positive comments received from a recent provider's survey were being treated and investigated by the manager as complaints.
- Relatives knew how to make a complaint. They told us they could contact the agency and raise any concerns or queries.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service was well-led. Relative's comments included, "I'm quite happy with the agency and care provided" and "It's a reliable service."
- Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives of the organisation were discussed with staff when they were employed.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- The registered manager worked well to ensure the effective day-to-day running of the service.
- Staff and relatives said they were supported. They were positive about the registered manager. They all told us the registered manager was approachable and accessible.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks.
- Telephone spot checks took place to gather relatives' views about service provision. A relative commented, "I get telephone calls to ask how things are going."
- A regular spot check was not taking place that included calling at people's houses to collect their views and to observe staff supporting people. We discussed this with the registered manager who told us it would be addressed.
- The director carried out regular visits to check how the service was running but they were not recorded. We discussed with them that a written record should be produced from the visits as part of the provider's quality assurance system. They told us that this would be addressed.

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

- A diverse work force was employed to meet people's needs. Staff were matched with people according to their interests and gender.
- The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Staff told us they were listened to and it was a good place to work.
- Feedback was sought from people and relatives through meetings and surveys.

Continuous learning and improving care.

- There was an ethos of continual improvement and keeping up to date with best-practice in the service. There was a comprehensive programme of staff training to ensure staff were skilled and competent.

Working in partnership with others.

- Staff communicated effectively with a range of health social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.