

Forget Me Not Care Limited

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Inspection report

Westfield House
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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 ●

Summary of findings

Overall summary

Forget Me Not Care Limited provides a care at home service for adults in Westbury and the surrounding area of west Wiltshire. At the time of our inspection 58 people were receiving personal care from the service. The service was last inspected in January 2014 and was meeting all the standards that were assessed.

This inspection took place on 16 November 2016. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

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

Systems to support people with their medicines were not always clear and it was not always recorded what action had been taken if people had not taken their medication as it had been prescribed. It was not clear that the on-call manager had sought medical advice about the action to take following errors. The registered manager said medical advice had been sought, but this had not been recorded. As a result the registered manager had introduced new recording systems, which included details of who had been consulted and whether any further action was needed. Despite the lack of detail in plans, staff were able to consistently describe the support people needed with their medicines and how it was provided.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "They provide whatever care is needed. They are absolute gems", "The carer has the right skills. She knows what she is doing and does it well" and "I feel extremely safe with staff in my home. They're lovely".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. Comments from staff included, "We don't go out to people without knowing their needs" and "They make it clear that we need to be 100 per cent sure before going out to people".

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People and their relatives felt they could

contact the office if needed and they also had contact numbers for out of office hours, in case of an emergency.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

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 consistently safe.

Systems to support people with their medicines were not always clear and it was not always recorded what action had been taken if people had not taken their medication as prescribed.

People who use the service and their relatives said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely.

Systems were in place to ensure people were protected from abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and were aware of the action they needed to take where people did not have capacity to consent.

Good ●

Is the service caring?

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Good ●

Is the service responsive?

Good 

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

People were aware of the complaints procedures and action had been taken to investigate and respond to any complaints received.

Is the service well-led?

Good 

The service was well led.

There was a strong leadership team who promoted the values of the service. There were clear reporting lines through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Forget Me Not Care 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.

This inspection took place on 16 November 2016 and was announced.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

As part of the inspection we spoke with six people who use the service, two relatives, the registered manager, a director of the company, a care leader, and three members of care staff. We looked at the records relating to care and decision making for five people. We also looked at records about the management of the service.

Is the service safe?

Our findings

Systems to support people with their medicines were not always clear and it was not always recorded what action had been taken if people had not taken their medication as prescribed. People's care plans contained some information about the support they needed with medicines, although they did not always clearly set out how staff would know if the medicine dose had changed or if people needed additional medicines, such as painkillers. The medication risk assessments contained directions for staff which were generic. For example, 'Monitor medication, prompt and assist as required' and 'Ensure (the person) takes her medication as required'. Despite the lack of detail in plans, staff were able to consistently describe the support people needed and how it was provided. The registered manager told us she had identified that the planning documents needed to be reviewed and updated and there were plans in place for this work to be completed.

The registered manager had changed the procedures staff followed when there was any error in the administration of medicines. We saw that the old records did not always record the actions managers had taken following an error in the medicine people were supported to take. It was not clear that the on-call manager had always sought medical advice about the action to take following an error. The registered manager said medical advice had been sought, but this had not been recorded. As a result the registered manager had introduced new recording systems, which included details of who had been consulted and whether any further action was needed. Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training and were observed supporting people by their supervisor, to ensure they were putting the training into practice. Training records we viewed confirmed this.

Sufficient staff were available to support people. People told us staff usually arrived on time and they had met staff before they visited them to provide care. Some people had raised concerns through a questionnaire sent out by the service about the timeliness of some calls and scheduling of visits. As a result the registered manager and company director had reviewed the booking systems and had made changes to take into account the travelling time between appointments. Staff said they felt there were sufficient staff to make the calls necessary and provide the care people needed. Staff said they had enough time allocated to them to travel between appointments. The company director told us the staffing rota was completed a week in advance, which helped to ensure any errors were identified and rectified before there was any impact on people using the service.

People and their relatives told us they felt safe when care staff visited them. Comments from people included, "We feel safe when staff are here in our home. We have no concerns" and "I feel extremely safe with staff in my home. They're lovely". One relative told us, "I am very confident (my relative) is safe when staff are with him".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action

they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the registered manager or the other company director would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on-call system in place which they had used when needed. This enabled staff to receive support and guidance from a member of the management team if needed. Staff said this system worked well and they received the support they needed.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People and their representatives had been involved in the process to assess and plan how risks would be managed. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to review risks following incidents and make changes to the way staff worked where necessary.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of two staff employed in the last year. These showed that staff were thoroughly checked before they started providing care to people.

Is the service effective?

Our findings

People and their representatives told us staff understood their needs and provided the care they needed. People felt the care was good and they had regular staff who they knew well and who knew them. Comments included, "They provide whatever care is needed. They are absolute gems", "They have a good understanding of my husband's needs" and "The carer has the right skills. She knows what she is doing and does it well".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were also able to raise concerns outside of the formal supervision process at any time. They said the registered manager and company director were very accessible and always made time to discuss issues with them. During the inspection we observed staff calling into the office to discuss issues with the management team.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction and there was an on-going training programme for all staff on meeting people's specific needs. Staff said the induction period gave them the information necessary to meet people's needs. Comments included, "We don't go out to people without knowing their needs" and "They make it clear that we need to be 100 per cent sure before going out to people". Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the service. In addition to the specific training courses, staff were supported to complete a national diploma in health and social care at either level two or three. The registered manager had a record of all the training staff had completed, which was used to plan the training programme and ensure staff completed refresher courses when they were due.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager had a record of people who had designated a lasting power of attorney, giving another person the right to make choices on their behalf if they did not have capacity to do so. People told us staff obtained their consent before providing care for them, with comments including, "They always obtain consent before doing anything – they always ask" and "They obtain consent before providing any care". Where people were not able to consent to specific decision, the service had completed capacity assessments and followed the principles of the MCA to make a decision in the person's best interest.

Staff worked with other health services to ensure people were receiving the care they needed. There were records of staff working with district nurses and occupational therapists and reporting any concerns about a deterioration in people's condition. We received feedback from a commissioner setting up care packages for

people leaving hospital, who said Forget Me Not Care worked well with them to ensure people's needs were met.

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were kind and caring. Comments included, "They are more like friends to me now. They will do anything for me", "They provide excellent care. It's all about doing what's right for (my relative)" and "I am very happy with the care provided". One relative told us they demonstrated a very caring attitude when he was taken ill and needed to go to hospital. The service provided additional care to his wife as he was not at home, which gave him re-assurance at a very stressful time.

Staff had recorded important information about people, for example, personal history and important relationships. People's preferences regarding their personal care were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. In discussions with staff they demonstrated that they had created a strong relationship with people who used the service and spoke about them with warmth and affection. This information was used to ensure people received support in their preferred way.

The care plans demonstrated that people were involved in making decisions about the support they received. Family members said they had opportunities to express their views about the care and support their relative received. People we spoke with and their relatives explained they felt involved in planning the care they received. One person commented, "We were involved in writing (the care plan) and they stick to it".

People were supported to have regular review meetings with one of the management team to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans.

Staff said the planning of workload enabled them to take their time with people and not rush the care that they provided. This enabled staff to take time to work in ways that promoted people's dignity and supported them to maintain their independence.

Information about people was written in a respectful manner. The registered manager told us the mission statement of the service referred to providing holistic care and maintaining people's privacy and dignity. They used this as part of the induction and training programme to ensure staff were aware of their expectations. During the inspection we saw that the management team set the tone by respectful discussion about people at all times. The feedback we received from staff and our observations of staff interactions and telephone calls during the visit demonstrated how staff put these caring values into practice.

Is the service responsive?

Our findings

People and their relatives told us the staff had enough time to meet their needs in the way they wanted them met. Comments included, "I'm very happy with the care they provide. They are considerate, careful and their timekeeping is very good" and "The service is very good, we are very pleased with the care. They generally come on time but the office calls if there is a problem".

People knew who to contact if they were concerned about their call time, or if any changes were needed. Staff told us the registered manager discussed people's needs with them regularly and there were good systems for communicating changes in people's care plans. Staff said the service responded promptly to ensure people were receiving sufficient care. This included arranging additional calls when people were unwell or increasing the length of visits where people needed more care. Changes were made in consultation with people and their representatives.

Each person had a care folder, which contained a detailed, personalised care plan and records of the care staff had provided. People were aware of their care plan and said they and their relatives were involved in the development of it. People and their relatives felt the staff knew what was in the care plan and that the care records reflected the care that was provided. Care plans were individual to the person and people said their plan was reviewed regularly and changes were recorded and updated. Staff told us the care plans gave them the information they needed and were updated promptly if people's needs changed.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The provider told us the complaints procedure was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. Comments included, "If there's a problem they will listen to me and take action to sort it out", "I'm aware of how to make a complaint and confident that action would be taken" and "Any concerns will deal with immediately. The managers will come at the drop of a hat".

The complaints procedure was displayed in the office and was included in a service users' guide provided to people when they started to use the service. No formal complaints had been received by the service in the previous year.

Is the service well-led?

Our findings

The service had a registered manager, who was one of the directors of Forget Me Not Care. The other company director also worked in the service on a day to day basis. The registered manager and company director had clear values about the way care and support should be provided and the service people should receive. These values were based on providing holistic care that focused on people's wellbeing as well as meeting their specific needs and working in ways that maintained people's dignity and maximised their independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Comments from staff about working for Forget Me Not Care included, "I absolutely love it" and "It's a good place to work. We get good support to do our job effectively".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager and company director gave them good support and direction. Comments from staff included, "They (the management team) are available. They listen if there are any problems and sort them out", "The on-call system works well. We are always able to get hold of someone and they provide good support" and "They are friendly, approachable and very supportive. They are very good at responding to specific staff needs".

There was a quality assurance process which focused on the way care was being provided. This included spot checks completed by the registered manager and company director to ensure staff were working in agreed ways, reviews of care records and meeting with people using the service to receive feedback. Information from the audits and reviews was used to develop an action plan to address any shortfalls and improve the service provided. The registered manager had identified issues relating to medicine management and care planning documents and was in the process of improving the recording systems to make them clearer.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. There were systems in place to review incidents in the service and the registered manager was aware of her responsibility to submit notifications to CQC of notifiable events.

Staff had access to information necessary to fulfil their roles. The provider's policies and procedures were available in the office. There was also a noticeboard, with information relating to safeguarding, the complaints process and the Mental Capacity Act displayed. Staff said there were good systems for restocking on equipment they needed, such as protective clothing, which was always available when they needed it.

There were regular management team meetings. These were used to review how the service was operating and to plan how any issues or improvements were going to be managed. Staff reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.