

Forget Me Not Home Services Limited

# Forget Me Not Home Services Ltd

## 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 

## Overall summary

The inspection took place on the 16 and 18 March 2015. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service.

Forget Me Not Home Services Ltd provides personal care support to people living in their own homes. When we inspected there were 47 people using the domiciliary care service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

# 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 safe.

Care workers understood how to recognise abuse or potential abuse and how to respond and report these concerns.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



### Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Good



### Is the service caring?

The service was caring.

People's privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



### Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



### Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



# Forget Me Not Home Services Ltd

## Detailed findings

### Background to this inspection

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

This inspection took place on 16 and 18 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was undertaken by two inspectors.

We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We observed a tea time care visit and spoke with five people who used the service and four people's relatives.

We looked at records in relation five people's care. We spoke with the registered manager, two members of the office staff and four care workers. We looked at records relating to the management of the service, care worker recruitment and training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People we spoke with confirmed that they felt safe using the service. One person told us their care workers were, “Extremely careful,” by ensuring their safety when assisting them to get into a bath. One person’s relative told us that ensuring people’s safety, “Is one area that they [care workers] are practically on the ball.” They provided us with examples of staff’s practice to demonstrate this, which included supporting the person with their mobility.

People told us staff ensured their safety when entering and leaving their home. One person commented that staff used the key safe system to access their house, and always ensured it was securely replaced on leaving. They said that staff would only disclose the number, “In an emergency,” to health professionals. We saw staff locate a person’s front door keys to gain entry, and on leaving the house, double check to ensure the front door was closed, then safely stored the keys away.

All staff had been given a mobile telephone, pre-set with important numbers so they know who to contact in an emergency or for advice. This included local health professionals such as GPs and district nurses. Care workers saw the provision of mobile telephones as a positive move, as one care worker remarked, “There is always someone on the end of a phone,” to seek advice from if they were concerned over a person’s health or welfare. They also provided us of an example where they had arrived to find a person had fallen and used their mobile telephone to contact emergency services, and alert the office to the situation. At the time of our inspection steps were being taken to include the local safeguarding contact numbers, so the care worker could contact them directly if needed.

Care workers told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. Care workers understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. Discussions with the registered manager and records showed that there had been concerns and safeguarding issues relating to missed visits and medication error. Records showed that appropriate actions had been taken to minimise the risks of the same or similar incidents happening again. This included putting in extra checks to ensure that the information given to staff on who required

a visit was accurate. People and relatives spoken with confirmed there had been no instances of missed visits. This showed that the new system put in place to reduce the risk of missed visits were working.

There were sufficient numbers of care workers to meet the needs of people. Care workers and people who used the service were provided with a weekly rota. One person told us, “You receive your list by Saturday, tells you who is coming.”

The registered manager and care workers told us that they felt that there were sufficient numbers of care workers to cover the visits to people. The registered manager said they only accepted more people to use the service if they had sufficient numbers of care workers covering the area they lived. This was to ensure people were offered a good, reliable service.

People were protected by the service’s recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. A relative commented on the, “Quality,” of care workers employed by the provider were good. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service.

People’s care records included risk assessments and guidance for care workers on how these risks were minimised. These included risk assessments associated with moving and handling, medicines administration and the safety in people’s homes. People were involved in the planning of the risk assessments. A relative told us how staff reduced the risk of the person taking the wrong amount of medicines, by taking action to store it safely. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people’s needs.

People who needed support with their medicines told us that they were happy with the arrangements. One person’s relative told us care workers were, “Spot on,” in ensuring the person received their medicines as prescribed. Another person told us that they looked after their medicines themselves, but staff kept a list of what they took with their care records. They said that care workers, “Only just popped in to check the prescriptions,” to ensure the information was being kept up to date. This showed that there were systems in place to ensure staff were aware of

## Is the service safe?

the medicines that people independently managed, especially those that could impact on a person's health, that the care worker would need to alert health professionals to in an emergency. For example blood thinning medicines.

People's records provided guidance to care workers on the support people required with their medicines. Records

showed that, where people required support, they were provided with their medicines when they needed them. Checks were carried out to ensure they were appropriately completed. Where shortfalls were identified these were addressed by, for example, providing supervision and further training for care workers.

# Is the service effective?

## Our findings

People and relatives told us that they felt that the care workers had the skills and knowledge that they needed to meet people's needs. One person told us they were, "Happy," with the care provided. Another commented that, "They are all good, with no exceptions." One person's relative commented, "Training seems to be very high on the agenda..., without exception, all [care workers] have been of a good standard." Another relative told us, "I don't worry; I know they are in safe hands...very pleased with the care."

People also told us that care workers communicated well with each other, to support their well-being. One person told us, "They write copious notes," to ensure everyone knows what they have done.

Care workers told us that they were provided with the training that they needed to meet people's needs. This included an induction which consisted of formal training and shadowing more experienced care workers. One person told us how shadowing supported the care worker to learn about people's individual routines and preferences, "Several new ones have shadowed, then gone on to do it on their own." One care worker described their induction as, "Amazing, made you feel relaxed and comfortable, everything explained in detail." They told us how their four induction shifts, two spent observing, and two providing care under supervision supported them to get to know the people that they would be supporting.

There were systems in place to make sure that the training was regularly updated. This meant that the care workers were provided with up to date information on how people's needs were met. One care worker told us about the recent dementia training they had attended. They described how it had supported them to gain an insight of what it would be like living with dementia, and how it impacts on people's life's and their ability to carry out daily tasks. They told how they had used the experience to enhance a person's care by passing on what they had learnt to the person's relatives. This had resulted in small changes being made to the person's daily routines which supported their communication needs.

Care workers told us that they felt very supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to

discuss the way that they were working and to receive feedback in their work practice. During our inspection senior care workers were attending supervision training to support them in carrying out supervisions effectively. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people's needs.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that the care workers asked for their consent before they provided any care. We observed that this happened during a care visit. One person's relative confirmed that where the person living with dementia normally consented to a bath, when the person withdrew their consent staff acted on their wishes. They then worked with the relative to find out the reason why and to offer the support at other times to see if they would accept. This showed staff's understanding that when supporting people with dementia, their consent to care could vary.

Care workers understood their responsibilities under the Mental Capacity Act (MCA) 2005 and what this meant in the ways that they cared for people. The registered manager confirmed that all staff had, or were in the processing of receiving training in the MCA.

People and their relatives told us that people were cared for by a regular group of care workers to provide a consistent service. Where any changes had been made it was to cover care worker's absences. One person commented, "I know all my carers." They said they were supported by the same core group of staff, "All fantastic." A relative commented, "They [provider] do try and keep the team constant, it helps continuity," of care, especially when supporting people living with dementia.

The registered manager told us they ensure that people were provided with a regular group of care workers who were known to them and that people were compatible with the care workers. This was further confirmed during our discussions with staff and records.

People and their relatives told us that their care visits were normally on time, that if a situation occurred, the care worker would call them to say they were running late. One person told us that their care worker, "May be 10 minutes late, never anything drastic, always have the decency to ring and say they are running a bit late." Another person commented that the carer workers were, "Pretty good," in

## Is the service effective?

their time keeping. A relative remarked that they had found care workers to be, “Very flexible on time,” and provided examples of where the care worker had, “Moved the times,” to meet the person’s dementia care needs.

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. One person told us how an extra visit had been put in place, to ensure that they ate at lunch, “They are worried I am losing weight.” We observed a tea time visit, the care worker offered the person different choices for their meal and prepared what the person asked for.

People’s records identified their requirements regarding their nutrition and hydration and the actions that care workers should take if they were concerned that a person was at risk of not eating and drinking enough. Where people were at risk of losing weight we saw that care workers were provided with the information that they needed to make sure that people were provided with a healthy and balanced diet. One care worker told us where they had identified that a person living with dementia was

forgetting to eat the prepared food left out by their family. The change to the covering of the food from foil to see-through wrapping, so they could see the food, reminded them to eat it and had resolved the situation.

People were supported to maintain good health and have access to healthcare services. One person told us that staff would, “Call the doctor,” if they are not well, and also let their family know. Relatives told us, where applicable, that staff were very good in keeping them updated and alerting them to any health issues. One person’s relative gave us an example where carer workers had taken prompt action to ensure the person’s safety and health needs were met.

Care workers understood what actions they were required to take when they were concerned about people’s wellbeing. Records showed that where concerns in people’s wellbeing were identified health professionals were contacted with the consent of people. This included specialist continence nurses and occupational therapists. When treatment or feedback had been received this was reflected in people’s care records to ensure that other professional’s guidance and advice was followed to meet people’s needs in a consistent manner.

# Is the service caring?

## Our findings

People told us that the care workers always treated them with respect and kindness. One person said, “I call them [care worker] my friend and look forward to them coming in for a chat.” One person’s relative described the care workers as, “Very ,very caring, fantastic, they will go the full nine miles, and further.” For example, the care worker, “Will pop their head in,” during the day when passing, just to see if they were, “Alright, don’t need to not getting paid for it.” Another relative told us, “They are a lovely bunch of [care workers].”

Care workers understood why it was important to interact with people in a caring manner and how they respected people’s privacy and dignity. Care workers knew about people’s individual needs and preferences and spoke about people in a caring and compassionate way. This was our observation during our visit, where the care worker’s knowledge of the person’s life meant that they could hold meaningful conversations. One person’s relative told us how they often heard the care worker having discussions about the person’s favourite sport.

People’s care records identified people’s specific needs and how they were met. The records also provided guidance to

care workers on people’s preferences regarding how their care was delivered. Where applicable, information was also provided on family situation that could impact on the person’s care. For example if their partner was living with dementia.

People told us that they felt that the care workers listened to what they said and acted upon their comments. One person said, “I will tell them what I want them to do.” One person’s relative said, “They listen well...only need to say something once, not twice, and it is done.” Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People told us that the care workers promoted and respected their independence. One person said, “They let me do as much as I can myself,” but if they needed assistance staff would help them. A relative also confirmed, and provided us with examples of how the person’s care worker did not undertake personal care tasks that the person could do themselves.

# Is the service responsive?

## Our findings

People told us that they were involved in decision making about their care and support needs and that the service was responsive to their needs. One person and their relative told us how they had felt completely involved in the pre-assessment process. They said that they had spoken with the registered manager about the level of support they wanted and what they told them had been incorporated into their care plan, “They even came back to see if the contents were right.” Another person’s relative told us that they had been unhappy with their previous care providers but described this service as, “Very good, best I have had.” This was because they felt in control and the care that had been put in place focused on the person using the service. People’s records confirmed that people were involved in decision making about their care.

Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people’s diverse needs, such as how they communicated and mobilised.

Care review meetings were held which included people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from

people in their care reviews were incorporated into their care plans where their preferences and needs had changed. People and relatives knew about their care plans and when the care reviews were planned. Changes or concerns were reported by care workers to the service’s senior team and care reviews were brought forward if needed. A person’s relative described how the registered manager had, “Contacted social services and arranged a review straight away,” on hearing that the person’s needs had changed. They confirmed that care records were updated to reflect the outcome of the review. Where people required social interaction to reduce their feelings of isolation, this was also included in their care plans.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. This was further evidenced by the service’s quality assurance survey, where people confirmed that any comments or complaints raised and been listened to and dealt with. People were provided with information about how they could raise complaints in information left in their homes. One person said, when they had needed to raise a, “One off,” concern, that the registered manager, “Sorted it out quickly,” and resolved the situation straight away.

Records showed that people’s concerns and complaints were investigated, addressed and responses were sent to the complainants. The outcomes to the complaints investigations were used to improve the service and reduce the risks of the same or similar happening again.

# Is the service well-led?

## Our findings

The service provided an open and empowering culture. People told us that they felt that the service was well-led and that they knew who to contact if they needed to and any contact with the service was responded to in a professional and friendly manner. One person told us they were, “All so helpful.” All the people and relatives we spoke with said that they would recommend the service to others. Two people’s relatives told us that they already had. One person’s relative told us, “I give it a 12 out of 10 rating.”

People told us that the open culture was promoted by the registered manager, who was also the director, and their commitment to keep in contact with people. One person told us that they, “Pop in and always asks if I am happy, and if there is anything wrong, that I am to ring her personally.” They also told us that the registered manager occasionally turned up to provide care, “I think she goes out and sees everyone.” They told us by doing a care visit, “The boss actually gets to know you.”

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed quality assurance surveys had recently been sent out, which enabled people to share their views about the service they were provided with. At the time of the inspection the service had received seven back, and were in the process of analysing the information. Initial returns provided positive feedback, confirming that people’s overall impression of the service given a rating of either excellent or good. The registered manager told us any negative concerns would be used to make improvements. They also told us that people would be given written feedback on the outcome of the survey. This would enable people to see what areas the service was doing well in, and the work being undertaken to address any areas of the service that could be improved.

There was good leadership demonstrated in the service. People and their relatives commented on the motivated, caring and friendly staff. One person’s relative pointed out, “That sort of motivation comes from the top.” The registered manager /provider understood their role and responsibilities in providing a good quality service to people. They were aware of the areas that they needed to continue to develop on, and had an action plan in place to address it. This included reviewing all their policies and procedures to ensure they reflect current practice.

Care workers told us that they felt valued and enjoyed working for the provider. Minutes of team meetings showed that care workers were kept up to date on any organisational changes and were supported to air their views. A suggestion box had also been made available for staff to make any suggestions or comments anonymously.

Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to and acted on.

Care workers understood the whistleblowing procedure and said that they would have no hesitation in reporting concerns. The registered manager understood their role and responsibilities regarding whistleblowing and how whistleblowers should be protected in line with guidance. They provided us with an example of the action they had taken as a result of receiving concerns. The minutes of the February 2105 team meeting reconfirmed, the service’s ‘no blame policy,’ that if mistakes happened, staff should not try to hide it but be honest and ask for support.

The management of the service worked to deliver high quality care to people. There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. This meant that the service continued to improve. People told us that the registered manager carried out spot checks, or worked alongside a care worker. People viewed this as a positive way of monitoring the quality of care they were receiving. One person said, “Because she does the job, and knows exactly,” the level of care people should be receiving, and if required, address any shortfalls.

The registered manager told us on one morning a week, they worked as a care worker. By systematically working one of the nine routes each week, supported them in checking the delivery of care people were receiving over a nine week period. The registered manager told us if any shortfalls were identified, that they would address it through one to one supervision and training.

Discussions with the registered manager demonstrated how they used the outcomes of safeguarding and complaint investigations to make improvements and

## Is the service well-led?

reduce the risk of a reoccurrence. For example using team meetings to remind staff to be more vigilant in checking people's dosett boxes where medicines were stored, and checks were put in place to ensure it was happening.