Caring Forever Limited

Caring Forever Ltd

Inspection report

43 Ballygate
Beccles
Suffolk
NR34 9ND

Tel: 07742281195
Website: www.caring-forever.com

Date of inspection visit:
31 May 2016
08 June 2016

Date of publication:
11 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 30 May and 8 June 2016 and was announced.

Caring Forever is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 23 people using the 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 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.

During this inspection we found the registered provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to ensuring they were acting within the principles of the Mental Capacity Act [MCA], and with ensuring that appropriate checks were undertaken when recruiting staff into the service.

Care workers in the service had not received training in MCA. Care workers asked for consent prior to carrying out any care or treatment, however, people's capacity to make decisions was not properly assessed, and there were no MCA assessments or best interest decisions in place.

Improvement was needed in the way the service recruited staff. Appropriate checks were not always undertaken to ensure staff were suitable.

Risks were identified and acted on. Communication between care workers and the management team were effective in ensuring risks to people were understood. Improvements were required with documentation to ensure information to minimise risk was accurate and consistent across the service.

Feedback received from people, relatives and professionals was very positive.

Care workers respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

Care workers were trained in subjects relevant to the people they were caring for, and there was an induction plan for new staff which ensured they were confident to perform their role.

Systems were in place which safeguarded people from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe and took action when needed.

People felt involved in their care planning. Care records reflected people's preferences and other important details relevant to their care needs, however, this needed to be more consistent across the service.

The service was flexible in meeting people's needs. Staffing levels ensured people received their care at the times they requested.

People received their medicines in a timely manner, but documentation was not always completed correctly.

The registered manager and directors were committed to achieving a service which provided high quality care to people. They were aware of the need to improve documentation, and were already working on this.

Feedback was valued and used to make improvements. People told us they knew how to complain, and that they communicated regularly with the management team.

Quality assurance processes and audits were carried out to identify where improvements could be made. The registered manager had used information from audits to improve documentation and recording of daily notes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were protected from the risk of abuse, by staff who were trained to recognise and act on concerns.

Risk assessments required more detailed guidance and were not consistent across the service.

Recruitment procedures were not robust enough to ensure staff were suitable for their role.

People received their medicines in a timely manner, but documentation was not always completed correctly.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Consent to care and treatment had not been obtained in line with the principles of the Mental Capacity Act [MCA]. Staff had not received training in MCA.

People were supported to maintain good health and had access to healthcare support in a timely manner.

Is the service caring?

Good

The service was caring.

Staff provided kind, dignified and respectful care to people. Staff knew people well, and acknowledged individual needs and preferences.

People were treated with dignity and respect. Relatives and friends were encouraged to contribute to care planning.

Is the service responsive?

Good

The service was responsive.

Care plans were regularly reviewed and updated to reflect

changing needs. The level of detail within people's care plans needed to be more consistent across the service. The registered manager was in the process of updating people's care plans.

People's concerns were listened to and acted on in a timely manner.

Feedback was valued and used to make improvements.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had a positive, person-centred and open culture.

Quality assurance processes were in place and had identified areas for improvement. However, these systems were not robust enough to independently identify that staff had not received training in MCA, or that employment checks had not been fully completed

Caring Forever 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 30 May and 8 June 2016, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available on our arrival. The inspection was carried out by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people using the service, and observed the interactions between staff and people. We spoke with the registered manager, two company directors, compliance officer, and five care workers. Following the inspection we spoke with three health and social care professionals, two relatives and two people using the service.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, including risk assessments and medicines records. We reviewed four staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

Requires Improvement

Is the service safe?

Our findings

We checked the procedures for the recruitment of staff. Staff we spoke with, and records we reviewed, confirmed Disclosure and Barring Service (DBS) checks [which provide information about people's criminal records] had been undertaken before new staff started work. However, we found that some files only contained personal references and no references from previous employers which are necessary to ensure that new staff coming to work in the service are suitable for their role. Providers need to operate robust recruitment procedures including undertaking any relevant checks.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Care workers had received training in safeguarding adults from abuse. They understood the provider's policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. One care worker said, "We get to know people well, I would know if something was wrong and I would tell my manager immediately. I would always report it". Another said, "We always raise concerns if we are worried about a person".

People commented on the safety of the service. One person said, "I feel secure in my home, they [care workers] make sure my door is locked and secured on leaving". Another said, "Yes, I feel safe".

People's care records contained risk assessments relating to situations which could affect their daily lives, for example, medicines, personal care and skin integrity. Risk assessments were reviewed and updated to reflect changing needs, however, the guidance documented within the assessments varied. For example, we found that some were written in the form of bullet points, and in others the information was comprehensively described. This level of detail is important as it provided care workers with guidance on how to minimise risk and keep people safe.

One moving and handling plan stated that the person did not mobilise on their own, but there was no mention of the mobility aid they used. In one person's home we found a hoist which was only to be used an emergency situation, for example, going into hospital. The moving and handling plan made no reference to this. The registered manager told us that they were already in the process of improving risk assessments to ensure comprehensive guidance for staff. Care workers knew people well, and always met with people prior to providing their care. Where risks had been identified, equipment and referrals to other professionals had been made in a timely manner.

Environmental risk assessments had been completed which identified potential hazards within the person's home, such as checking fire alarms, trip hazards, lighting and access to property. These ensured that care workers and people were aware of risks that could affect them. Key safe codes were shared with staff securely, ensuring that the address was not noted alongside this.

The registered manager told us that they had kept the service relatively small in order to ensure they had

sufficient care workers in post to meet the needs of people, and to provide continuity of care for people by providing the same care workers. Care worker levels were calculated according to the size of the care packages provided. People told us that care workers were usually on time for their visits. One person said, "They [care workers] can be late on the odd occasion, usually because of traffic, so it's unavoidable, and I don't really mind". Another said, "Visit times are usually quite good, the odd occasion they can be late, but I just call the office". Audits were in place which monitored late or missed visits, and the cause of these logged. Solutions had been documented, which demonstrated that the service was aiming to improve in this area.

Care workers received training in medicines management. People told us they were happy with how care workers supported them to manage their medicines. One person said, "The carers get my medication for me". Another said, "I'm given all my tablets, [name of care worker] is wonderful with all that".

Some people had their medicines pre-prepared in blister packs [organised by time and day] which care workers administered to people as directed. There were medicine administration records [MAR] in place which staff signed to show when medicines had been given, however, in some cases we found that care workers had documented, "Contents of blister pack administered". In these circumstances it is necessary to have in place a separate list of the medicines being administered to ensure it is clear what medicines have been prescribed and are being administered at any one time. Another person was self-administering their medicines, but there was no assessment in place to show that any risks had been considered, and the service's own medicines policy stated that the ability of a person administering their own medicines should be documented. As soon as we brought this to the registered manager's attention they assured us they would rectify this immediately.

For people receiving medicines 'as required' there were no protocols in place for care workers to follow on when to offer these medicines. This information is necessary where people may not be able to verbalise how they are feeling. A protocol would provide care workers with information on symptoms a person may display if they were in pain.

Audits and spot checks of MAR charts were being carried out by the registered manager on a regular basis, and we saw that actions had been taken to improve current systems. For example, they had improved the medicines documentation by devising a booklet which was spiral bound to prevent pages becoming detached. This also included documents for care workers to sign for return and collection of medicines.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had not received training in MCA. When we spoke with staff they were able to demonstrate that they understood the principles of consent. One care worker said, "I always ask the person first, I never take over, it's their choice". Another said, "Before I do anything I always ask for consent. Whether it's helping them with personal care or closing the curtains, I always ask first".

One person required full assistance from care workers with all aspects of their care and was considered to lack mental capacity. It was not clear how the authority to assist with care tasks had been determined, as there were no MCA assessments or best interest decisions in place. There were no records, either completed by the service or prior to them using the service, available to show how decisions had been made or to demonstrate MCA compliance. There were no documents in place to show how the person's capacity was monitored and any changes in their ability to make their own decisions. The services' own MCA policy gave clear guidance on when to act. This was discussed with the registered manager who agreed that improvements around the MCA were required.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager told us they would contact previous professionals involved in arranging the person's care, and also took action to ensure care workers were booked onto MCA training within two weeks.

People told us they felt well cared for by care workers who were trained to do their job. One person said, "I am very satisfied with my care". Another said, "They [care workers] are the best". A social care professional told us, "They are the 'Rolls Royce' of care agencies and do an amazing job".

Care workers had received training in areas relevant to the people they were caring for such as infection control, food hygiene, communication and moving and handling. Five care workers were training for their care certificate [an identified set of standards that social care workers adhere to in their daily work]. The registered manager undertook observational assessments with care workers to ensure they were competent. One care worker said, "I'm up to date in mandatory training, and I'm doing other vocational

training". Another said, "Training is very good here".

New care workers undertook induction training and shadowed senior staff before they were deemed competent to work on their own. One care worker told us, "I had a good induction and shadowed more experienced staff". The registered manager told us that new care workers were given time to feel confident before going out alone, and they contacted people to ask if they were happy with the new care workers.

Care workers received one to one supervision which provided them with a forum to discuss the way they worked, training needs, and receive feedback on their practice. Staff meetings were held bi-monthly and discussed relevant items such as the reputation of the service, staff roles within the company, and staff views on any aspects of their work. Staff told us that informal discussions with the management team were frequent, and that any questions or issues they had were discussed as needed. One care worker said, "I could not imagine working anywhere else, anytime of the day I can approach [name of registered manager] and discuss anything".

Records showed that people's dietary needs were monitored and met. Food charts were used to monitor people who were nutritionally compromised, and reference to diabetic diets and thickened fluids were recorded, including how this should be prepared. One person said, "The food they prepare is excellent".

People were referred to other professionals in a timely manner. People had been referred to speech and language therapy, dieticians, falls prevention team, district nurses, and the mental health team. Treatment and care was given in line with their directions. One social care professional said, "They took on a case with very complex needs, I knew they were the only care agency who could manage them". A health professional told us, "Timely and appropriate referrals, always extremely good".

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the care workers and organisation. One person said, "They have got to know me as a person". Another said, "Other agencies need to learn from Caring Forever". A professional told us, "They [staff team] seem to get personal satisfaction from what they do, and they do it well".

Care workers we spoke with knew people very well, their likes and dislikes, and how they liked to be cared for. Care workers spoke about people in a caring and respectful way, and we observed positive interactions with people. For example, we saw care workers providing reassurance to one person in a patient and caring manner, explaining gently why we were present and if they were ready to speak with us. On another occasion, we saw a care worker interacting with care and attention to a person's needs, asking them what they would like to do, where they would like to sit, and if they were comfortable. People spoke highly of the whole staff team, and felt involved in their care planning and the things that mattered to them.

The service had remained relatively small, and this had resulted in the staff team getting to know people well. One social care professional told us, "I have always found them [Caring Forever] to be reliable and flexible. Service users have always commented on how nice the staff are and I have never had any issues brought to my attention". The registered manager told us that they tried to match care workers with people's personalities, and they always met with the care worker prior to any care being delivered. This ensured that people knew who was coming into their home.

The service kept in contact with family members and representatives, either by arranging meetings with them, or by telephone and email to ensure effective communication. People were given details of local advocacy services they could contact if needed, which were listed in the service user's handbook. Relevant people and advocates had been involved in people's care planning. This included the service contacting family members when needed, for example, they wanted to give one person more choices of food, so asked the family to purchase a piece of equipment which would help with this. One relative said, "I can't fault them, they are very good with [name of relative]".

People's privacy and dignity was promoted and respected. People told us that they felt that care workers respected their choices about their care. One person told us, "I hate being like this [referring to their physical health] but they [care workers] don't make me feel embarrassed when helping me with personal things, like the toilet. They are dignified, they know the score". Another said, "The carers are actually pro-active in maintaining my dignity. I went to answer the front door the other day, and they reminded me to dress appropriately before answering it. I didn't even think about that".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person said, "I've had other care agencies, and these run rings round them all". Another said, "I couldn't survive without them [care workers]". A health professional said, "They build up a rapport with people, they help solve problems wherever they can".

Care records were current, personalised and contained details of people's physical, social, mental and emotional needs. People's changing needs were identified promptly and care records were updated to reflect this. Prior to the care package starting, the registered manager told us, "Myself or one of the management team arrange a meeting with people to have an informal discussion to find out who they are, how they like to live, and this helps to meet individual needs".

A 'summary of care' described clearly what the purpose of each care visit was, and gave clear guidance for staff to follow. The detail recorded within these reflected people's personal preferences, and information such as leaving the remote control to hand, making sure they could reach the telephone, and leaving certain lights on. Records reflected attention to detail, for example, turn charts were in place for one person which documented important information not to leave the person on their left side at night, due to a medical device they had fitted.

One care worker said, "The care plan sets out everything you need to do. I always read the other carer's notes first to see how the person has been". However, some of the records we reviewed held more information than others, for example, some were produced in a bullet point format, whilst others were comprehensively documented. The registered manager had already identified the need to improve the care records, and was in the process of reviewing these when we inspected. We also found that in some cases due to the volume of information held, some pages had become detached, and it was sometimes confusing to see clearly what needed to be completed. The registered manager agreed and told us they were already producing food and fluid charts in booklet form to keep all of the information together. This demonstrated that they were actively improving systems and processes.

We saw that one person had very complex needs, and had been assessed by other professional staff in terms of their care needs and treatment options. Following this, care workers were called to a meeting to discuss reports from health professionals, which ensured that information was shared with the whole care team. The registered manager told us that this had been successful in ensuring people's complex care needs were fully understood and this practice was to continue. One social care professional said, "They [service] have gone out of their way to provide care to a person with very complex needs, they are very good, very thorough".

People's social needs were supported by the service, and we saw that care workers supported people to visit a cafe, attend physiotherapy, hydro pools, and other appointments related to people's health or well-being. These were recorded in a 'recreational record book', which provided detail on what appointments had been attended, and how the person was during the activity.

The registered manager told us that visits to people could be amended when requested, and they always tried to meet people's requests for changes to their care regime, especially when the person had to attend something that was important to them, such as church. There was a care worker 'on call' Monday to Friday to cover staff sickness or emergency appointments that people needed to attend. This showed that the service was flexible and responsive to people's needs and preferences.

The service had not received any complaints, but people told us that they knew how to complain and would feel confident to do so. One person told us, "I know how to complain, but I am more than satisfied with everything". Another said, "You see or speak to [name of manager and director] so often you don't need to complain". People were given a service user handbook, which explained how to make a complaint and a complaints form for people to complete. The service encouraged feedback and considered complaints to be an opportunity to improve the quality of the service provided.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had quality assurance systems and processes in place which monitored the quality of the service. Auditing processes were being used in areas such as medicines, care records, daily notes, and visit schedules. These audits had identified areas for improvement, such as the medicines booklet being produced, more comprehensive risk assessments, and improved content of daily notes. However, the quality assurance systems had not been robust enough to identify that care workers had not received training in MCA, and ensured that the care people received was compliant with the principles of the Act. Additionally, staff recruitment procedures were not robust enough to ensure that new staff had thorough checks prior to employment.

People, staff and professionals, were all complimentary in their comments about how the service was led. One person said, "The manager always put things right, she wears herself out looking after us all". Another said, "[Name of registered manager and director] are both amazing. They built my confidence up by respect and understanding". A social care professional told us, "The management team have always been professional and helpful".

The registered manager and directors had built up a culture of openness and transparency amongst the staff team. We saw care workers coming in throughout the day speaking with the manager and director about people using the service, and there was a relaxed atmosphere. One care worker said, "I have worked for other care companies, and this one is the best. You can just come in and have a cup of tea with whoever is here and feel comfortable". Another said, "The management here are great, I couldn't imagine working for anyone else".

Care workers were clear about their roles and responsibilities and said they felt valued by the management team. They were enthusiastic, motivated and had confidence in the leadership team. One care worker said, "The manager is excellent, very 'hands on' and doesn't shy away from anything". Comments made by care workers were valued and encouraged. The registered manager kept abreast of everything that was going on in the service and made regular visits or contact with people using the service.

People told us they felt listened to. One person said, "There is good communication. I have a meeting this week with the manager, every time I have asked for a meeting either [name of manager] or [name of director] come out". Another said, "I give feedback to [name of manager] I just call the office, no problem". The registered manager and director told us how they had encouraged people to telephone the office with any queries to keep communication open and this was working well. For those people who were unable to use the telephone, the service received text messages from them instead to ensure their views were heard. Surveys were sent to people every three months as another opportunity to gain feedback.

People's views about the service were important to the management team, and all of the people we spoke with confirmed this. Regular contact was maintained with people and the management team. Surveys were sent to people and relatives to gain feedback, and surveys we reviewed showed positive comments in response to the care people received. The surveys were devised using the Care Quality Commission's five

key questions, and this helped the service to monitor the effectiveness of each area we inspect.

The registered manager told us how the quality of the service they provided was very important to them, and therefore had not let the service grow too big before all of the improvements they had planned were in place. They and the providers' vision was to achieve an 'outstanding' service and were very receptive to our feedback throughout the day, seeking advice in an open and transparent manner, which demonstrated a positive approach to improvement.

The registered manager used and referred to best practice guidance from sources such as NICE, Age UK, Skills for Care and NHS choices. They had sought information on particular health conditions that affected people using the service. This meant that staff could understand more fully the symptoms and challenges people may experience as a result, and enhance the care they delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care and treatment had not been obtained in line with the principles of the Mental Capacity Act. 11 (1)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures did not ensure that appropriate checks were made on new staff coming to work in the service. 19 (2)