

Forest Homecare Limited

Forest Homecare Suffolk

Inspection report

Unit 22 South Suffolk Business Centre
Alexandra Road
Sudbury
Suffolk
CO10 2XH

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03 July 2019

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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

Forest Homecare Suffolk is a domiciliary care agency providing care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 60 people receiving personal care and support from the service.

People's experience of using this service and what we found

People told us they felt safe and they were supported by reliable, regular staff who arrived to support them at the agreed time. Staff had an understanding of safeguarding and identified potential abuse, so this could be investigated and acted on by the management of the service.

Each person had a risk assessment which explained the risk to their health in detail and how staff were to assist them to keep safe. When medicines were prescribed the person had a medicines administration record, where staff recorded when the person had taken their medicine.

People were asked for their views about and were involved in the planning of their care. People's care records were individualised and contained sufficient information about their past history and preferences for staff to provide them with person centred care.

Staff received appropriate support and training for their role. There were opportunities for staff to further develop their skills, knowledge and progress into roles with more responsibility. Each member of staff had a yearly appraisal to discuss their work and plan their career.

Where required, people received appropriate support to maintain good hydration and nutrition.

The service worked well with other agencies such as dieticians, district nurses and doctors to ensure people's needs were met. People were supported to make and attend appointments with healthcare professionals where this was part of their agreed care plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind, understanding and caring towards them. They told us staff treated them with respect and dignity and they were cared for with regard to their preferences.

The service had a complaints policy and procedure which was provided to people when they commenced using the service.

There was a robust quality assurance system in place capable of identifying areas for development and

improvement. People were given an opportunity to feedback their views on the service and their comments were acted on. The service had a senior staff on-call service system in operation which people using the service and staff could call upon at anytime for assistance.

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

Rating at last inspection:

At our last inspection of 14 November 2016, the service was rated Good. The report was published on 13 December 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Forest Homecare Suffolk

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

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 24 hours' notice of the inspection. This was because we needed to make sure someone would be present at the office.

Inspection activity started on 28 June 2019 and ended on 3 July 2019. We visited the office location on 28 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited with their permission and spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the operational manager, branch manager, training manager and three care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with a further five people who used the service about their experience of the care provided and two relatives. We also spoke with a contract's manager of the local authority who arranges care to be provided for people with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff visited them. One person told us, "The staff know how to use my key safe and lock the door when they leave that makes me feel safe."
- People were protected from the risk of potential abuse by staff who had been trained and understood safeguarding.

Assessing risk, safety monitoring and management

- The service carried out comprehensive assessments of the risks to people. When risks had been identified, senior staff wrote information into the care plan about the risk and how it should be reduced. Information was also provided in these protocols about what staff should do if the risk occurred. For example, what they should do if someone was unwell through diabetes.
- The risk assessments were reviewed at each care review or for more frequently when the need was identified.

Staffing and recruitment

- The service continued to practice safe recruitment procedures. This included carrying out checks to ensure prospective staff were safe to work with vulnerable people.
- People told us they received support from regular staff who knew them at the times they had agreed. The branch manager working with the care co-ordinator deployed sufficient staff to ensure all care visits to people were arranged at time of their choice.
- One person told us "The staff are rarely, if ever, late and if they are running quite late the office rings to tell me and there is always a good reason." We saw recorded that a member of staff had informed their office colleagues they needed to stay with a person for longer than the planned visit as they were very upset. The remaining visits were covered by another member of staff and the office staff informed people they were running a little late that day.
- Systems were in place to monitor whether staff arrived on time, stayed for the agreed amount of time and carried out what was on the care plan. One person told us, "They always ask before they leave is everything done?"

Using medicines safely

- People's care records made it clear whether they required support with their medicines and how this support should be delivered.

- The service used a three-tier system for those people requiring support with their medicines which meant that some people were assisted - tier 1, some people were promoted - tier 2 and some people required their medicines to be administered to them - tier 3.
- Staff received training in administering medicines and their competency was checked at regular unannounced spot checks. The training manager explained the training process to us. A member of staff told us, "I had never administered medicines before but felt confident to do so from the training."

Preventing and controlling infection

- The service had put procedures in place to reduce the risk of the spread of infection.
- Staff told us they had access to appropriate protective (PPE) clothing such as gloves and aprons when carrying out personal care. A member of staff told us that the service never ran out of equipment and they collected equipment when they visited the location office.

Learning lessons when things go wrong

- Incidents and accidents were reported by care staff. These were reviewed and investigated by the management to determine if any action was required to reduce the risk of recurrence.
- The staff had identified during inclement weather how to work closely together, the use of four by four vehicles and also the priority with regard to the people they needed to visit.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- People's care records were written in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE) and were in relation to their individual needs such as diabetes or dementia.
- Each person was met by a senior member of staff prior to them using the service in order for them to write an assessment of the person's needs. At the first care visit a senior member of staff visited the person to check everything was in place such as medicines and any equipment the person needed for their care.

Staff support: induction, training, skills and experience

- All new staff attended a comprehensive induction, which included completing the Care Certificate and shadowing other staff carrying out their duties. The training manager explained to us how they continued to develop the training information and after the initial training, booked staff on to refresher training courses.
- Staff had regular supervision sessions and yearly appraisals with senior staff to discuss training needs and development. The branch manager explained to us that senior staff carried out spot checks which unbeknown to the staff and was an opportunity to assess how the staff member was working and to provide feedback. We saw this information had been recorded in the staff files.

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

- The staff worked closely with dietitians when they became concerned about people's nutrition. We saw records of referrals that the staff had made seeking advice.
- Where people required it, the support they needed to maintain healthy nutrition and hydration was set out in their care plans. There were risk assessments in place to guide staff on how to reduce the risk of malnutrition and dehydration.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Where it was part of their agreed care plan, the service helped people access support from external healthcare professionals such as GP's.
- Staff had sought advice from a tissue viability specialist in order to help them to care for one person.
- One person experienced extreme anxiety when visiting a professional for support. The service had arranged with their permission for them to be visited at home and sought the agreement of the local authority for a member of staff to be present all morning as they could not be sure when the professional

would arrive but the person wanted a member of staff with them.

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. 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.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA).

- The service assessed people's capacity in accordance with the MCA where required. The staff were aware of their responsibilities with regard to the MCA.
- People told us that staff listened carefully to their wishes and supported them with making day to day decisions. One person told us, "Some days I ask the staff for their advice and they are always helpful, but it is always my decision."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- One person told us, "The staff are brilliant, I do not know what I would do without them." Another person was appreciative of the way the staff treated them and also how they were respectful and appreciative of their relatives who also lived in their home.
- During our inspection, we became aware of the staff supporting people with their correspondence. Another person reported how the staff had obtained a battery for their watch in their own time when shopping for which they were highly appreciative.
- The service supported meaningful relationships between people, their families and staff. They ensured that people received support from a group of regular staff who they knew well.
- People's preferences, such as around the preferred gender of care staff, were taken into account when organising people's visits.

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

- People and their representatives were directly involved in the planning of their care and support. Their views were detailed in care planning and the times of their visits were scheduled according to their preferences.
- People's care plans were reviewed regularly with them and their representatives to ensure any necessary changes were identified. A person told us, "They ring me up every so often to know how things are and then come out to see to discuss on other occasions."

Respecting and promoting people's privacy, dignity and independence

- People told us the service supported them to remain independent. What people could complete independently was clearly written in their care records to reduce the risk of them becoming dependent.
- One person explained that they really wanted but were unable to recycle bottles rather than them go into the household waste. They were highly pleased that the staff took empty bottles away for recycling when they did their own recycling.
- One person informed us that the staff always closed the curtains and shut doors when they were providing personal care to provide privacy and protect their dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's life histories were recorded and their preference of how they wished their care to be provided.
- Each person had a care plan which stated their needs, the time the staff would visit and how the needs were to be met.
- People were supported to attend and engage in activities where this was part of their agreed care plan. The service had begun to work with the local authority and support people to attend clubs to combat social isolation.
- The service had begun working with the local authority to support people's discharge to home from hospital. The service provided a care package which was reviewed after six weeks or sooner to determine if on-going support was required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in a way they could understand, including larger print.
- The way the service communicated information to people was tailored to their individual communication needs. We saw staff using hand gestures and non-verbal communication to help explain point to people.

Improving care quality in response to complaints or concerns

- There was complaints policy and procedure in place. Each person, upon using the service, was given a welcome pack which included information about how to make a complaint.
- People told us they felt they were listened to by the service and that if they had a complaint, it would be acted upon. The operational manager stated that they had not received complaints from this service and considered that the staff were very good at resolving problems when they happened. The senior staff always asked when phoning people if they were content with the service and did they have any concerns or issues for them to be aware of.

End of life care and support

- Although the service was not supporting anyone with end of life care the staff had received training and the discussions had been held with people with regard to how the staff could support should end of life care

support become necessary.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The operational and branch manager promoted a culture which was caring, respectful and inclusive. This was evident in the positive feedback we received from people using the service, who consistently told us about how staff went the extra mile for them. One person was no longer able, due to mobility, to shop for films to watch but the staff had helped them to find alternative ways to obtain films.
- The service regularly gave people the opportunity to feedback on the service they received. People told us they received a questionnaire and they were also asked at regular care reviews and when senior staff carried out unannounced spot checks of staff practice. The last survey took place in January 2019 and had a response rate of over two-thirds. People who responded were happy with the service in particular having familiar staff who arrived for their visits on time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong and continuous learning and improving care

- The senior staff understood their legal responsibilities with regard to duty of candour.
- The service had a system for carrying out unannounced spot checks on staff practice. A member of staff told us, "You never know when a senior staff member will turn up for a spot check."

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

- The branch manager carried out regular audits of medicines practices, care planning and the daily records staff completed. At the end of each month the record were returned to the office and were reviewed by senior staff. This meant any issues could be identified and action taken to resolve the issue and improve the service.
- Services are required to make notifications to the Care Quality Commission when certain incidents occur. Notifications had been made appropriately.

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

- Care plans contained information about how to contact the registered manager.

- The registered manager and senior staff provided some planned care visits themselves including new people using the service to build up a relationship and identify any additional support which became apparent that was not clear in the initial assessment.
- The staff we spoke with told us they well supported. One staff member said, "I like working here because the senior staff are helpful and supportive."
- A professional informed us that they found the service staff helpful and the staff had supported people at short notice and in emergencies.

Continuous learning and improving care

- The service had considered and developed their on-call support service. People using the service were given a number they could contact for use with any concerns they had. Senior staff were available throughout the day to cover care visits should staff need to stay with a person that was unwell and hence not be able to complete their designated care visits.

Working in partnership with others

- The management team had built positive relationships with other agencies. Feedback from the local authority was positive, and they told us they had received no complaints from people they commissioned the care for. Also the service was responsive to their needs and helped at short notice when they could safely do so.
- The service had been invited to work with the Suffolk Health and Social Care Scrutiny Committee offering advice on the new home care model.