

Forever Good Care Ltd

Forever Good Care Ltd

Inspection report

3rd Floor, Suite 301, Peel House
32-44 London Road
Morden
Surrey
SM4 5BT

Tel: 020 8687 6633

Website: www.caremark.co.uk/locations/merton

Date of inspection visit: 12 & 22/05/2015

Date of publication: 26/06/2015

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



Overall summary

This inspection took place on 12 and 22 May 2015 and was announced. We gave the registered manager 48 hours' notice to give them time to become available for the inspection. This was the first inspection of this service since they registered with CQC on 14 March 2014.

Forever Good Care Ltd, trading as Caremark (Merton), provides personal care and support to people in their

own homes who have a variety of needs, including older people and people with physical and mental disabilities. There were 11 people using the service at the time of our inspection.

The service did not have a registered manager. 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

Summary of findings

and associated Regulations about how the service is run. Since the previous registered manager left the service several managers had worked for short periods at the service and the managing director told us she would likely apply to become the registered manager as she had effectively been managing the service for some time.

The provider did not always manage people's medicines safely. Records showed people had not always received medicines as prescribed and checking systems to identify this and ensure people were safe were inadequate. You can see the action we told the provider to take at the back of the report.

The service managed risks to people well, identifying and assessing risks and putting suitable management plans in place for care workers to follow to keep people safe. People were involved in the risk assessment and care planning process and their views as to how they wished for their care to be delivered and what was important to them were recorded.

People felt safe and care workers received training in how to recognise if people were being abused or neglected and how to report this to keep people safe through

induction training and ongoing training during their employment. People felt comfortable raising any concerns or complaints with management and were confident they would be dealt with appropriately.

The agency had suitable systems to check care workers before they were recruited to work with people using the service. Staffing levels were sufficient to meet people's needs and care workers received effective support to carry out their roles through induction, training supervision and appraisal.

People received appropriate support including with their health needs and with eating and drinking.

Care workers were caring and treated people with dignity and respect and knew the people they were supporting well. Care workers obtained people's consent before they carried out tasks such as personal care and they supported people to be as independent as they wanted to be.

The provider had a range of systems to monitor and assess the quality of the service including gathering the views of people who used the service and care workers. The provider communicated well with people who used the service and care workers and involved them in the running of the agency.

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 not always safe. Records showed people did not always receive their medicines as prescribed and the service did not have suitable checking systems in place to identify this and keep people safe.

Risks to people were well managed and people were involved in the process. Care workers knew how to report concerns when people may be being abused and understood the signs which may indicate abuse was taking place.

There were enough staff deployed to support people and staff were recruited safely as checks on their suitability were thorough.

Requires improvement



Is the service effective?

The service was effective. The provider supported care workers with effective induction, training, supervision and appraisal.

People received suitable support with their health needs and with eating and drinking.

Good



Is the service caring?

The service was caring. Care workers knew the people they were caring for and treated people with dignity and respect.

People received care in the ways they wished and were involved in decisions about their care. People were supported to be as independent as they were able to and wanted to be.

Good



Is the service responsive?

The service was responsive. People's care was assessed and reviewed appropriately, involving them in the process. People's care plans included information about their backgrounds and preferences to guide staff on delivering care centered on each individual.

People had confidence the managing director would investigate any concerns they raised appropriately and they felt comfortable raising any issues.

Good



Is the service well-led?

The service was well-led. There was a range of systems in place to assess and monitor the quality of service and to gather the experiences and views of people who used the service and staff. People and staff were involved in the running of the service and staff felt well supported by management, being able to contact them at any time.

Good



Forever Good Care 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 visit to the service took place on 12 and 22 May 2015 and was announced. We gave the managing director 48 hours' notice to give them time to become available for the inspection. It was undertaken by a single inspector.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). We reviewed this, as well as other information we held about the service and the provider.

During the inspection we spoke with the managing director and two members of office staff. We looked at six people's care records to see how their care was planned, five care workers' recruitment files and records relating to the management of the service.

After the inspection we spoke with two people using the service, one relative, three care workers and a commissioner with the local authority.

Is the service safe?

Our findings

The provider did not have appropriate arrangements in place to manage people's medicines safely. We checked medicines records for the three people the care workers regularly administered medicines to. We found these had not been checked to confirm whether people received their medicines as prescribed as well as whether care workers recorded medicines administration appropriately. For one person medicines administration records (MAR) could not be located for three of the last eight months and the managing director told us it was likely these had not yet been brought to the office by care workers. This indicated the service did not have systems in place to check MAR to identify whether the arrangements to manage people's medicines were appropriate and if people received medicines safely.

For another person, the MAR showed care workers had not administered nine medicines as prescribed during March and April 2015. For example, they were prescribed one medicine once a day yet MAR showed they had been administered this twice a day for 11 days in April. Records showed similar errors for their other medicines, including one medicine required at night not being administered at all for 12 days in April.

Key information was often not recorded on MAR to ensure a clear audit trail of medicines administered, including the start date, quantities of medicines received and dates medicines were administered. Other details which would be useful to care workers or emergency services in the case of incidents involving medicines such as allergies, GP name and contact details were also not always recorded on MAR.

Risk assessments were carried out to identify the level of support people required in medicines management and risks involved. However, there was no information on the medicines prescribed and their contra-indications and side effects in the records of any people we looked at. This meant staff did not always have information to help them understand why people were taking each medicine and what symptoms to look out for which could indicate their medicines were not suitable for them.

When care workers prompted people to take medicines, care workers did not record the medicines which they prompted them to take, only that a prompt for unspecified medicines had taken place. This goes against guidance

from Royal Pharmaceutical Society 'Handling of Medicines in Social Care' which states "when care is provided in the person's own home, the care provider must accurately record the medicines that care workers have prompted the person to take, as well as the medicines care workers have given." This is to ensure care workers support people with their medicines safely. In addition, several people's medicines prompt records showed unexplained gaps in prompting which the operations manager could not always explain.

The manager told us they would immediately review their medicines management systems to keep people safe in light of our findings.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers received medicines training during their induction and they were not permitted to administer medicines to people until they had been assessed as competent. They received regular training and competency assessments in medicines management during their employment with the provider.

People told us they felt safe. When we asked one relative about this they responded, "We certainly felt safe [when my partner was using the service]." The service provided care workers with training in safeguarding people at risk during their induction period with competency tests to check care workers understood how to keep people safe. The service then refreshed this training for care workers annually to update their knowledge. Records showed the managing director discussed safeguarding with care workers at team meeting to remind care workers of key issues to remember in protecting people from the risk of abuse and neglect.

The service had effective systems to identify risks to people and put plans in place to manage these risks. Risks were identified during the assessment processes before people began to use the service, through meeting with people and asking them and their relatives questions about risks and analysing information from social workers. When risks to people changed the service responded appropriately by reassessing the risks, involving people, their relatives and outside professionals where appropriate. For example, when a person asked care workers to perform a different type of transfer to usual the service arranged a prompt review involving the person, their relatives, care workers

Is the service safe?

from the service, and an occupational therapist (OT). Guidance from the OT was used to update their risk assessments and risk management plans for care workers to follow in managing risks safely.

Records showed care workers reported accidents and incidents to the office staff and the managing director checked that the right action was taken to keep people safe. Where there were concerns care workers had not taken the appropriate action to keep people safe the managing director investigated and took suitable action such as retraining care workers and removing certain tasks from them pending reassessment of certain skills to reduce the risks to people.

People told us they had the same care workers supporting them and there seemed to be a low turnover of care workers. People also told us care workers had good timekeeping and one person said, “[The care workers] stay

the right amount of time.” Another person told us, “I have to remind my [care worker] when it’s time to leave as he is happy to stay longer than he is paid for!” The managing director and office staff would provide care to people directly on occasions when people’s usual care workers cancelled shifts though sickness or annual leave.

The provider followed safe recruitment procedures to check care workers were suitable to work with people. For example, records showed the managing director reviewed work histories and explored any gaps in employment records and carried out an interview to check applicants had the required competencies and attitudes to support and care for people. Their qualifications were also checked as were their capability to carry out their role due to any health issues. The applicants’ criminal records were also checked before they started work.

Is the service effective?

Our findings

People and their relatives told us care workers had the right skills and knowledge to provide the right support. One person said, “The [care workers] are very good and understand everything they need to know.” Care workers received a 12 week induction which included training in topics such as equality and diversity and a person-centred approach involving self-directed study via workbooks. New care workers shadowed existing care workers to learn how to provide care to individuals and office staff observed their practice and arranged opportunities for them to reflect on the visits and to provide feedback. Care workers received practical training in moving and handling and medicines management and were assessed as competent before working alone with people in related tasks. Care workers received regular training throughout their employment to help them to meet people’s needs.

Records showed care workers also received regular supervision to help them carry out their roles and responsibilities. Managers and care workers discussed topics such as any difficulties care workers were experiencing, how to raise concerns and ‘whistleblow’, how to keep people safe as well as training needs. Care workers also received an annual appraisal to review their performance and set goals for the coming year. Care workers told us they felt well supported by management who were always available when they required support.

People told us care workers obtained their consent before providing care. One care worker told us, “I’ve had training in consent, I always ask before I carry out personal care.” Care workers told us the provider trained them on the importance of this during their induction when they first started work with the provider. However, care workers we spoke with did not all have a good understanding of the Mental Capacity Act (MCA) 2005 although records showed

they received training in this during their induction periods. The MCA is a law which among other things, provides a system to assess whether people have capacity to make certain decisions, and processes to follow if they are found to lack capacity, such as making best interests decisions on their behalf. When we raised this with the manager they told us they would ensure they discussed this again at the forthcoming team meeting and would provide care workers additional training if necessary.

People were satisfied with the support the service provided in relation to their health needs. One relative told us, “They definitely understood [my partner’s] health needs and if they weren’t sure they’d come and ask to make sure they understood.” Information about people’s health was gathered before their care package began and related care plans and risk assessments, was recorded in their care plans to guide care workers on how to support people to maintain their health. Guidance was available for care workers as to which health professionals to contact for different health conditions. Records detailed occasions when the service supported people to access help from outside professionals such as community nurses and GPs. When a person sustained a fall the service referred them to seek urgent medical support and made a referral to an occupational therapist for specialist support.

One person told us how care workers would prepare food for them which their family members had purchased and this arrangement worked well. When people required the service to support them with their eating and drinking they had care plans in place in relation to this. These care plans contained information about their food and drink preferences as well as how care workers should provide support. People told us care workers understood their food and drink preferences well and supported them in the right ways, ensuring they had choice in what they had to eat.

Is the service caring?

Our findings

People we spoke with were positive about the care workers who supported them and the service provided overall. People told us care workers were caring and they had developed positive relationships with them. One relative told us, “The [care workers] were so lovely and gentle with [my partner], we were very happy with them, they just wanted to please us both.” A person told us, “I’m delighted. I’m treated really, really well and the [care workers] are very caring.”

People and a relative told us care workers treated people with dignity and respect. A relative told us, “[The care workers] were always respectful. They asked [my partner] what he would like and respected that.” Care workers received training on how to treat people with dignity and respect, including as part of their induction, and care workers completed a workbook in relation to this. This included care workers answering questions such as how they could ensure people’s rights such as dignity, beliefs and freedom of choice were respected at all times. The provider assessed care workers on their understanding in these areas to check they could provide care in a respectful and dignified way. In addition, the provider regularly carried out spot checks and observations of care practices to monitor staff’s interactions with people.

The service involved people in decisions about their care and support. Before people began to receive support from the service office staff assessed their preferences for their

care by meeting with them and their family members or significant others. Records of care reviews showed people were asked a range standard questions to determine how their care should be delivered. These questions included ‘What’s working well?’, ‘What’s not working well?’, ‘What do I want to achieve?’ and ‘What changes would I like?’, and their views were acted upon. People were also asked who they would like to invite to these reviews which helped ensure the person felt as comfortable as possible with the meetings being centred on them and their needs.

People told us care workers carried out their care in the ways they wished. One relative said, “They did everything we asked them and more.” Care workers knew how to provide care in a ‘person-centred way’, focusing on how the person themselves wishes for their care to be delivered. Care workers we spoke with had a good understanding of how to provide care in this way, putting the person at the centre of the process.

The service supported people to be as independent as they wanted to be. One person told us, “They respect my independence and know what I can and can’t do.” During assessment before care packages started staff asked people about areas they would like to remain independent and these were incorporated into people’s care plans for care workers to follow. In this way people’s care plans guided care workers as to how to support people to maintain their independence with details of what tasks they could and wanted to do themselves and the parts care workers should help them with.

Is the service responsive?

Our findings

People told us the service encouraged them to express their views on the support they received. One person told us, “They often contact me to ask me about the care workers.” The service gathered the views and experiences of people using the service in various ways. Office staff carried out regular observations, spot checks of care workers and records showed people were asked for their feedback as part of these. The provider had carried out individual reviews of people’s care where their feedback was also gathered.

The service had systems to review people’s care, involving them in the process, and taking appropriate action when changes were indicated. Care review meetings were arranged each year or sooner if changes to people’s care were indicated. For example, recently a person had requested a significant change in the way care workers supported them. The service promptly arranged a review inviting relevant professionals to guide on how the change should be implemented, the care workers who would put the changes in to practice as well as people the person requested to attend. An action plan was put in place to address how the changes would be made to which all parties agreed.

People’s care plans and risk assessments were also regularly updated so information in them remained current and reliable for care workers to follow, enabling them to carry out care as people preferred. There was also detailed guidance about the tasks care workers should carry out during each visit and the action care workers should take if any issues arose, with details of relevant parties who should be contacted in each potential scenario.

Peoples care documentation also contained information about their backgrounds including their present support network and religious needs where relevant. People’s daily routines were also recorded as well as how care workers should support people to maintain these. Peoples preferences for their care were incorporated into their care plans with specific guidance for care workers such as how they preferred particular items to be prepared for them to use during personal care, or particular ways people wished care workers to offer them choice during their visits.

One person told us, “The [care workers] know me very well.” One care workers member told us, “All the information is in their care plan” and explained how they had got to know the people they worked with over time. Our discussion with care workers showed they had a good knowledge of the people they were supporting including their preferences and personal histories.

One person told us, “If I had a complaint I know they would take it seriously and investigate, but I don’t.” Another person told us, “If I have any problems I tell my [care worker] or the manager and they sort things out, they are very good.” The service encouraged people to raise concerns or complaints. People were provided with information about how to complain when they began using the service. The provider gave people opportunities to complain through the regular contact the provider had with them. Although the operations manager told us the service had received no complaints, people were confident they would respond appropriately if they had course to complain.

Is the service well-led?

Our findings

There was no registered manager in post and there had been several managers who had worked at the service for short periods since the last registered manager resigned just over a year ago. The managing director told us they would likely apply to become the registered manager themselves as they had effectively been doing so for some time and had completed a range of training in care and management and leadership in order to become suitable for the role.

All people we spoke with told us the service was very well led and office staff communicated well with them. One person using the service said, “The [managing director] is brilliant, she always listens.” One relative said, “They are absolutely fantastic, I can’t fault them.” They explained, “I had some queries and concerns so I went to the branch. I was welcomed and they took so much time to listen to me and reassure me, I would certainly recommend them to anyone.”

Care workers also told us they found the service to be well managed, and the managing director involved them in the running of the service. Care workers said office staff were always available for support and advice, including out of office hours as there was an on-call system in place. They also told us they were invited to attend monthly team meeting where they could raise any issues and discuss their views on how the service which the managing director listened to and took action to resolve where necessary. One care worker told us, “The team meetings are useful because we share ideas and experiences.”

The provider monitored the quality of the service and gathered people’s views in various ways. Recently the provider sent out satisfaction surveys to people who used the service. We reviewed some of the responses which had already been received and saw feedback and comments received were positive about the service. The provider showed us how they intended to analyse the feedback to look for patterns and ways in which they could improve the service. Office staff often contacted people and asked them about the service quality. Records showed they also frequently monitored how care workers provided care during observations and spot checks and took action to support care workers to improve where necessary. One person told us, “I’ve had lots of visits from the office staff.”

Suitable systems were in place for the provider to monitor other areas of the service. For example, office staff used auditing systems to check all the necessary documentation had been checked and retained before care workers started work. Systems also flagged when care workers needed to bring in additional documentation to show they still had the right to work in the UK. Other systems indicated to office staff when care workers were due for refresher training in the different subjects and this was arranged in a timely manner using the training resources available in the organisation. Systems were also used to check people’s care documentation was reviewed regularly and contained up to date information. The provider carried out ‘quality assurance’ visits to people to check their care documentation was current and that care workers were completing records as expected.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not provide care in a safe way for people by ensuring the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(g)</p>