

New Forest Homecare Limited

# New Forest Homecare 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 ●

# Summary of findings

## Overall summary

We carried out this announced inspection on the 21 and 25 May 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that staff would be available to talk with us.

This service is a domiciliary care agency. New Forest Home Care provides personal care and support to people in their own homes. At the time of our inspection the agency was providing a service for 27 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

The service had 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 and associated regulations about how the service is run.

We received positive feedback from people about the service. All the people who used the service expressed great satisfaction and spoke highly of the care staff.

People felt safe with the service provided by New Forest Home Care. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. Improvements had been made to recruitment practices to ensure people were kept safe.

The risks to people were minimized through risk assessments, which provided staff with clear guidelines to follow. There were plans in place for foreseeable emergencies.

People were supported to take their medicines safely from suitably trained staff. Staff contacted healthcare professionals promptly when they had concerns about people's health and wellbeing.

People felt they were treated with kindness and compassion and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction before being permitted to work unsupervised. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported with their nutritional needs when required. staff were aware of people's likes and dislikes.

People felt listened to and a complaints procedure was in place and people knew how to make a complaint if they needed to.

Staff felt supported by the management and felt they could visit the office and be listened to. Regular audits of the service were carried out to assess and monitor the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# New Forest Homecare 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 21 and 25 May 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available to speak with us.

The inspection team consisted of one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with four people receiving care and support, four relatives and one friend by telephone. We spoke with a further two people when we visited their home. We spoke with the registered manager, the care manager, a senior carer and two care staff. We looked at care records for four people, medicines records and recruitment records for four care staff. We looked at other records in relation to the management of the service, such as health and safety checks, minutes of staff meetings and quality assurance records.

Following the inspection we also received feedback from two external healthcare professionals.

We last inspected the service in April 2016 where no concerns were found. The service was rated as good in all domains.

# Is the service safe?

## Our findings

People and their relatives told us that New Forest Home Care provided safe care. One person told us, "I feel absolutely safe in their care. Helping me with everything. Always ask before they go, can I help you with anything else, always". Another person said, "I'm happy with care. I feel very safe with staff". A relative told us, "Yes, the carers are very pleasant to talk to – I trust them". Another relative said, "Yes absolutely because they are very good at the tasks they do".

We found some areas where recruitment processes could be improved. For example, whilst records showed that checks had been made with the disclosure and barring service (DBS), the registered manager had not ensured that all staff provided a full employment history along with an explanation of any gaps. We spoke with the registered manager about our concerns. By day two of our inspection the registered manager had obtained a full employment history for all the staff concerned and implemented processes to ensure this would continue and full employment histories would be obtained for all future staff. They had also checked all other staff files to ensure all staff had full employment history on their recruitment files.

Staff understood their safeguarding responsibilities. A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would report this to the provider or external agencies. Information on safeguarding was available in people's homes through the service user guide which included information on the different types of abuse and what to do if people were concerned and how to report it with the relevant telephone numbers.

People were protected by staff who understood and were confident about using the whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people receiving care and support. Some people received a weekly schedule by email, informing them in advance which staff member would be visiting them. However, if people did not have access to emails they had to pay postage to receive a paper copy delivered to their home, which some people decided not to do. People told us that they had regular care staff and that staff were on time. One person told us, "[Staff] always turn up on time". Another person said, "Always". A relative told us, "The feedback from my parents is that they are normally on time". Another relative said, "Pretty much. We get a weekly rota".

The service used an electronic call monitoring system which enabled the service to monitor that all care calls were taking place and at the correct times. Staff used their mobile phones to log in at the person's home, which allowed the registered manager to see instantly if a staff member was running late so appropriate action could be followed up.

Staff told us they supported people to manage risks in their own home without minimising their independence. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were available for moving and handling, medicines, falls and equipment. For example, a risk assessment for the environment provided staff with information of where to locate the stop cock and fuse box in the person's home in case of emergencies.

There were medicine administration systems in place and people received their medicines when required. One person told us, "Yes the carer gives my medicines from the blister pack and creams my feet am and pm". A relative said, "Carers prompt both my parents from the blister pack and time specific medicines. When the pharmacist didn't provide the medication once, the carer chased this up". There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines. Risks relating to people's medicines were clearly recorded. For example, assessments noted which people could not take their medicines with grapefruit juice due to contraindications. Staff were advised only to give medicines from a pre-dispensed blister pack and not to use these if the seal had been broken but to report this to the office.

At the time of our inspection the registered manager told us there were no accidents and incidents or any concerns with people at present. They said, "If I had concerns I would liaise with the falls team, families and their GP". They also explained how they would look for trends and monitor people following accidents and incidents to help keep them safe. This meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The service had a business continuity plan in case of emergencies. This contained a set of procedures to follow and the main contact numbers for emergency services. This covered eventualities where staff could not get to people's homes. For example, if there were any difficulties covering calls due to events such as the weather conditions or sickness.

Staff demonstrated a good understanding of infection control procedures. Staff had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. The registered manager told us, "Infection control training is part of induction and revisited during supervision and direct observations where we check staff are washing hands and changing gloves etc".

## Is the service effective?

### Our findings

All the people we spoke to told us that staff were well trained and supported them in the way they liked. One person told us staff were "Very professional and nice". Another person said, "Yes, they [staff] appear to know what to do". A relative told us, "Yes certainly [staff were well trained], on personal care, moving and handling and dad's catheter". Another relative said, "They seem to be very competent". A health professional told us, "The senior staff are excellent, they put themselves in work situations where younger or more inexperienced staff might not have the skills to manage".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed all staff were up to date with the training the provider determined as mandatory. This was refreshed annually. Most training was class room based and the provider also provided staff with workbooks as well as practical training on moving and handling and first aid. Staff confirmed that the service were currently supporting them to achieve a recognised qualification in Health and Social Care if they so wished.

New staff completed a comprehensive induction programme before working on their own and people told us new staff members were accompanied by a regular staff member and shown how people liked things done. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. The registered manager told us, "As part of induction training staff complete equality and diversity training and this is an ongoing process".

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. Staff were provided with supervisions (one to one meetings) with their line manager. These provided an opportunity for the registered manager to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I definitely feel supported".

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood how this applied to their role. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A health professional told us, "[Staff] were very aware of issues like mental capacity, they sought consent and were observed many times speaking to the service user to determine whether the person lacked capacity".

Before providing care, staff sought verbal consent from people and gave them time to respond. Staff were aware people were able to change their minds about receiving care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning. A relative told us staff always asked for consent they said, "I have heard them ask dad every time I am there".



People were supported to access healthcare services. Staff told us they would always inform the office, if a healthcare professional had visited or to keep them updated about any changes in people's health. This helped to ensure that the next staff member was aware of the person's current health needs and any action needed.

There was evidence that staff worked with other organisations to deliver effective support. A health care professional told us, "In my view there was an excellent rapport between our agencies. They attended multi agency risk management meetings, reported any concerns and safeguarding issues to me and my team and were always approachable and not afraid to flag up concerns".

People were supported at mealtimes to access food and drink of their choice. One person told us, "Staff help with meals and assist me to cook". The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people. Care plans contained information about any special diets people required and about some specific food preferences.

# Is the service caring?

## Our findings

People were cared for with kindness and compassion. One person told us, "The carers are most caring". Another person said, "Kind and caring, yes, they are, it's the way they do things". Other comments included, "Very happy with care and staff". A relative told us staff were, "Extremely kind and caring" and another relative said staff were, "Kind and caring and very lovely". Other comments included, "The feedback about the carers from my parents are amazing".

People experienced care from staff who understood the importance of respecting people's privacy, and dignity particularly when supporting them with personal care. One person told us, "[Staff] treat me with dignity all the time and respect my wishes as well". Another person said, "Most definitely. When providing personal care and creaming my feet twice a day". A relative told us, "Absolutely, unfailingly". Another relative said, "100%".

Staff told us they ensured doors were closed and people were covered when they were delivering personal care. Care plans reminded staff about the importance of maintaining people's dignity at all times. The registered manager told us, all staff receive shadowing and have to be passed as competent before providing care as staff need to be respectful in people's homes. They said, "I talk to staff about privacy, always explain to staff to close the door and cover [the person] with towels if washing and dress as soon as possible afterwards. Be mindful of other visitors. I do turn up where appropriate and observe staff".

We observed some people's care and support taking place in their own homes. This was conducted very professionally and the staff members were putting the people at ease. They explained why they were there and chatted to them making them comfortable. Their knowledge of people and their needs was obvious. The staff members showed an interest in each person and listened carefully. People we visited were very happy with the service they were receiving from the agency.

People were encouraged to be as independent as possible. One person told us, "They [staff] let me have my independence and guide and support me how they can". Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

People said care staff consulted them about their care and how it was to be provided. One person told us staff, "Respect my wishes and choices [and are] aware of what I like". A relative said, "We had a number of visits from the manager and social worker. Had two assessments and a final decision by the care team". Care plans were detailed and reflected people's choices and preferences, evidencing that they had been involved in developing these. Care plans and reviews had been signed by the person. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. This enabled the care staff to communicate effectively with the person and

to understand what was most important to them.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

## Is the service responsive?

### Our findings

People received individualised care from staff who understood and met their needs. One person told us, "I just think it's so good. [I'm] just amazed that their attitude is so good. [They] never rush and ask how I am, all so good". Another person said, "I think the care is outstanding". A health professional told us, "My experience of working with this agency is that they do provide good quality, person centred care, and we have not had any concerns raised about them".

Staff confirmed the care plans provided all the information they needed to support people appropriately and enable them to respond to people's needs. Copies of care plans were seen in people's homes, allowing staff to check any information whilst providing care. These identified key areas of needs, such as, personal care, daily living activities and health issues. For example, one person's care plan informed staff they were able to complete transfers independently but just needed someone present for reassurance. One staff member told us, "Care plans and risk assessments are easy to follow. We are swapping over to on line [care planning] so we can also access [these] on our phone".

The care plans were updated regularly to ensure a true reflection of the person's current needs and reviews were held with the person and their representative to obtain their views about the care. A relative said, "Aunt has had a few reviews and one recently with no real changes in the care plan". Reviews were a mixture of telephone reviews and home visits carried out by senior staff. Records showed comments from reviews included, 'happy with care provided', 'all is going well' and "I am very content and pleased with the service".

When we visited the service, nobody was receiving end of life care. The registered manager told us that they provided staff with training on end of life care involving the local hospice. They said, "All our staff are on end of life courses at the moment and working towards completing certificates".

The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out annually seeking their views. The latest survey had been undertaken in April 2018, but the feedback from this was yet to be collated. The quality assurance survey from the previous year showed improvements had been made with regards to carers arriving on time. All the feedback received was positive. Comments included, 'very good' and 'happy with the time the carers come'.

The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. There had been no formal complaints since the last inspection. The registered manager told us, "We have an open-door policy and like people to ring, so we don't get to the complaint stage and can resolve it before issues arise". People told us they knew how to make a complaint. One person told us, "I would know how to make a complaint. But I have no complaints". A relative told us, "I would contact the manager or CQC". Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was available in people's homes and included information on the Care Quality Commission.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal

requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, that no one required any information in a varied format at present. However, they would make sure information was available for people in a varied format if required.

## Is the service well-led?

### Our findings

People and their relatives told us they felt the service was well led. One person told us they were "Extremely happy with the service. Their attitude is so good, always cheerful and always happy in their work". Another person said, "It's very good especially when the manager comes out to visit". A relative told us, "Yes 100%. Feedback from my parents is amazing and we are all happy with the service". Another relative said, "Its super-efficient and everything is run like clockwork". Other comments included, "I am quite happy with the service and would recommend to anyone". As well as, "They are always in touch". A health care professional told us, it was well led.

Staff were positive about the support they received from the registered manager and management within the agency. One staff member told us, "Management are very approachable and supportive always there". Another staff member said, "If I need support I can go and speak to [person's name]".

The registered manager held meetings with the staff every quarter and kept staff updated by s email or telephone. These informed staff of any updates on people's health and training opportunities. Staff told us any concerns were followed up quickly. Minutes from a meeting in February 2018 showed information was provided to staff on the new General Data Protection Regulations. The registered manager told us, "Carers are always able to put ideas across, as carers know them better than us as they see them all the time, so take on board their ideas".

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, daily notes, care plans, and health and safety. We found these could be more detailed with information as some of the records just required the agency to tick boxes. The registered manager told us they completed more checks and reviewed the service's progress against the Care Quality Commission's key lines of enquiry, but did not always keep a record of these checks. The service also carried out unannounced observations on care staff to check the quality of the service and provided feedback to staff and discussed if improvements could be made.

The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way and transparent way in relation to care and treatment when people came to harm. Staff were supported and encouraged to report incidents. The registered manager kept up to date by reading the commission's website and through other professional websites, as well as keeping up with latest guidance by attending training.

The service produced a quarterly newsletter which included stories about the service and people's achievements and updates to the service. This was sent to staff and people using the service.