

Forever Independent Limited

Forever Independent

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Forever Independent is a domiciliary home care service providing personal care to adults with personal care needs. They were providing a service to 63 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People felt safe when staff cared for them in their homes. People told us staff were punctual and they normally received care from a consistent team of staff. At the last inspection there were concerns with the way the provider managed people's medicines. The provider had acted to address this, and, apart from one issue in relation to person's medicine administration records, we saw these improvements had reduced the risks to people's safety.

There was a process in place to investigate accidents and incidents and to ensure safeguarding concerns were reported to the relevant authorities. The provider had made changes to the way risk to people's health and safety were assessed and recorded. This resulted in more detailed care planning and risk assessments. Robust infection control procedures were in place. This included how to reduce the risk of the spread of COVID-19.

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. This included guidance in place for staff to identify the first signs of a person having a stroke.

Staff were well trained, and they received regular supervision of their practice to ensure they continued to care for people in a safe and effective way. People were supported to lead a healthy and balanced lifestyle with risks to people's dietary needs assessed and acted on. This included guidance for staff to support people who had diabetes. The provider had effective relationships with external health and social care organisations and people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Improvements had been made to the overall governance of this service. The improvements required from the previous inspection had been implemented and were showing sustained improvement. The registered manager had a good understanding of the regulatory requirements of their role and had now ensured the relevant authorities were always informed of any incident or death that occurred at their service.

People praised the approach of staff and the registered manager. They felt safe, well cared for and they had

confidence that risks to their health and safety were well managed. Most of the people we spoke with would recommend this service to others.

People and staff felt well supported during the height of the COVID-19 pandemic. Staff wellbeing was actively supported and monitored.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 July 2019). There were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 22 May 2019 where breaches of legal requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires Improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Forever Independent on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well led.

Forever Independent

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 two inspectors, one assistant inspector and an 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.

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 provider 48 hours' notice of the inspection. This was because we wanted to ensure the provider could provide a safe environment for their staff and our inspectors to work whilst adhering to COVID-19 safety precautions and guidelines.

Inspection activity started on 24 September 2020 and ended on 2 October 2020. We visited the office location on 24 September 2020.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection

We spoke with 21 people who used the service or their relatives about their experience of the care provided to them or their family members. We spoke with five members of the care staff, the training and policy officer, the finance director and the registered manager.

We reviewed a range of records. This included parts or all of 10 people's care records, medication administration records and the daily notes recorded by care staff. We looked at a variety of records relating to the care people received and the management of the service, including policies and procedures and training records.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information after the inspection. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe and proper management of medicines. This placed people's health and safety at risk and was a breach of regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely by trained and experienced staff.
- People felt staff understood how to support them with their medicines in a safe way. One person said, "They do all of it. This works very well as when I did it myself, I was getting it wrong." Another person said, "They remind me to take my medication which is good or else I definitely would forget."
- Improvements had been made to recording process when staff have supported people with their medicines. People's medicine administration records were also more regularly checked by the registered manager to ensure any errors were highlighted quickly and addressed. The provider told us they planned to move to an electronic recording system soon; which will help to identify medicine errors immediately, reducing the risk to people's health and safety.
- People's care records and risk assessments were thorough, detailed and included the individualised support each person needed with their medicines. Records showed people's consent had been requested and recorded to give permission for staff to manage their medicines for them. This helped to ensure people's rights were protected.
- We did note that one person's medicine administration records had conflicting information with their care records about how their medicine should be administered. We raised this with the registered manager, who assured us they would amend the records and would check others to make sure the records contained the correct process. This will help to ensure people receive consistent medicine administration.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse.
- People felt safe when staff provided care for them within their homes. One person said, "I always feel safe with my carers and after they have gone as they always lock the door after them."
- The provider had the policies and processes in place to ensure that the relevant authorities such as the CQC and the local authority safeguarding team were notified of any concerns about people's safety. The registered manager and her staff spoke confidently about this process. This helped to reduce the risk of people experiencing harm and/or abuse.

Assessing risk, safety monitoring and management

- The assessment of risk and the monitoring and management of people's safety was effective and helped reduce the risk of people experiencing harm.
- People told us staff understood how to care for them and knew how to reduce the risk to their safety. One person said, "They don't rush me and keep me safe, especially in the bathroom." Another person said, "They always put the seat down in the shower for me and make sure they stay nearby. They also walk with me especially if I am feeling wobbly."
- The risks to people's home environment had been assessed and guidance was in place to ensure staff and the people they cared for were safe during each call. However, we did note there was not a procedure in place to evacuate people safely should there be an emergency when staff were present in their home. The registered manager told us they would address this. This will reduce the risk of people coming to harm in an emergency.
- The care plans and risk assessments we looked at were reviewed regularly to ensure they continued to meet people's changing care needs. People, and where appropriate, relatives, were always involved with this process.

Staffing and recruitment

- There were enough suitably experienced and qualified staff in place to keep people safe.
- Most people told us staff turned up on time for their calls. Many also told us that if staff were going to be late, then they received a phone call. This offered reassurance to people. One person said, "They are usually on time and often will let me know if they are delayed. I get worried if they are late and they know that." Another person said, "If they are going to be late someone from the office will phone. They stay as long as they should and don't rush me."
- People received care from a consistent team of staff which helped them to receive care from people who knew them and understood their needs. One person said, "I have regular carers and they have got to know me quite well. I've not had a bad one yet and when I have a new one, they will bring her along and introduce her before she comes alone."
- Staff were recruited safely. Appropriate checks of their suitability to work were completed prior to them commencing care for people. This helped to keep people safe.

Learning lessons when things go wrong

- The provider had processes in place to ensure lessons were learned when things went wrong. Records showed the registered manager investigated any concerns about people's safety and notified the relevant authorities where needed.
- Where staff performance needed improving as a result of an investigation, staff were supported through additional learning and, where needed, disciplinary action would be taken.

Preventing and controlling infection

- The provider has robust infection control procedures in place.
- People felt staff were aware of how to reduce the risk of the spread of infection. They told us staff wore masks and other personal protective equipment when providing care for them in their homes.
- Infection control policies and procedures had been adapted to address COVID-19 concerns. The registered manager was providing care in accordance with government guidelines and ensured they implemented any changes quickly. This helped to reduce the risk of the spread of infection within the provider's office and people's homes.

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 requires improvement. At this inspection this key question has improved to good. 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 physical and mental health and social needs were assessed prior to them starting with the service. People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- Care records contained reference to current best practice standards and guidance when care plans were formed. This included informing staff of the signs they should look for if someone was having a stroke or having a diabetic seizure due to too low or too high blood sugar levels. This helped staff to provide care that met current best practice standards.

Staff support: induction, training, skills and experience.

- People received care from staff who were experienced, had completed the training the provider required for their role and had gained the skills needed to provide consistent and effective care.
- People told us they felt staff were well trained and understood how to provide care in their preferred way in accordance with their assessed needs. One person said, "I think the staff do have the correct training to look after me." Another person said, "They do understand my condition and they let me do as much as I can for myself. I think they are very organised."
- Records showed staff received regular training and supervision of their role. The registered manager acknowledged that some spot-checks of staff performance had not been completed due to a reduction in office-support staff due to COVID-19. She assured us that staff performance was still monitored with more checks being carried out when the reduced staffing provision returned to pre-COVID-19 levels.
- Staff spoken with felt well trained and supported. They felt they had the skills needed to care for people safely and effectively. Staff felt able to discuss any concerns they had with the registered manager.

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

- People were supported to eat and drink enough to maintain a balanced diet and to reduce the risks to their nutritional health.
- Where people needed support from staff, they told us they were always given a choice of meal. One person said, "They do all my meals for me and always ask what I fancy each day. They will bring it through on a tray, all nicely presented."
- Care plans and risk assessments were in place to help staff to reduce the risks to people's nutritional health. If people had a condition that affected their health such as diabetes, their records were updated to ensure people received their meals in a safe way.

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

- People were supported to receive effective, timely care with other agencies where needed.
- People were provided with information about how to access other healthcare agencies. Support with attending making and/or attending healthcare appointments was offered by staff where needed.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and we found they applied these principles effectively.

- Processes were in place to ensure that where people were unable to make decisions for themselves mental capacity assessments were completed. This included best interest documentation, which ensured decisions were made with the appropriate people such as a relative and healthcare professional.
- The registered manager had a good understanding of the MCA and was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.
- People told us they were always given choices about their care needs. A relative said, "There is no problem with the level of choice, all the carers are very good."
- People's care records also contained examples where, if able, they had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to consistently assess, monitor and mitigate risks relating to the health and safety and welfare of service users and others who may be at risk from harm. This was a breach of regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to the overall assessment of risk faced by people who used the service. Improved medication management and monitoring, as well as improved opportunities for staff training had meant the provider had acted on the risks identified at the last inspection.
- People told us they felt assured that the service was well managed and the risks to their health and safety were appropriately assessed and acted on. One person said, "The manager is wonderful, she is very easy to get along with and you can take your problems to her. I was having a problem and she sat with me and sorted it out. I trust her to look out for me."

At our last inspection the provider had failed to notify the CQC of a death of a person who used the service. This was a breach of regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The registered manager now had a good understanding of the regulatory requirements of their role. They ensured relevant agencies were notified immediately of any incidents that could affect people's safety and well-being as well as notifying us when a person had died.
- The registered manager had implemented measures to protect people from the risks of COVID-19. They did so by ensuring they were aware of all relevant guidance that was made available to them both locally, but also from national government.
- Staff had a good understanding of their role and how they contributed to people receiving safe care. Staff spoken with praised the approach of the registered manager in helping them to understand the requirements of their role.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and

online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the provider's office. The provider does not have a website.

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

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. We saw an example of this following a formal complaint the provider had received. This helped to improve people's experiences of the service and to assure them that their concerns were acted on.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and continuous learning and improving care.

- People received person-centred care that helped them receive positive outcomes.
- People praised the approach of the registered manager and her staff. Most of the people we spoke with told us they would recommend the service to others. One person said, "I would recommend them they are all very nice and we have a bit of a laugh." Another person said, "I think they do well and can't think of anything they could do better. I would recommend the company."
- The registered manager held regular meetings with staff to ensure they were informed about any concerns or changes to their role which could affect people's quality of care.
- Accidents and incidents were appropriately investigated and acted on to ensure that staff could learn from mistakes to prevent the risk of recurrence.

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

- People were engaged in a variety of different formats to gain their views of the care provided.
- A recent survey had been conducted which asked people and/or their relatives to comment on the quality of the care received. Twenty-two responses were received out of a total of 69 questionnaires sent out. The responses were positive in almost all areas including quality of care, punctuality and staff performance.
- At the height of the COVID-19 pandemic staff were contacted at least once a week to ensure they were safe and managing with the increased risk to their and people's safety. Staff welcomed this caring approach from the registered manager.

Working in partnership with others

- The provider worked with other organisations to improve care outcomes.
- Staff worked in partnership with other health and social care agencies to provide care and support for all.