

Lady Forester Hospital Trust

Lady Forester Centre

Inspection report

Lady Forester Residential and Day Care Centre
Church Street
Broseley
Shropshire
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Website: www.theladyforestercentre.org.uk

Date of inspection visit:

21 May 2019

31 May 2019

Date of publication:

25 June 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service:

Lady Forester Centre is a domiciliary care service based in Broseley, near Telford. At the time of the inspection it was providing regulated activity to two people aged 65 and over.

People's experience of using this service:

People and relatives told us people were safe when being supported by the staff from Lady Forester Centre. We saw systems and processes continued to be implemented to keep people safe. Staff were able to identify inappropriate practice and were aware of procedures to report any harm or abuse. Risk was suitably managed and addressed to promote people's safety and independence. Although systems were implemented, we noted good practice guidance for the safe management of medicines were not always followed. We have made a recommendation about this.

We were told staff were reliable and always completed their rota'd hours. Staff said they were happy with the way their visits were planned and said they were not rushed to complete tasks.

People's received timely support to ensure their health care needs were met. We received positive feedback from relatives and health professionals. They said people's health needs were met by staff working for Lady Forester Centre. The registered manager was aware of referring to good practice when planning and delivering care.

People, relatives and health professionals told us staff were kind and caring. They said staff supported families as well as the people receiving the service. The service understood the importance of protecting people's human rights; dignity, independence and privacy was always considered and promoted.

Consent was consistently achieved. 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.

Everyone we spoke with told us the service was well-led. The management team and staff had clear roles and responsibilities and were committed to ensuring the service provided was good. Staff told us they were adequately supported by the management team and were happy with the training provided.

Managers and staff had a clear vision of what was required of a quality service and ensured this was maintained. Feedback was continuously gained from all parties to develop and improve the service.

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

Rating at last inspection:

At the last inspection the service was rated good (published 03 September 2016).

Why we inspected:

This was a planned inspection based on the previous rating. At this inspection visit we found the service remained good.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about 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?

Good ●

The service remained good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Lady Forester Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 visit because it is small, and we needed to be sure the registered manager was available to support us with the inspection process.

Inspection site visit activity took place on 21 May 2019. On this day, we visited the office location to see the manager and office staff; and to review care records and policies and procedures. In addition, we made telephone calls to people who used the service on 31st May 2019 to find out their experiences of receiving a service.

We reviewed information we held about the service. This included previous inspection reports and notifications submitted by the provider related to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who used the service. We also spoke with Shropshire and Telford local authority contracts and commissioning team, 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. This allowed us to gain information related to the quality and safety of

service being provided.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information submitted by the provider to plan and guide our inspection. We used our planning tool to collate and analyse this information to help us plan our inspection visit.

During the inspection, we spoke with one person and two relatives. We spoke with the two members of care staff, the deputy manager and the registered manager.

To gather information, we looked at a variety of records. This included care records related to one person. We also looked at other information related to the management of the service. We did this to ensure the provider had oversight of the service and to ensure the service was appropriately managed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service continued to ensure processes were followed to protect people from the risk of harm and abuse. Staff told us they had access to a safeguarding policy and were aware of reporting procedures to follow if they suspected someone was being abused. They were confident the management team would take immediate action if any concerns were reported. Staff understood the importance of reporting to external agencies if required.

Assessing risk, safety monitoring and management

- People and relatives, we spoke with said safety was always promoted and maintained.
- The service assessed, managed and monitored risk to promote people's safety. From records viewed, we saw environmental and individual risk were considered. For example, there was a moving and handling risk assessment for one person which detailed how to support the person safely.

Staffing and recruitment

- Staff told us safe recruitment processes continued to take place. One recently recruited staff member confirmed checks had been undertaken for reviewing their suitability for working with people who may sometimes be vulnerable. This included obtaining references and carrying out checks with the Disclosure and Barring Service. (DBS.)
- Relatives told us staff were reliable and said staff were suitably deployed to meet their needs. They told us the service was flexible and support times could be changed to meet their needs. They said people were supported by a staff team with whom they were familiar.
- We spoke with two staff members who confirmed they were happy with the way their shifts were planned. They said they had enough time to travel within visits and said they were not rushed.

Using medicines safely

- Staff told us they had received medicines training. They confirmed they were assessed by a more senior member of staff to check they had the correct skills to safely administer medicines.
- Although staff confirmed they had received training, we found good practice was not always consistently followed. For example, we observed a member of staff administering medicines. The medicines had been secondary dispensed by a family member. This meant they had been prescribed by the pharmacist, removed from the original packaging and then placed into a plastic table box. Secondary dispensing can increase risk of people not receiving the correct medicines. We discussed this with the registered manager and they agreed to review processes to reduce any associated risk.

We recommend the registered manager reviews processes to ensure good practice is consistently followed.

Preventing and controlling infection

- People and relatives told us staff used personal protective equipment, when appropriate. We observed a staff member providing support over a mealtime and saw this was the case.
- Staff were aware of the importance of following good practice to prevent the risk of spread of infection.

Learning lessons when things go wrong

- The registered manager understood the importance of reflecting and learning when things had gone wrong. They told us they were "forever learning" from incidents so action could be taken to reduce the risk of them happening again.

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

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

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

- We observed staff supporting one person at a meal time visit. The staff member cooked and prepared a meal in line with the person's choice. The person told us they were happy with the meal prepared.
- We saw people's dietary needs had been assessed and support and guidance were recorded. For example, one person's care record detailed how to prepare the person's food to reduce the risk of choking.
- Staff said they had completed food hygiene training to ensure they had the appropriate skills to handle and prepare food safely, in line with good practice guidance.

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

- The management team assessed people's needs before offering a service. They did this to ensure the service could meet the person's individual needs. This included liaising with relatives and health and social care professionals whenever appropriate to ensure they had the correct information required.
- Care plans detailed people's needs and preferences. Relatives and staff said the registered manager regularly reviewed and updated care plans when people's needs changed.
- The management team understood the importance of delivering care in line with standards and guidance. For example, we saw one person had experienced a health condition which affected their speech and mobility. Good practice guidance was held within the care record. This gave staff understanding of the conditions and highlighted symptoms to be aware of which would suggest the person was experiencing the medical condition again so that immediate action could be taken and professional help sought.

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

- We spoke with a health care professional who confirmed the provider maintained good links with them to ensure people received effective health care. They told us when staff had identified concerns about people's health and well-being, they had acted to ensure people received timely support from the relevant health care professional.
- One relative praised staff skill in identifying when their family member was unwell. They told us staff communicated with them if they had any concerns about their family member's health, so action could be taken. They said this had contributed to the person's health and well-being and had enabled the person to successfully remain at home.

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 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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- The registered manager advised no person receiving a service lacked mental capacity at the time of the inspection visit. However, they had a good understanding of processes to follow should a person lack capacity.
- Within the care record we viewed, we saw the provider had discussed the care to be provided by the service and consent had been achieved through a signature. Relatives told us staff routinely sought consent before they provided any care and treatment.

Adapting service, design, decoration to meet people's needs

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed to promote independence and safety.
- Staff and relatives confirmed the service was flexible and could be adapted to meet people's needs. This included people having a say in which staff supported them. One person had a sensory impairment, staff told us it was important the same staff members visited as the person got to know them from their voice.

Staff support: induction, training, skills and experience

- Relatives told us they considered the staff knowledgeable and said staff were suitably trained to carry out their role.
- Staff confirmed they had received training to enable them to carry out their tasks safely and effectively. They said they could ask for specific training and this would be provided.
- We discussed induction processes with one staff member who was recently employed to work within the service. They confirmed they were required to carry out an induction period at the start of their employment. This included a period of shadowing to get to know people and the organisations procedures.
- We spoke with staff about supervisions. Supervision is a one to one discussion held between a staff member and a more experienced member of staff which allows staff to discuss performance and training needs. Staff told us they received frequent supervision and felt well-supported by the management team. They said the registered manager had an open-door policy and said they could be approached at any time for advice and support.

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.

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; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were kind and caring. Staff were described as, "First class." And, "Excellent." We saw from written feedback received that staff were described as "bright and cheerful", and, "caring and considerate."
- Staff understood the importance of supporting family members who were informal carers too. They told us it was important relatives were listened to and supported. Relatives praised the caring relationships formed between their families and staff who worked for Lady Forester Centre. Feedback included, "We are forever indebted to them." And, "The care also extends to me. If I am looking tired, they will say and will try to help me too."
- The management team and staff spoke fondly of the people they supported and the relationships they had developed with people. The registered manager said they had established some strong and caring relationships with people due to the length of time they had supported them.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of respecting people's differences and being aware of their diverse needs.
- People and relatives told us people receiving a service from Lady Forester Centre were always treated with dignity and respect. One relative said, "They are excellent at ensuring my [family member] is treated with dignity and respect."
- We saw independence was considered and promoted. Care plans detailed people's skills and strengths and areas in which assistance was required. We saw the service had worked proactively with families and health professionals to ensure people were able to maintain their independence.
- People and relatives told us privacy and respect were always considered. We observed a staff member working within a person's home. We saw they were respectful and mindful they were working in someone else's home. Relatives confirmed this was embedded within staff practice.

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

- Relatives told us people's voice was always considered. They said people were encouraged to be involved in decisions about their care and said regular meetings took place to discuss care.
- At the time of the inspection visit, each person being supported by the service had family members who they could consult with for advice and guidance. The registered manager was aware of the importance of accessing other supports such as advocates when people did not have help from families to express their views. Advocates are independent people who can support people express their views and make decisions about their care.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives said people were encouraged to make informed choices and decisions about how they were cared for. They told us person-centred care was promoted through people being supported by a small team of regular carers who know them well. One relative said, "They know my [family member] well and have a real interest in them."

- Relatives told us care was personalised and centred on the individual. One relative told us their family member had certain routines. They told us these were a key aspect of care and support and said staff were very good at understanding these routines and the importance to their family member.

- From records viewed we saw care plans were individualised and identified key information about the person and their needs. Although care plans highlighted key information we found some key points were missing from the record. For example, one person had specific communication needs. These were highlighted within the care record but there was no information detailing how to effectively communicate with the person. We spoke with the registered manager about this. They said care plans were due an overhaul and agreed to review care plans to ensure all the required information was present within records.

- We asked relatives about support to carry out recreational activities. They confirmed at present, they didn't require any support in this area but were satisfied the staff would help them with this if needed. One relative told us they could link in with the Lady Forester Day Care Centre if they required support away from their home. They said this worked well as the same management team oversaw the Day Centre.

End of life care and support

- The registered manager understood the importance of good communication and multi-disciplinary working when a person needed end of life care. They told us they had established links with the local hospice. They said they would work in partnership with the hospice and the district nursing team should a person choose to remain at home at the end of their life.

Improving care quality in response to complaints or concerns

- We saw the service had their complaints procedure on clear display. The policy detailed people's right to complain and the process to follow.

- No one we spoke with at the time of the inspection had any complaints about the service they received from Lady Forester Centre. Everyone we spoke with told us they were more than happy with the care they received. One relative said, "I have never had to make a complaint, but I am more than aware I could just pop into the office and speak to [registered manager] or [deputy manager]. They always make time for us."

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

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; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives and staff were complimentary about the way in which Lady Forester Centre was managed. Relatives we spoke with said the service was well-organised and said communication was good. They told us the management team were committed to ensuring people received a safe, reliable and high-quality service and said staff delivered safe and effective care. We were repeatedly told the service was good. The registered manager said they were proud of the service staff delivered and likened the service to an extended family. They said money and profit were not a key driver in service delivery.
- Through discussions with the registered manager and from records viewed, we saw the registered manager was aware of their role and their regulatory requirements. For example, we saw the provider had their ratings on display at the office and was aware of the procedure for submitting notifications to CQC.
- Staff told us they had general confidence in the management of the service and would not hesitate to report any concerns. They said they were confident any concerns would be actioned in a timely manner.
- The registered manager was committed to providing high quality care. They told us since the last inspection the service had reduced in size as two staff members had retired, and they had been unable to recruit new staff to meet the needs of the people being supported. This had resulted in the registered provider working with two individuals to find alternative support. The registered manager spoke fondly of the relationships they had developed with people. They said this had been a difficult decision for the management team to make and said they hoped to build the service up again in the future.
- The registered manager was aware of their duty of candour and the need to be open and transparent with people. The management team responded appropriately when an incident had occurred within the service.
- During the inspection visit we reviewed the service's policies and procedures. We found that policies and procedures were not always up to date and reflective of guidance. For example, the safeguarding of vulnerable adults' policy had not been updated to reflect changes within the law. We spoke with the registered manager about the importance of having up to date policies. They agreed to discuss this with the charity trustees, so policies could be reviewed, and action could be taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and outside agencies who were involved in the service. Relatives told us they were routinely involved in discussions alongside their family members care to look at how care was provided and managed. Although we were told consultations with people took place, the registered

manager told us these meetings were not always documented. We spoke with the registered manager about the importance of maintaining records to evidence reviews have taken place.

- We spoke with one member of staff recently employed. They told us the service had good links with the community. They said they were introduced to the service due to personal circumstances. They said staff had visited them and voluntary offered them support and friendship. Relationships had been developed which had resulted in them working for the organisation.
- We saw written feedback had been received from people and families who had received a service. From feedback reviewed, everyone who had responded to the questionnaires spoke positively of the service. Feedback included, "We would like to say how pleased we are with the service. It has made a difference to our lives, for the better."
- Staff told us they had received training in equality and diversity and understood the importance of respecting and promoting peoples' protected characteristics. We were told by relatives that staff treated people in a way which promoted their human rights including equality and diversity.
- One visiting health professional commended the partnership working between staff at Lady Forester Centre and their team and said the relationship promoted positive outcomes for people.
- Staff told us the management team was approachable and always available for advice and support. They told us they could visit the office whenever they needed any help and said they were always warmly received by the management team.

Continuous learning and improving care

- There was an emphasis on striving to improve their service to deliver the best possible care for people who used the service. To improve the delivery of care, the registered manager had sought and acted upon the views of people and relatives. Additionally, the registered manager was aware of the need to keep their own skills up to date. They said they did this through attending training courses and reading materials relevant to their role.