

Forest Homecare Limited

FOREST HOMECARE MID & WEST ESSEX

Inspection report

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06 October 2021

19 October 2021

22 October 2021

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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 

Summary of findings

Overall summary

About the service

Forest Homecare Mid & West Essex is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing support to 126 people. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. All the people using the service received personal care.

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

People received care and support from a consistent team of care staff. Although people felt safe when staff visited them, they and their relatives, raised concerns about the timings of care call visits and of feeling rushed.

Recruitment procedures were safe. Staff had been recruited following relevant checks being completed.

Risk assessments were in place to manage the potential risks within people's lives. We have made a recommendation about strengthening information within the care plans in relation to potential risks to people. People received their prescribed medicine by trained staff. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

Staff received an induction when they first started work at the service. They were trained and competent to fulfil their role and responsibilities. Staff received supervision and observational checks to monitor their performance.

People were supported to maintain good health and access health care professionals. Where required, people were supported with their nutritional needs.

People and their relatives spoke positively about the kind, caring attitude of staff. People were treated with dignity and respect and their independence promoted.

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

There were systems in place to monitor the safety and quality of the service provided.

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

Rating at last inspection

This service was registered with us on 30 January 2018 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

FOREST HOMECARE MID & WEST ESSEX

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 team consisted of two inspectors and two Expert by Experiences. 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

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 5 October 2021 and ended on 22 October 2021. We visited the office location on 19 October 2021.

What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection

During the inspection

We spoke with 15 people who used the service and 27 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, manager, compliance officer, review officer and care staff.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed feedback received from three health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were supported by a consistent staff team and told us they felt safe. However, we received mixed feedback around the timings of care call visits. Comments included, "[Staff] always seem to be in a hurry and don't always stay the full 30 minutes.", And, "It was desperate during COVID-19. There was a situation last week when there was a shortage [of staff] and they phoned to let us know they were struggling to cover. 99% of the time they come within the time frames."
- Both the registered manager and manager described how, during COVID-19, staffing levels had been a challenge. They were working hard to recruit new staff and improve timings of care call visits. They informed us the service would not be taking on any additional care packages until they had enough staff to do so safely.
- Care call visits were monitored via the provider's electronic care call system. This enabled management to view care call visits in 'real' time and showed the percentage of time staff had spent at each care call visit. The system also had the facility to alert management if people's calls were missed.
- The provider's recruitment systems ensured staff had the right skills and experience and were suitable to work with people who used the service. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Assessing risk, safety monitoring and management

- Staff carried out an initial assessment with people to ensure their needs and preferences could be met safely.
- Assessments were carried out to identify and manage potential risks associated with people's moving and handling and their home environment. However, individualised risk assessments had not been completed for all aspects of people's care. For example, catheter and pressure area care and use of bedrails. Whilst new staff were introduced to people and worked alongside staff when they first started, care plans required more detailed guidance for staff about specific risks to people.

We recommend the provider reviews their current risk assessment process to include an assessment of all identified risks where care and support is provided.

- Staff told us the provider kept them informed when people's needs changed so they had the most up to date information to keep people safe.

Using medicines safely

- Systems were in place to support people with their medicines. This included office staff being able to view whether people had been supported with their medicine on the provider's electronic system.
- Staff received medication training.
- Regular audits and spot checks were completed to ensure medicines were being administered safely.

Preventing and controlling infection

- Staff completed training in infection control and had access to personal protective equipment (PPE) such as gloves, aprons, masks and face shields.
- Specific attention had been given to the current pandemic. The manager sent regular updates to staff about government guidance, safe practices and reminders about keeping themselves and people safe. A member of staff said, "Through the pandemic we have had all the PPE that has been needed. We've had support from management starting with daily messages of praise, and then weekly support for us all, with updates of any changes that we needed to be aware of."
- Most people told us staff wore PPE. The manager was working hard to ensure staff wore appropriate PPE at all times.
- A social care professional told us, "I was in constant contact with the service through the COVID-19 outbreaks and they managed things very well."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and policies were in place and when people were at risk of abuse, staff took action to support them, including reporting concerns to the local authority safeguarding team.
- Staff had been trained in safeguarding and described the actions they would take if they suspected abuse. One member of staff said, "If I suspected abuse, I would report to one of my seniors and to my line manager. If I wasn't listened to, I would report my concerns to the safeguarding team."
- People, and their relatives, told us they felt safe when staff visited them. Feedback included, "[Name] is very safe. I've seen them [staff] in action... and I hear what goes on." And, "[Person] is definitely safe. I'm here all the time. They are very good and kind to [name]."

Learning lessons when things go wrong

- Systems were in place to record and analyse accidents and incidents so any emerging trends could be identified.
- The manager advised us any incidents would be investigated and lessons learned shared with staff 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider's systems ensured people received individualised care which met their needs.
- People's needs were continually assessed to ensure people received good outcomes. This included assessments being undertaken prior to people using the service.
- Care plans identified people's choice of how they wanted their care delivered.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained.
- Newly appointed staff completed an induction programme which included shadowing more experienced staff. The induction programme followed the requirements of the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- Ongoing training was available for staff. The provider had a dedicated training room. However, due to the pandemic, some training had been offered online. One member of staff told us, "We had online training because of the restrictions. It was a different way of learning. It was good. There was a group of four or five of us and we had time to speak with one another, take turns in going through the modules, understanding them and being able to ask any questions."
- Supervisions were conducted to ensure staff were competent and to identify if any further training was required. One staff member said, "If I have any concerns regarding service users or situations I do not hesitate to call my line manager to get advice."

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

- Where required people were supported with their meals. A relative told us, "They say 'what do you want for tea?'. They don't just think we'll give him that."
- No one currently using the service had any specific cultural or dietary needs.

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

- Professionals' contact details were included in people's care records.
- The service worked closely with health professionals to ensure people received effective care. One person told us, "The carers work around any appointments. They are so accommodating and make such a difference to my life." A relative said, "They contact the GP or paramedics if needed and text me to let me know what is happening."

- One member of staff described how they had helped a person's relative to set up a video link call with their GP.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were systems in place to assess people's capacity to consent to care.
- Staff understood they needed to seek consent before giving care and encouraged them to make choices for themselves.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness.
- Staff and people using the service had developed good relationships. Staff knew about people and how to support them.
- People and relatives spoke positively about the caring attitude and kindness of staff. Feedback included, "The care workers are like gold dust. They go above and beyond. Nothing is too much trouble for them." And, "We have built up such a good relationship. [Staff member] is ringing social care for me to see if I can have more care." And, "There is one carer who brings them things in like a bar of their favourite chocolate or a piece of fruit. They don't just switch off when they go. I'm very happy with them."

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

- Staff supported people to make choices in their daily lives and how they wished to be supported.
- People and their relatives were involved in the reviewing of care plans which enabled them to express their views on the care they required.
- Management contacted people and their relatives by telephone or through visits to gain their views on the care being provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected their privacy and treated them with dignity. One person told us, "I haven't had anyone who is rude to me. They all know to be polite." Another said, "They are very sensitive. I appreciate that."
- Staff said they supported people to be as independent as they were able, and people and relatives confirmed this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were reviewed regularly to ensure they continued to meet the needs of people. Staff were notified of any changes in people's care and support needs. This ensured staff had access to current and relevant information. A relative told us, "[Care plan] gets reviewed every year or if something major happens. Last year [name] fractured their hip and had to have two carers. The care plan changed and has now been changed back as they no longer need two carers."
- People benefitted from having regular care staff to promote continuity of care. One relative said, "They do plan and more. For example [name] came out of hospital late. One of the [staff] was there [at home] to greet [name] and help get them to bed. That stopped them having to spend another night in hospital."

Meeting people's communication needs

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

- Care plans contained information on any additional communication needs such as whether people required glasses or hearing aids.
- The manager told us they would ensure people had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known, and met, in line with the AIS.

Improving care quality in response to complaints or concerns

- Systems were in place to manage concerns, complaints and complaints.
- People and relatives knew how to raise concerns if they were unhappy about any aspect of the service. Comments included, "'I would feel able to raise issues. I've had no complaints, maybe questions. They are always respectful and come back to me.'" And, "I haven't had any problems. [Name's] worry is that when I speak with the office it might come back on them. It's never happened."

End of life care and support

- The manager told us they would work with healthcare professionals and organisations to support people with end of life care. They said personalised end of life plans would be put in place to ensure staff had the guidance they needed to support people and their families.
- Some staff had been trained in end-of-life care. The manager informed us it was their intention to roll this out to the rest of the staff team.

- Policies and training on end of life care were available for staff to access.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management and staff demonstrate a commitment to providing person centred care.
- Morale amongst staff was positive. Staff told us communication was good and they worked well together as a team. Comments included, "I have always thought of Forest as being the best care company locally as we are a good team and we always help each other out in good times and in not so good times." And, "Throughout the pandemic we have had all the PPE that has been needed. We've had support from management starting with daily messages of praise, and then weekly support for us all, with updates of any changes that we needed to be aware of."
- Systems were in place to investigate and feedback on incidents, accidents and complaints.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

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

- Staff enjoyed working at the service and were clear on their roles and responsibilities. They told us management were approachable for support and guidance at any time.
- Regular checks and audits on the quality of care provided were undertaken. Where necessary, action was taken to drive improvement.
- The provider had an electronic care management system in place. This enabled management to actively monitor care call visits, including start and finish times, and produce reports.
- The provider was aware of their responsibility to inform CQC about notifiable incidents in line with the Health and Social Care Act 2008.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service carried out visits and telephone calls with people to check whether they were happy with the care and support they received. As part of this process, relatives and staff were also asked for their views.
- The majority of people and relatives we spoke with told us they would recommend the service to others. Feedback included, "From our experience I would have no problem recommending Forest Homecare." And, "Definitely. They are very professional; caring and provide everything you need."
- At the onset of the pandemic, the manager had sent nightly messages to all staff. Staff were also

encouraged to share their thoughts, worries and concerns and to celebrate things that had gone well.

- The manager had produced a book so staff could remember this period. They said, "I am so very proud of each and every one of my carers who worked during those troubled times and this is our little bit of history in print." One staff member said, "Thank you [manager]. You have been fantastic. You have kept us going when things have been hard, always reassuring us and making us laugh. I won't forget all your kindness and encouragement."
- The provider was committed to continuous service improvement and providing the best quality care.

Working in partnership with others

- The service worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes and consistent care. These included GPs, occupational therapists and district nurses. One professional told us, "We currently have no concerns with this provider. They are generally a very good service."