

Forever Independent Limited

Forever Independent

Inspection report

6 Musters Road
West Bridgford
Nottingham
Nottinghamshire
NG2 7PL

Tel: 01158376656

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was announced and took place on 29 March 2017. Forever Independent is a domiciliary care service which provides personal care and support to adults, in their own homes, in Nottinghamshire. On the day of our inspection 74 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People were supported by staff who understood some of the risks they faced, however the measures in place to keep people safe were not always clearly identified.

People could not be assured that systems in place to check they received their medicines when required were robust and understood by all staff.

People were kept safe by staff who understood their responsibilities with regard to protecting people they were caring for from harm or abuse.

People were being cared for by sufficient numbers of staff.

People were cared for by staff who received training relevant to their role and further improvements to the support and training staff received were being made.

People were encouraged to make independent decisions. However, improvements were required to ensure that people who were not able to make their own decisions had their rights protected.

People received the support they required to meet their nutritional and healthcare needs.

People had positive relationships with their care workers. People and their relatives felt that their relation was treated with kindness and people's privacy and dignity were respected.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care and to give their views on the running of the service.

People described a service which was generally responsive to their needs and told us they were supported in line with their preferences and in a way which maintained their independence.

People told us they felt confident that any concerns or complaints raised would be responded to and

records showed this to be the case.

The quality monitoring systems in place were not always effective in identifying and addressing issues.

People's care plans did not always provide sufficient guidance for staff and had not always been regularly reviewed. We had not always been notified of events which had occurred at the service.

People and staff were complimentary of the management of the service and described an open culture which encouraged feedback.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not entirely safe.

Staff were aware of some of the risks to people however, measures in place to reduce risks to people were not always fully identified.

Improvements were required to ensure people received support with their medicines and to ensure these were managed safely.

Effective systems were in place to recognise and respond to allegations of abuse.

People were cared for by sufficient numbers of staff.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

People were supported to make independent decisions where they were able. Improvements were required to ensure that people who were not able to make their own decisions had their rights protected.

Improvements were being made to the training and support that staff received to ensure they were able to carry out their roles effectively.

People were supported with their healthcare and nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were complimentary of the caring attitude of staff.

People were given the information they needed and were involved in planning and reviewing their care.

People's privacy and dignity was respected by staff who respected people's home and right to confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People told us the service was generally responsive to their needs and they were kept informed of any changes.

People told us that staff provided support in line with their preferences and promoted their independence.

People, relatives and staff were confident the registered manager would respond to any concerns or complaints and we found this to be the case.

Is the service well-led?

Requires Improvement ●

The service was not entirely well led.

Improvements were required to the quality monitoring systems to ensure these were effective in identifying and addressing issues.

People's care plans had not always been regularly received and did not contain sufficient information. We had not always been notified of events which had occurred at the service.

People and staff were complimentary of the management of the service and described an open culture which encouraged feedback.

Forever Independent

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.

The inspection visit took place on 29 March 2017 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure that someone was available to assist us with the inspection. The inspection team consisted of one 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked information we had received about the service, for example from the local authority, who fund the care of some people who use the service.

We spoke with 12 people who used the service and three relatives of people who received a service from Forever Independent. We also spoke with four care workers, one senior care worker, the training co-ordinator, the registered manager and the director. Following our inspection visit we spoke with two external health and social care professionals who had contact with the service.

We reviewed a range of records about people's care. These included the care records for four people including daily records and medicine administration records (MARs). We reviewed other records relating to the management of the service such as minutes of meetings with staff, the employment records of three members of staff and training records.

Is the service safe?

Our findings

People told us that they felt safe as they received support from a regular care team who used equipment appropriately and safely. One person's relative told us, "I do feel [relation] is safe for example they (staff) use a rotunda and still use the stair lift. They seem quite knowledgeable about the equipment. I think they are shown when they do the shadowing."

The staff we spoke with were knowledgeable about the risks that people could face and how these risks could be minimised. Staff told us that they had received training in the use of equipment they were required to use and were able to protect people from the spread of infection by using personal protective clothing. Staff told us about specific risks people might face, such as the risk of developing a urine infection or a pressure ulcer. They were able to describe preventive measures to reduce the risk to people and what they would do if they noticed any changes. One staff member confirmed they would check the risk assessment documented in the person's care plan and if this required any changes they would inform the office.

Before people received a service from Forever Independent an environmental risk assessment was carried out which highlighted specific risk areas, for example in relation to moving and handling. We found that these had not always been completed in relation to risks specific to the person, for example in relation to the risk of developing a urinary tract infection (UTI) or the person being resistant to personal care. We also found that information about measures in place to reduce the risk were sometimes limited. For example, one person was at risk of falls and had previously fallen from bed but no measures were documented about how to reduce this specific risk. In addition, it was not always clear that environmental risk assessments had fully considered checks of equipment to reduce the risk to people, such as smoke alarms or moving and handling equipment. The registered manager showed us new documentation they were introducing and accepted that information about risks was sometimes limited and told us that new documentation would address this.

We found that people's risk assessments had been updated as required following any changes. For example, one person's moving and handling risk assessment had been updated to reflect a change in equipment. Records also showed that action was taken in response to accidents or incidents which occurred to prevent the risk of harm to people. For example, following an incident in a person's home, changes had been made to how staff worked together to ensure people received their meals safely.

Some people required support from staff to help them manage their medicines. Most people told us they always received the support they required. One person told us, "They (staff) only have to prompt me with my tablets and there have never been any problems." Another person's relative said, "They give [relation] medication from blister packs. It has always been fine. [Staff member] stands at the side of [relation] she gives [relation] the tablets and makes sure [relation] takes them." One person we spoke with and an external professional told us of occasions when staff had not prompted a person to take their medicines as required. Staff told us they had received training in the administration of medicines and were confident in providing support.

We reviewed people's medication administration records (MARs). It was not clear from the records what the dose of some medicines were and when they should be given. The registered manager explained that the vast majority of medicines were administered from blister packs which reduced the risk to the person but agreed that information on the recording sheets needed to be clearer and checked for accuracy. We found that some MARs had gaps which indicated that medicines had not been given. The registered manager told us they had recently investigated one person's medicines and found they had been given but were not signed for. Records showed that audits had been completed on MAR charts by senior staff but had not always identified the lack of recording to indicate whether the medicines had been taken or not. This meant that the current system was not always effective in ensuring that people were receiving their medicines as required.

People we spoke with felt there were sufficient staff to meet their needs. Only one person told us of a couple of missed care calls within the last year but felt this may have been due to a misinterpretation of information. People told us that they were supported by a regular team of care workers who usually advised them if they were running late and stayed for the correct amount of time. One person told us, "There is a team of six to eight who visit me. I never know which one is coming. They seem to do about three days each but its ok as I've got to know all of them." Another person's relative said, "There is a small group of carers, about three. We get a rota so we know who is coming. They have always turned up and are able to cover even if somebody is off sick."

The staff we spoke with felt that there were enough suitably skilled staff to meet the needs of people using the service. One staff member told us that one of the geographical areas they covered needed more staff but this had not resulted in any missed care calls and they were aware that the registered manager was in the process of recruiting more staff. The registered manager confirmed that the recruitment of new staff was ongoing. They showed us the electronic system they used to ensure that all care calls were allocated and had systems in place to cover staff absences and leave. All of the staff and people we spoke with confirmed that the registered manager and team leader would cover care calls if required on a regular basis.

Further checks were required to ensure that the recruitment of staff was safe. We checked recruitment records and saw that before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and references had been sought prior to employment. Although references had been sought these had not always been returned by previous employers and the risk to people had not been considered. The registered manager told us that if recruitment checks had not been completed or had resulted in information which required further consideration or safety measures to be put in place a risk assessment would be completed. Following our feedback a new form was produced to capture the outcome of the assessment.

People and their relatives told us that they felt very safe with the care workers who provided support. One person told us, "Oh yes I feel very safe. They (staff) are all so friendly and I feel that I could trust them anywhere. They know the code to the key safe and let themselves in. As soon as they walk in they call out 'Hello [name], how are you?' Another person we spoke with commented, "It is vitally important that I trust the carers and I do and feel safe."

People could be assured that staff knew how to respond to any allegations or incidents of abuse. The staff we spoke with told us they received training in safeguarding people from abuse and were able to describe the signs of potential abuse and how they would respond. They understood the need to report concerns to a senior member of staff and escalate these to external agencies if required. Staff were confident that the registered manager would take appropriate action in relation to any concerns raised. Records showed that

the registered manager was aware of their responsibilities in referring concerns to external agencies, such as the local authority safeguarding team, and had done so when required.

Is the service effective?

Our findings

People we spoke with and their relatives told us that the staff who cared for them were competent and understood their needs. One person told us, "I know [registered manager] is very passionate about training. I have had strokes and [registered manager] wants to introduce specific training about strokes." Another person told us, "They do online training for staff and the carer I have has NVQ 1, 2 and 3. That's the sort of people they want. They nurture their staff I think."

We spoke with one external healthcare professional who told us that staff did not always appear to understand how dementia impacted upon people. The registered manager accepted this and told us they had recently employed an in house trainer who was providing staff induction and training. They told us they aimed for all staff to have completed dementia training within the eight weeks following our visit.

The registered manager told us in their PIR that the in house trainer delivered mandatory training and provided assistance to staff completing NVQ's and the Care Certificate. The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. We spoke with the training co-ordinator who showed us a copy of the two day induction that all staff completed when they commenced working at the service and spoke about the plans they had for staff to receive training in areas such as first aid, dementia and diabetes. The staff we spoke with were complementary of the induction and training they received at the service. One staff member told us, "I love it (training). It is not boring or plain and simple. We talk about examples, makes it stick more. There is plenty of discussion."

Staff told us that they felt supported by the management team and received support to understand their roles and responsibilities. Staff told us that they felt confident in approaching the management team with any concerns they had or if they required further support or training. Not all of the staff we spoke with had received a formal appraisal since they had commenced working for the service. The registered manager had identified staff supervision and appraisal as an area for improvement in their PIR and showed us an appraisal planner. They told us in their PIR that they were introducing six monthly supervisions for all staff.

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.

We checked whether the service was working within the principles of the MCA. People told us they were asked for their consent before care was provided and offered choices. The staff we spoke with described how they asked for people's consent before providing support and encouraged people to make their own decisions. They confirmed that they had received training in the MCA and one staff member described how they would act in a person's best interests in the event they were resistive to personal care. However, we spoke to an external health professional who told us they felt staff did not always understand the needs of

people with dementia, how this may impact on people's capacity and how they worked in people's best interests.

The registered manager told us about one person's whose capacity had changed since they began using the service. We looked at this person's records. The person's capacity to consent to the care they received had not been assessed and the person who had consented on their behalf did not have the legal authority to do so. The registered manager and training co-ordinator showed us a copy of a blank capacity assessment and confirmed that they would carry out an assessment of the person's capacity and make a corresponding best interest decision in line with the principles of the MCA. They told us that everyone else who used the service had the capacity to consent to the care that was provided.

People told us they were supported by care workers to eat and drink enough and they received meals in a way they preferred. One person told us, "They (staff) always give me choice. They will ask, 'what do you want for lunch?' We go to the fridge or the freezer together and choose something and they will cook it for me with extra vegetables and in the evening they get me a sandwich and cup of tea."

The registered manager and staff told us that they did not support anyone who was at risk of malnutrition. People's care plans included information about how they should be supported to maintain their nutritional intake in line with their preferences. Staff were knowledgeable about how they supported people with diabetes and who were at risk of developing a urinary tract infection. However, we found there was limited information in people's care plans about how to support people who were at risk from these conditions which meant that not all staff would have the information they needed. The registered manager told us that diabetes had been identified as an area for additional training and told us of their plans to provide this.

People told us that they were supported to maintain their health and that staff were proactive in seeking support from external professionals if required. One person's relative informed us, "If [relation] ever needed a doctor [care worker] always phones me. [Care worker] noticed the catheter wasn't draining properly and [relation] wasn't passing enough water. [Care worker] phoned the nurses and there was a problem with the catheter."

Staff told us that they liaised with people's families and external healthcare professionals as required to ensure that people's healthcare needs were met. People's care records provided details of healthcare professionals involved with the person and records confirmed that staff were proactive in seeking medical attention or liaising with external professionals if required. Both of the external health and social care professionals we spoke with confirmed that staff at Forever Independent would contact them for advice if they were concerned about people's health and well-being.

Is the service caring?

Our findings

People told us that staff were caring, friendly and helpful. People's comments included, "They (staff) are very kind and shower me, help me dress and cream my legs and my back very gently. They wash and tidy up and always ask me if there is anything else I need. I can't think of anything they could do better really" and, "They (staff) are so nice that I look on them as friends". One person's relative also confirmed this view, stating, "They (staff) are very friendly. They are more like friends and I hear [relation] chatting away to them. I never feel and [relation] never feels rushed. It feels like [relation] is the only one they are looking after that day."

People were supported by staff who knew them well and understood their needs. One person's relative told us that care workers had supported their relation with their grief over the death of a close family member. Another person told us that the care workers supported them to maintain their independence. They stated, "The carers go above and beyond. They are all so kind and caring, I can't multitask anymore but they help me to live independently. [Care worker] makes sure I've got my bling on to go to the Stroke Club once a week." The staff we spoke with were knowledgeable about the needs, backgrounds and preferences of the people they supported. They told us they had time to sit and talk to the people they cared for and spoke about people with affection and respect.

People told us, and records showed that action was taken to relieve people's distress and ensure they were comfortable. One person told us that staff always asked how they were feeling before providing care and when they were not well, ensured they were comfortable in bed. We saw from another person's daily records that a piece of equipment was not working correctly and the person reported they were uncomfortable. Records showed that the care worker contacted the equipment supplier who then visited and resolved the issue.

People were involved in planning and reviewing their care. The registered manager told us that before a service was offered to people an assessment of their needs was carried out with the person and a family member if appropriate. People confirmed that an assessment of their needs was carried out and they were involved in making decisions and reviewing how their care was provided. One person told us, "Before they took me on last year [registered manager] came out and did a two hour assessment. She asked lots of questions and listened to me and my wife and we felt the care plan was accurate and sensitive to my needs." Another person's relative told us, "[Team Leader] came out recently to review the care plan and it was all done very well and efficiently. She talked to me and [relation] and we felt included in any decisions."

The registered manager provided us with a copy of a 'Service User's Handbook' which was provided to people who used the service. The handbook stated that, 'A family member, friend or external advocate may also be involved (in devising a service user plan) as is considered appropriate.' They told us that no one who was using the service currently required an advocate as people were able to speak for themselves or had family members who advocated on their behalf. Members of the management team were aware of the different forms of advocacy available to people and when it would be appropriate to request their support. Advocates are trained professionals who support, enable and empower people to speak up.

People's privacy and dignity was respected. One person told us, "They (staff) are respectful of my home. They always leave my kitchen and bedroom/ bathroom very tidy and always do things like empty the bin." Another person's relative told us, "They (staff) respect [relation's] privacy when washing [relation] and close the curtains and shut the door." Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect and were able to give us examples of this, for example, when providing personal care, by giving people choices and respecting their wishes.

The registered manager confirmed that training in privacy and dignity was provided as part of the care workers induction at the service. Records confirmed this to be the case. They told us that they also kept the values and attitudes of staff under review via spot checks and by routinely meeting with people during care calls.

People told us that they were confident that staff kept information about them confidential and that staff would not provide details about other people using the service. During our inspection visit, we saw that people's confidential records were stored safely and securely within the office.

Is the service responsive?

Our findings

People told us Forever Independent was generally responsive to their needs. One person told us, "My [relation] writes notes in the carer's record book and information on which days I may need to cancel carer's visits if I'm going somewhere and they relay the information to the office who act on this." Another person's relative told us, "They (Forever Independent) are quite adaptable and able to change appointments if given notice." People told us that although staff were sometimes late in attending care calls, they usually phoned to keep them informed and would then stay for the amount of time they were supposed to. However, two people told us of occasions when the time that care workers arrived did not suit their preferences and the impact this had on them. One person told us they had adapted to the times of care calls whilst the other person said this had been a single incident.

People had support plans in place to provide staff with guidance about how to support the person in line with their preferences. These contained detailed information about the individual support the person required on each call. For example, one person's support plan instructed staff to remove crusts from sandwiches and open a packet of crisps for the person during a meal time. Records showed and people told us they had been involved in developing and reviewing their plans. People confirmed they had a copy of their support plan and that care workers would write in their daily records about the support they had provided. One person told us, "They (staff) always write in my folder about how I am and what I have had to eat." Another person told us, "[Registered manager] came this morning and was going through my folder crossing some things off. They (staff) come out on a Sunday night now." The person explained this was as a result of a recent fall and hospital admission.

Staff we spoke with were knowledgeable about the people they supported and their preferences. They told us that support plans were useful and they asked people if the support they provided was in accordance with their preferences. For example, one staff member told us, "I feel it is person centred care. There is information in the care plans. We support people's independence and I ask questions and offer choices. I check that people are happy with the support provided." Another staff member said, "It's no good giving care if it's not what's needed. We follow care plans which provide the information we need. It is personalised. We know what people like or don't like."

The registered manager told us that people's support plans were reviewed on a yearly basis or sooner if there were any changes. We found that this was not always the case as one person's needs assessment and support plan had not been reviewed since January 2016. We found that this person's support plan contained limited information about how staff should support the person with their finances and with personal care to which they could be resistive. The registered manager told us that there had been changes in the person's capacity and this was not reflected in the support plan. The registered manager told us that they would update the support plans we looked at and that all of the support plans were being reviewed and would be transferred to the new format. They told us they aimed for this to be completed within the next six months.

People told us they felt that staff supported them to maintain their independence. One person told us, "They

(staff) don't have to do much but it's nice to have somebody in case I need anything. I'm capable myself but I like them coming as it's a bit of company, they make me a cup of tea and will help me if needed." Another person told us, "They (staff) encourage me to do whatever I can for myself and I always make my own choices such as my clothes or what I eat." The staff we spoke with were aware of the importance of supporting people to be as independent as possible. One care worker described supporting a person with a sensory impairment and how they communicated with the person to keep them safe whilst maintaining their independence whilst mobilising around their home. They told us, "I don't intervene unless I have to."

People and their relatives were aware they could make a complaint if they were not happy with the service provided. One person's relative told us, "I would feel happy complaining if I needed to. They are really good. You can talk to [registered manager], [senior carer] and [director] they are all so friendly." None of the people we spoke with had made a formal complaint to the service. Some people told us they had raised concerns or issues and these had been dealt with. One person told us, "If I have any problems I contact [senior carer] or [registered manager] and they deal with it quickly. I can speak to [care worker] directly if there are any minor issues and she sorts it. I'll just say 'Can I have a word with you and she listens.'"

Care workers understood that people who received a service should feel able to raise concerns and were able to tell us how they would respond to any complaint raised. The staff members we spoke with felt that any concerns would be responded to by the registered manager. We saw that the service had received one complaint in the last year and that this had been responded to by the registered manager and measures put in place to reduce the risk of reoccurrence.

Is the service well-led?

Our findings

People expressed satisfaction with the management of Forever Independent. One person told us, "The managers are very approachable. [Registered manager] came out and met us when we joined and has been out herself to do some caring. All the senior staff seem good." Another person said, "Communication is the key to a happy carer and a happy client and they are good at this." People told us that they were able to contact the management team and those people that had used the out of hours number were happy with the response.

Staff were also complimentary of the way in which Forever Independent was managed and felt supported and led by the management team. One staff member told us, "I think the service is well led. [Registered manager] is often on calls with us and works alongside us. If I am not sure of anything I can check (with registered manager)." Another member of staff told us, "It is absolutely brilliant. I wouldn't work for them if they weren't." Staff told us they felt able to raise concerns and make suggestions about how the service was run. They told us that they were encouraged to report any mistakes and felt these would be dealt with fairly. One person said, "If I make a mistake I would hold my hands up and report. Safety is important."

People told us they were asked for their views about the care and support they received. One person told us, "[Senior carer] asked us for feedback and we told her that we are very happy." People also told us they felt comfortable raising any concerns they had with the care workers who visited them. They told us that the care workers had listened to their concerns and responded accordingly, apologising if required. The registered manager showed us that people were encouraged to provide regular feedback via records kept at their house. They told us that they were considering other ways to obtain people's feedback about the service, such as via annual surveys.

People and their relatives knew who the management team were. People and staff told us that the registered manager was visible and approachable and would often cover care calls. However, we found that the registered manager had not always notified us of events that had occurred in the service, such as when a referral had been made to the local authority safeguarding team. Providers are required by law to send us notifications regarding events in the service. The registered manager told us that they would send us notifications of such events in the future.

Staff told us they were provided with clear guidance about what was expected of them and felt this was kept under review by the registered manager via spot checks of their performance. Staff confirmed they were kept involved in the running of the service through staff meetings and that information was communicated effectively to them. One staff member commented, "Management know people (who use the service) and staff know what's expected. I love it."

The registered manager told us they monitored the quality of the service by carrying out specific audits (such as in respect of training) and via spot checks of staff. They told us that this would be further improved once a regular schedule of staff supervision was up and running. They told us that records kept in people's homes were returned to the office every four weeks and checked by a senior member of staff to ensure

people were getting the support they required. We checked some of these records and found they had been audited by a senior member of staff although these checks had not always proved effective in identifying and addressing issues. For example, one person's medication administration record had a number of gaps which would indicate medicines had not been given. This had not been picked up on the audit; however we saw that issues with medicines administration records had been discussed at a team meeting. We also found that support plans had not always been regularly reviewed or contain sufficient information about how staff should support people with their specific needs. The registered manager told us that all support plans were being transferred to an improved format and would be reviewed.