

Forever Independent Limited

Forever Independent

Inspection report

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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

About the service: Forever Independent is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to older people including people living with dementia, people with sensory needs, physical disabilities and mental health needs. Not everyone using the service received the regulated activity of receiving personal care. CQC only inspects services being received by people provided with 'personal care' help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our visit there were 105 people using the service.

People's experience of using this service:

Staff had not consistently received training or competency assessments with medication.

Staff had very different experiences with regard to support, training, supervision and appraisal. Some staff felt that they were well supported, and others told us that they never really saw any management or had any input with regard to their performance.

Medicines were not always administered safely. Some of the medication given was not accurately recorded on medication administration records. There were also problems with timing of medication when calls were delayed or cancelled. Staff told us that morning calls could be late and bedtime calls could start early and if there was medication support required, it wasn't always possible to make sure that people were given medication at the time prescribed.

Medicines were not always recorded and audited appropriately.

People's information was not kept confidential and secure.

The registered manager has improved the care planning and risk assessments since our last inspection, but the information is not reviewed regularly.

Not all notifications had been received by us, this means that the management are not acknowledging the duty of candour by reporting all incidents that they are required to notify us of by law.

Rating at last inspection: The service was last inspected on 30 April 2018 and was rated as Requires Improvement. This is the third time the service has been rated Requires Improvement. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

Why we inspected: This was as planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit at the

next scheduled inspection. If any concerning information is received, we may inspect sooner. We will also meet with the provider to discuss our concerns.

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

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	Requires Improvement ●
Is the service effective? The service was not always Effective	Requires Improvement ●
Is the service caring? The service was Caring.	Good ●
Is the service responsive? The service was Responsive.	Good ●
Is the service well-led? The service was not always Well-Led.	Requires Improvement ●

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. 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:

The inspection was carried out by 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 care service. The expert by experience conducted telephone interviews to gain people's views in relation to the quality of the service provided. The calls took place the day after the inspection on the 24 May 2019.

Service and service type:

Forever Independent is a domiciliary care service and provides personal care to people living in the community.

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 48 hours' notice of the inspection. The visit took place on 23 May 2019 at the office location site visit to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR) This is information we require providers to send us at least once annually to give us some key information about the service. What the service does well and any improvements they plan to make. We also reviewed information we held about the service such as notifications. These are events that happen in the service that the provider is about to tell us about.

At the providers office we spoke with the registered manager, the finance director, training co-ordinator. After the inspection we spoke with 11 people who use the service and five staff members including two seniors.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely

- Medicines were not managed safely. We saw there was crossing out of signatures on the Medicine Administration Record (MAR) with no explanation of why. The MAR chart had been audited and on the audit sheet it stated, 'no issues.'
- Staff told us "There is medication one and medication two, people who have medication two have full support because they lack capacity and we complete the MAR chart. Medication one is just to support them, and we just write in the notes that we supported them but not what the medication is or the dose." There was no guidance for staff on how much support people needed with medicines and without a MAR chart and record there is no oversight of giving the medicines correctly.
- One staff member told us that the morning calls could be as late as 10am when lunch calls started. Tea calls started at 3pm and bed calls at 6pm. They said "If a person is on paracetamol four times a day, there is no guarantee that there will be four hours between doses." This would also be classed as medication one if the person had capacity and therefore may not have the exact time recorded when they had taken the medication. This could have an impact on medicine which is to be taken at a specific time which could cause a condition to become worse.

This is a breach of Regulation 12 Safe Care and Treatment 12 (2) (g) The proper and safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- Some people said they felt safe with the regular staff, however one family member told us they were concerned about the amount of unfamiliar staff there were. This caused them concern for their relative who was suffering with dementia.
- One person told us "I trust carers implicitly. There's no problem with anything to do with safety."
- One staff member told us "Some staff just leave keys on the outside of the door and they often leave the key safe open which means that someone could change the number."
- Staff were trained in safeguarding and could tell us about the signs of abuse. They also knew who to report any concerns to both inside and outside the company.

Assessing risk, safety monitoring and management

- Staff check equipment they are using and ensure it is maintained by professionals when due. The registered manager told us that staff check hoist slings and straps when they use them. They were able to evidence how this was documented. They had recently had a new hoist where a bolt had snapped but they reported this directly to the supplier and it was replaced within two hours.
- There was an environmental tool which staff complete to ensure that they check that the premises are

safe. This is a check list that staff would go through to ensure that there are no risks at the person's home such as trip hazards or anything in need of repair.

- People had risk assessments for different aspects of their care and these had been reviewed. The registered manager told us they had put a great deal of work into the care planning since their last inspection. The care plans appeared improved from the last inspection and had relevant details regarding aspects of care and reducing risk.

Staffing and recruitment

- The registered manager told us that recruitment was ongoing. This ensured that there was always sufficient staffing to meet people's needs.
- Safe recruitment processes were used to ensure that only staff suitable for their role were employed at the service.
- Staff told us they weren't given any travel time between calls. One staff member stated that some calls took half an hour or more to get to, so they were often late. This meant that people didn't receive calls on time and this could also affect the time people received their medicines.

Preventing and controlling infection

- Staff had received training in infection control and had a good awareness of how to reduce risk, however one relative told us they were not happy that care staff did not wear gloves when giving personal care, and some had very long false nails. This poses both a risk regarding infection control and a risk with the possibility of causing a skin tear or worse when giving personal care.
- Staff were supplied with PPE this included gloves and aprons and staff told us that they changed at each location they visited.

Learning lessons when things go wrong

- We saw that complaints were logged and investigated appropriately. The outcome was stated on the file and staff had been consulted and apologised to the complainant directly if the matter was regarding someone employed by the service.
- The registered manager told us they carried out spot checks frequently. This was at least every three months. People felt when they raised a concern or complaint they listened to and felt it was being taken seriously. We saw how complaints had been responded to, the registered manager held a file and could evidence complaints and compliments.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- The registered manager told us that staff supervisions were carried out every three months apart from when staff were on leave or off sick. We saw no documented evidence that supervisions were taking place regularly. One staff member told us they felt well supported and another told us they hadn't received any supervision for well over a year. Supervision is important as it gives staff support to discuss any issues with their role and training and development needs.
- One staff member told us "We are not trained on using the equipment as there is no-one to train us." Another said "My medication competency has not been signed off." This meant they shouldn't be giving people medication until they are assessed as competent to do so.
- Staff were knowledgeable about the people they supported and enjoyed working with the same people for consistency. There were mixed views from people who used the service, one person told us "My regular carer is good but the others, I'm not so sure. I think they need more training."
- Staff told us they received regular training and there was a robust induction for new members of staff.
- The registered manager had not monitored staff's training needs and checked their competency to ensure that people received safe and effective care based on nationally recognised best practise standards.

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

- Assessment of people's needs included the protected characteristics under the Equality Act 2010. For example. People's marital status, religion and ethnicity were recorded. This is important information to ensure that people did not experience any discrimination.
- We saw evidence in care plans of information relating to specific conditions such as diabetes and a falls assessment tool so that staff know how best to deliver care appropriate to the person's needs and health conditions.

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

- People's needs associated with any dietary requirements had been assessed and staff had guidance of the support required. At the time of our inspection, no person had any specific needs or preferences regarding religious or cultural needs.
- Staff told us they checked sell by dates when they were required to prepare food for people.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff told us how they reported any health concerns to external healthcare

professionals such as the GP. Staff gave examples of calling paramedics when people required urgent medical assistance. They told us they would stay with the person to provide reassurance and shared information with the health professional.

- Staff told us they monitored people's health needs and would report any concerns, with the person's permission, to relatives and or health professionals.
- The registered manager told us they had engaged a physiotherapist for one person to improve mobility. The physio and staff worked to get the person standing and then eventually to being able to walk and use a stairlift. This increased the person's independence.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their freedom and liberty in the community by the Court of Protection. At the time of our inspection no applications had been made to the Court of Protection.

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 did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were happy with their regular care workers and described them as kind, polite, respectful, caring and patient. One person told us "The carers are all very jolly and you can have a laugh and joke with them."
- One person said "My two carers don't seem to be very interested – and they are a bit lax. They grumble about each other. They could care a bit more."
- A relative told us "The carers do encourage [name] to do as much as they can for themselves. They recognise that [name] has good days and bad days and encourage them to do more on the good days."
- The registered manager told us that one person recovered from an illness so well that they no longer required a call in the evening. They used the time to take the person shopping for a longer period which the person really enjoyed.

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

- People told us they knew they had a care plan and had been as involved as they wanted to be in decisions about their care and support.
- The registered manager told us they had worked hard on the care plans since their last inspection and we saw there had been improvements made.
- The registered manager carried out spot checks and phoned people to ensure they were happy with the care and support they were receiving.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were upheld by staff who were sensitive and caring in their approach. One person told us "The carers are kind courteous and very patient, they never rush me, even on my slow days. They say "take your time, there's no rush."
- The registered manager told us they had access to an independent advocacy service which they could offer to people if they needed it.
- People's confidentiality and privacy was not always protected. The applications on staff mobile phones was not protected by passwords. This meant that if a staff member misplaced their phone or it was stolen, people could access the information kept on people using the service. Care plans in the office were kept secure and locked away in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

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 by good organisation and delivery.

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

- People had their needs assessed when they first started to use the service. The registered manager showed how they completed the information and then developed the care plan.
- Care plans had been developed with comprehensive information on the person using the service. The information had been reviewed and amended according to a person's changing needs.
- People were consulted on the care they received and told us they felt that they were as involved as they needed to be. One relative told us "We had a review about a month ago because I couldn't do everything I used to so for [name] and they increased the hours so that they get more help."
- One person had been provided with a hoist and stand aid, this was to help them stand and also to transfer from one position to another. The carers questioned this as they had been working with the person to enable them to stand alone. The registered manager told us that staff had worked hard to support the person and they were making excellent progress.
- The Accessible Information Standard was being met. The standards expect providers to have assessed and met people's communication needs. The registered manager explained that if a person required information in other formats, they would be able to provide it. They didn't have anyone requiring information in a different format at the time of our visit. The registered manager told us that they did have one person using the service who was unable to speak English. Staff downloaded an application on their phone which allowed them to translate questions and the person could answer yes or no verbally

Improving care quality in response to complaints or concerns

- People had questionnaires to assess the quality of the service. The registered manager told us how they collated the information and acted on any concerns. However, not all people using the service could recall ever receiving a questionnaire or giving feedback. The registered manager told us how they would act on any feedback to make improvements to the service.
- There was a complaints file at the service and the registered manager told us how they would respond to a complaint. There was evidence in the file that complaints had been responded to promptly and the matter resolved.
- More than one person told us they knew how to raise a complaint or a concern but didn't do it as they didn't want to get the care staff into trouble. One person said "I don't like making a fuss and I don't want to get people into trouble, but it isn't perfect by any means."

End of life care and support

- There was no-one receiving end of life care at the time of our visit. The registered manager told us that they had been involved in this previously and staff had worked with a McMillan nurse to support a person at the end of their life.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager had not ensured nationally recognised guidance in quality and safety standards had been implemented. This meant that people may not have received safe care and support with their prescribed medicines.
- Staff had not received formal opportunities to meet and discuss their training and development needs.
- Effective arrangements were not in place to monitor documentation. One person told us "One of the staff bought someone else's notes to the house, thinking that they were mine, but they were someone else's and the carers were filling in my notes in the wrong book. It was me who had to point it out, but nothing was done for three weeks, that's a management problem."
- The provider used an application which was downloaded from the internet to store information regarding people who use the service. The information was usually the name, address and code for the key safe along with relevant notes. When this application is first used there is a system for logging in. After the first use, the application was open and there was no code needed to access it. Staff used their own phones and not all phones were locked securely, so this information could be accessed by others.

This is a breach of Regulation 17 (2) (b) Assess, monitor and mitigate risks relating to the health and safety and welfare of service users and others who may be at risk which arise from carrying on of the regulated activity.

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

- The registered manager explained they had worked hard on developing the support planning and other documents from the last inspection. This was evident, there were improvements made and the plans contained good relevant information detailing the care people required, however, this needs to be developed further and regular reviews should have taken place.
- The registered manager had not ensured that we received notifications about important events so that we could check appropriate action had been taken.

This is a breach of Regulation 16: Notification of death of a service user 16 (a)

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

- None of the people we spoke to could recall receiving surveys. Two people told us that someone from the

office spoke with them to see how things were going. People we spoke to did not feel that their views or opinions were sought.

- The registered manager had considered equality characteristics and could explain how they had met the needs of people who were unable to communicate either in English or verbally at all.

Continuous learning and improving care

- The registered manager could show some evidence of how they had improved records since our last inspection. Support plans had been developed which were person centred but these had not been reviewed when needs had changed.

- There was a questionnaire developed but this had not been sent out to people. The registered manager explained that they obtained feedback from people by telephone or when they had occasion to deliver care. The questionnaires would give people the opportunity to give more appropriate feedback and improvements could be made from comments or concerns which were fed back.

- People told us they did not report concerns back to the registered manager in case they got care staff into trouble. This indicates the necessity for an anonymous survey to monitor the quality of the service people are receiving and this will inform improvements.

Working in partnership with others

- The service involved some people and their relatives in discussions about their care in a meaningful way. This was not consistent as feedback from people was very mixed regarding inclusion.

- The service had a good relationship with professionals and this reflected the needs and preferences of people in its care. Staff told us that they spoke with health professionals if they had any concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services Failure to notify us of a death of a person using the service.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines are not recorded in all instances and some medication is not given at the times prescribed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use the service were put at risk because of data being stored insecurely on personal mobile phones and unsecure applications.