

Forest Green Care Services Ltd

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Inspection report

Unit 4, The Old Dairy
Milford Road
Lymington
SO41 8DU

Tel: 01425546460

Website: www.forestgreencareservicesltd.co.uk

Date of inspection visit:
02 March 2023

Date of publication:
22 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Forest Green Care Services Ltd is a domiciliary care provider. At the time of this inspection 7 people received personal care support from the service. The service supported older people, some of who were living with dementia, within their own homes.

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

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

Governance systems had improved since the last inspection, but we continued to find examples where records relating to people's care and to the management of the service were not always complete and up to date. Further improvements were planned and new systems were being introduced to support this.

Staff felt supported by management and enjoyed working at the service. The provider had an open and honest approach to care delivery and reported accidents and incidents and informed those involved as necessary.

People felt safe using the service. Improvements had been made to the recruitment checks to ensure that new staff were of good character. Risks concerned with people's health, care and the environment were being more robustly assessed and reduced as far as was practicable. Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Systems were in place to protect people from abuse. Staff we spoke with were aware of how to identify, prevent and report abuse. There were enough staff to keep people safe. Staff training had improved. Staff received regular support to enable them to carry out their roles effectively. People were supported with their nutritional needs.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 October 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 09 March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Forest Green Care Services Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Forest Green Care Services Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector and an Expert by Experience contacted people and relatives by telephone. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. The manager had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 March 2023 and ended on 03 March 2023. We visited the location's office on 02 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service, 5 relatives and 1 professional about their experience of the care provided. We spoke with 3 members of staff, this included the nominated individual, the manager who is also the provider, and 1 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 4 people's care records and multiple medicines records. We looked at 1 staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 1 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection the provider had made improvements and relevant risk assessments were now in place. This including risk assessments for bed rails, the impact of living with dementia and risks presented by the environment. One relative told us, "The carers make sure the house is locked and my parents are safe and they have all that they need".
- Fire risk assessments were in place but could be improved further by more clearly identifying and mitigating risks associated with the use of flammable creams.
- Risk assessments were also in place for self-neglect, food storage, skin integrity, infection control and medicines.
- Falls risk assessments still needed to be more robust, for example, one person had experienced some recent falls. Health professionals had been called and equipment put in place, however, the person's falls risk assessment had not been updated to reflect what extra measures were in place to keep them safe.
- The service had a business continuity plan in place to describe how people would continue to receive a service in the event of unforeseen events and emergencies.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment procedures. This was a continuing breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Since the last inspection the provider had taken on 1 new member of staff. We reviewed their recruitment records and found that overall, required checks had been made. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The staff member's employment history had been explored, however, this did not include the whole of the period since they left full time education. The provider took action to obtain this information during inspection.
- People and their relatives felt there were sufficient staff to keep people safe. One person told us, "Sometimes they can be running a bit late, but they let me know that they are". Another person said, "Sometimes they are 15-20 minutes late, but they ring me to let me know. There hasn't been a day when they haven't show up at all".

Using medicines safely

At our last inspection the provider had failed to ensure the safe and proper management of medicines. This was a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were appropriate arrangements in place for the recording and administering of prescribed medicines.
- Where medicines administration records (MARs) showed gaps, it was evident that the provider had investigated the reason for this and taken action taken if required.
- One person's records showed there was not always a 4 hour gap in-between doses for pain management. The provider acted straight away to address this.
- Staff had received training in the safe handling of medicines and received an assessment of their competency to administer medicines in line with best practice guidance.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe and were happy with the service and staff. One person told us, "They are very laid back, friendly, polite and caring. They are a splendid group of carers and I don't ever feel rushed by them."
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction and update this annually. Records showed all staff had completed training on safeguarding, although in a small number of cases, this had expired. The manager was putting arrangements in place for this to be updated.

Preventing and controlling infection

- People were happy with infection control practices and told us staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.
- All staff had either completed training on infection control procedures or were due to refresh this in the near future.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved. There was also evidence that health professionals had been contacted and

actions put in place to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff had access to effective supervision and training for staff to ensure staff who had the right skills and competencies to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives felt staff were well trained. One person told us, "I feel they are knowledgeable. When there is a new carer, they are accompanied by a regular carer to begin with and introduced to us, then they come on their own and know what they are doing".
- Since the last inspection the provider had introduced practical training for manual handling as well as on line training. Records showed most staff training was up to date and those that had recently expired were due to be completed soon.
- Staff new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported by supervisions. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People and their relatives were pleased with the care provided. One relative told us, "I am really grateful to [managers name]. The care is excellent. In-laws are very happy and have got to know all the carers. It was a bit difficult for them in the beginning, having strangers coming in to help. All the carers have good manners, they will stay and chat after they have finished doing what they are there to do".
- When people started with the service, they, and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. Staff could access the electronic care records system via an application on a smart phone that was password protected. This meant staff could read people's care plans on-line and check the care records from the last call before they visited each person.

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

- People were supported at mealtimes to access food and drink of their choice.
- The support people received with meals varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people.
- Care plans contained information about specific food preferences, and most were suitably detailed about the support people needed with their nutritional needs.

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and other health professionals, for example, 1 person told us, "I find the carers to be very friendly. I have three nice girls that look after me, they are regulars, very helpful and very kind, [managers name] also comes sometimes and she is very good and caring, she took me to a hospital appointment yesterday, I had no-one else to take me so Forest Green said they would take me".
- A relative told us, "I phoned [managers name] last night at 9.10pm and spoke with her about mum's catheter that has been giving her problems, she came and saw mum this morning, put her at ease and sorted the problem. Mum lacks confidence and she is much happier when there is someone else other than family to talk to and be company for her, they reassure her too and she listens to them".

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 MCA 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.

- Staff had been trained in the MCA and supported people to make day-to-day choices and decisions.
- Records showed people had given consent for their care and support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed in consistent and effective leadership, poor record keeping and poor governance. This was a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

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

- The governance arrangements had improved, and a number of audits and checks were now undertaken. This included the introduction of a new online auditing tool linked to the provider's electronic care records.
- However, further work was required to embed these systems to ensure they were fully effective and we continued to find a number of examples where records relating to people's care, the management of some risks and medicines and the recruitment of staff were not always complete, contained conflicting information, or were not fully up to date. It was not always clear on people's health conditions in their care plans. This meant someone could be living with an illness or condition that staff may not be aware of to ensure their needs were met.
- There was no registered manager in place. However, the provider who was the manager of the service had completed their application to be registered with CQC and were waiting for their interview process.
- People and their relatives were positive about the manager and office staff. One person told us, "I find [managers name] to be on the ball with everything. I can get through to the office anytime and speak to [staff members name]. I can't fault them at all". Another person said, "I think they are actually very good. [Managers name] is excellent, marvellous". Another person told us, "They are very good to me and I feel I am very lucky to have them".
- Staff felt supported by the management team. One staff member told us, "We have an excellent group of staff and management, and we all work together as a team to give our service users the best care. The management are very approachable and I am very happy with the company I work for and I do believe all are service users and their families are very happy with the care we provide".

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

- All the people and their relatives praised the service. One relative told us, "The business is run well and I

have lots of chats with [managers name]. There is good communication. I am kept informed about my family and about any changes. If I get a call from my Mother-in-law, if she has a problem or is in difficulty all I need to do is ring Forest Care and they will send someone over to help at any time. I feel they go above and beyond".

- Another relative told us, "I have found them to be very useful, handy, kind and very good. They are friendly, nice, kind to my wife, nice to me and very efficient. We get to see the same faces. I don't suffer fools gladly and wouldn't keep Forest Green on if they weren't any good". Other comments included, "I feel they go above and beyond," "I find this care service to be very good. They are all friendly, polite and respectful. We are very happy with them."
- Throughout the inspection it was evident that the leadership team were extremely passionate about the people they cared for and that care provided was person centred.

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

- People and their relatives felt involved in the service. One relative told us, "They update dad on things that are going on, they are great with dad too. It works well and it works for everyone".
- The provider had introduced quality assurance surveys to seek feedback from people. The most recent survey was sent out in November 2022 and they had received 4 replies all of which were very positive.
- The provider also sought feedback from people when visiting to provide care or when carrying out unannounced spot checks on staff to check on the standards of care.
- Staff were supported by team meetings. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice.
- The service was still working with the local authority improvement team and improvements continued to be made following the last inspection.
- The service worked in partnership with local doctor's surgeries and community health teams. For example, the service had arranged some community equipment to be delivered to one person to improve safety.

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

- There was an open and transparent culture in the service.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.