

Mrs Jeanette Cook

Forget-Me-Not-Homecare Services

Inspection report

29 Eliot Road
St Austell
Cornwall
PL25 4NN

Tel: 0172677212
Website: www.fmnhomecare.co.uk

Date of inspection visit:
07 June 2016

Date of publication:
22 June 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

We carried out this inspection on 7 June 2016 and it was announced four days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the first inspection for the service since operating from this location. The service was last inspected at a different location in October 2013; we had no concerns at that time.

Forget-Me-Not Homecare Services is a Domiciliary Care Agency that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in St Austell and the surrounding areas. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 26 people were receiving a personal care service. These services were funded either privately or through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

People told us they felt safe using the service. Relatives also said they thought the service was safe. Comments included, "They [staff] look after me, nothing is too much trouble" and "I trust them [staff] they are really good."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their care needs, which enabled them to provide an individualised service. Care plans provided staff with clear direction and guidance about how to meet people's individual needs and wishes.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. Comments from people and their relatives included, "I know all the staff who come to help me and new staff are always introduced to me before they work on their own" and "I have regular staff."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team. Staff told us the management team were very supportive and readily available if they had any concerns. Staff told us, "They [the service] are very good to work for", "Very supportive" and "Management listen to our views."

People and relatives all described the management of the service as open and approachable. Comments included, "I would recommend the service to anyone", "I have confidence and trust in the service and they earned that very quickly" and "They [the service] are open to any comments and feedback."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families told us either the registered manager/owner or deputy manager rang and visited them regularly to ask about their views of the service and review the care and support provided.

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. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.

Is the service well-led?

The service was well-led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Good ●

Forget-Me-Not-Homecare Services

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 checked 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.

This inspection took place on 7 June 2016 and the provider was given four days notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one adult social care inspector.

Prior to this inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the five people who used the service, six relatives, five members of care staff, the registered manager, deputy manager and administrator. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. Relatives also told us they thought the service was safe. Comments included, "They [staff] look after me, nothing is too much trouble" and "I trust them [staff] they are really good."

The service had sufficient numbers of staff available to keep people safe. Staffing levels were decided by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available.

A staff roster was produced each week to record details of the agreed times of people's visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they were able to arrive at people's homes at the booked times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement care worker if necessary.

People told us they had a team of regular staff and the service sent them a list each week showing the times of their visits and the names of the staff booked. Everyone told us they were kept informed of any changes and no one reported ever having had any missed visits.

Either the deputy manager or one of the senior care staff were on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. People were given information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Staff told us management always informed them of any potential risks prior to them going to someone's home for the first time.

Sometimes management needed to take on new care packages at short notice. This meant that it was not always possible for a manager to visit the person's home and complete a risk assessment prior to a care package starting. In these situations the deputy manager carried out the first few visits. This enabled them to complete a risk assessment and pass any relevant information to other staff before they visited the person's home.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that

appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The medicine policy gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

New staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident management would respond to their concerns appropriately.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people and their relatives included, "They [staff] are all trained to a good level" and "They [staff] know my mother's needs."

New staff completed an induction when they started employment. Forget-Me-Not Homecare Care had introduced a new induction programme in line with the Care Certificate. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Initially new staff worked alongside a member of the management team and then worked with a more experienced care worker until such a time as the worker felt confident to work alone.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. One care worker said, "Training is good." Most care staff had either completed or were working towards a Diploma in Health and Social Care. Staff received regular supervision and appraisal from the registered manager or deputy manager. This gave staff an opportunity to discuss their performance and identify any further training they required. Another care worker told us, "I have regular supervision and appraisals".

Care plans recorded the times of people's visits. People and their relatives told us they had agreed to the times of their visits and staff always stayed the full time of their agreed visits.

Forget-Me-Not Care worked successfully with healthcare services to ensure people's health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes if they declined care. Care records showed that people signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. As the service is not a care home any applications to deprive people

of their liberty must be made to the Court of Protection. This is done by the service informing the local authority who makes any necessary applications to the Court of Protection. Mental capacity assessments and best interest meetings had taken place and were recorded as required. The registered manager understood the legislation and had liaised appropriately with health and social care professionals when there had been concerns about restrictions on people's liberty.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions. However, care plans did not record all of this information. After discussions with the registered person we were assured that care plans would be updated to reflect each person's individual decision making abilities.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People told us new staff were always introduced to them and didn't work on their own until the staff member and the person were in agreement with this happening. Comments from people and their relatives included, "I know all the staff who come to help me and new staff are always introduced to me before they work on their own", "I have regular staff" and "They [staff] are professional yet friendly."

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. They also said staff were kind and caring towards them. People and their relatives spoke well of staff, comments included, "Staff are wonderful. They are marvellous and kind" and "Staff are like my friends."

During visits to people's homes we saw staff interacted with people in a caring and respectful manner. Staff were friendly, patient and discreet when providing care for people. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time. People told us, "They [staff] all consider my dignity. They allow me to do what I can for myself, even though it takes longer, and only take over when I need it" and "Staff always stop and have a chat with me."

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency. One person said, "Staff always ask if there is anything else I need before they go. Today they put my rubbish out for me because my family were not around and I cannot do it."

Staff had a good knowledge and understanding of people. Staff were motivated and clearly passionate about making a difference to people's lives. Staff said, "I love the job" and "I think people are well looked after."

People told us they knew about their care plans and a manager regularly asked them about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service a manager visited them to assess their needs and discuss how their wishes and expectations should be met. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. People confirmed that a manager had visited them to give them information about Forget-Me-Not Homecare and agree their care plan with them.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This meant staff could read the section of people's care plan that related to the visit or activity they were completing.

Care plans were reviewed regularly and updated as people's needs changed. People told us a manager visited them regularly to discuss and review their care plan. Records of the care provided were completed by staff at each visit. Daily record sheets were collected by senior care staff weekly and returned to the service's office. The deputy manager checked these records and made any necessary updates to people's care plans. When care plans were updated new copies were taken to people's homes by senior care staff in a timely manner.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People received a flexible service and staff responded to people's individual needs and requests for additional help. For example, a relative told us they regularly asked the service for additional visits, often at short notice, when their husband was unwell. They told us these extra visits had always been covered.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the owner of the service, had overall responsibility for the day-to-day running of service. They were supported by the deputy manager, the administrator and two senior care staff.

The registered manager/owner had clear visions and values about how they wished the service to be provided. They had taken a business decision to keep the service small as they wanted to know all the people who used the service and be confident that the quality of the care provided could be sustained. These values were shared with the rest of the management team and care staff.

People and relatives all described the management of the service as open and approachable. Comments included, "I would recommend the service to anyone", "I have confidence and trust in the service and they earned that very quickly" and "They [the management] are open to any comments and feedback."

There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity there was to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right staff available to meet people's needs. People told us they felt their staff had been matched to meet their needs and were complimentary about the service's recruitment practices. Comments from people included, "All the staff are of the same high standard, I can't say one is better than another."

The management team monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us either the registered manager/owner or deputy manager rang and visited them regularly to ask about their views of the service and review the care and support provided.

The service also gave people and their families questionnaires to complete regularly. Results from a survey carried out in January 2016 showed high satisfaction levels. For example, everyone had answered questions about their overall view of the quality of the service as either excellent or good.

The deputy manager and senior care staff worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

Staff received regular support and advice from managers via phone calls, texts, e-mails, face to face supervision and monthly staff meetings. Staff told us the management team were very supportive and readily available if they had any concerns. Staff told us, "They [the service] are very good to work for", "Very supportive" and "Management listen to our views."

Staff were encouraged to feedback any concerns or suggestions about people's care needs to management. Staff told us how they would often raise ideas about different ways of supporting people and this was taken on board and changes made to people's care plans. One care worker, "Management value our views and realise that we understand people's needs because we work with them."