

## Bracknell Forest Borough Council

# Forestcare

### Inspection report

Commercial Centre  
Old Bracknell Lane West  
Bracknell  
Berkshire  
RG12 7QT

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### 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

This inspection took place on 7 August 2017 and was announced. We gave the registered manager 48 hours' notice as we needed to make sure someone would be in the office. This was the first inspection carried out at the service since the provider added this location to their registration on 11 August 2016.

Forestcare has recently celebrated its 25th anniversary. On their website they say they are Bracknell Forest's telecare service, "Designed to offer personalised support to suit a range of needs, Forestcare offers free assessments and advice to the borough's vulnerable residents and their families. Through this service the team design a bespoke monitoring and response package to enable the borough's older and vulnerable residents to maintain their independence while having peace of mind that help is at hand."

Forestcare provides a number of different services to support and enable people to continue to live in their own homes. The majority of the services are linked, but different aspects of the service provision, although linked together, are not regulated.

Some of the services they offer that do not require registration include:

- The lifeline service. This is a 24 hour, 365 days a year telecare service. Forestcare install and monitor lifeline alarms in people's homes. People then wear a pendant which they can press to call for assistance if they need it.
- Care calls. A care call is where staff at the service's control centre telephone people at pre-arranged times each day to check they are okay. Care calls can also be used to prompt people to take their medicines.
- Medicine monitoring. People can have their medicine in a unit which is programmed to dispense medicine at chosen intervals. If the person does not take their medicine at the appropriate time the unit will sound an alert and will raise an automatic call through to the Forestcare control centre.
- Mobile global positioning system (GPS) lifeline monitoring. The device provided for this service is the size of a key fob and is fitted with a roaming phone card which utilises the mobile phone network to connect to the control centre. It has a button which can be used to raise an alert to Forestcare so they can find out what the problem is and arrange help. The GPS element of the device also enables the service to locate the person if they get lost or have an accident, wherever they are.

In November 2016 Forestcare launched its new 'responder service', which provides emergency care to people in their own home at any time of the day or night. The emergency care and support offered may involve the provision of personal care and it is this aspect of the service which is registered and regulated by the Care Quality Commission. The responder service is offered to people as an addition to the lifeline service and includes staff visiting people in emergencies and providing whatever support is indicated, which may include personal care. In their documentation they state that, "Each emergency care situation is different, but some common scenarios we regularly give immediate support to include: rapid response for an unplanned discharge from hospital; emergency support when another agency has let a family down; help when unforeseen circumstances occur and a family has other commitments; assistance with personal care and falls."

Overall the service handles approximately 10,000 calls a week and they monitor more than 3,000 lifeline alarms across Bracknell Forest and surrounding areas. At the time of our inspection 17 people were signed up to the responder service. Plans were underway for a further 80 people to sign up in August and September 2017.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during this inspection.

People were treated with care and kindness. They were consulted about their support and their wishes and views were recorded in their support plans. People were treated with respect and their dignity was upheld. This was confirmed by people who provided feedback.

People were protected from the risks of abuse. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People received effective support from staff who were well trained. They told us staff had the training and skills they needed when providing their support. Where people required healthcare support, staff were skilled at obtaining the appropriate support without delay.

People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's right to confidentiality was protected and they received support that was individualised to their documented personal preferences and needs.

People said staff and management responded well to any concerns they raised. One person said they had not had to raise any concerns but felt the service would heed them if they did.

Staff were happy working for the service and people benefitted from staff who felt well managed and supported. People thought the service was well-led and said they would recommend the service to another person.

People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service and staff.

## 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.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People were protected from the risks of abuse and there were sufficient numbers of staff.

### Is the service effective?

Good ●

The service was effective.

People benefitted from a staff team that had the skills and support needed to deliver the service offered to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions.

People were supported by staff who ensured prompt action was taken to address any emergency health or wellbeing needs.

### Is the service caring?

Good ●

The service was caring.

People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were understanding of their known wishes and preferences.

People's rights to privacy and dignity were respected and people were supported to maintain their independence whenever possible.

## Is the service responsive?

Good ●

The service was responsive.

People received support that was personalised to meet their individual needs.

The service provided was monitored, reviewed and improved in response to the changing needs of people who use the service.

No formal complaints had been made to the service since registration. People said the service responded well to any concerns they may raise.

## Is the service well-led?

Good ●

The service was well led.

People were supported by staff who were happy working at the service. There was a strong team spirit with staff supporting each other and working well together. They felt supported by the management and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. This was supported by a community professional who felt the service was well-managed and tried hard to continuously improve the quality of care and support provided.

# Forestcare

## 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 took place on 7 August 2017. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because we needed to make sure someone would be in the office.

Before the inspection, the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included any information received and any notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager, the manager for the Forestcare service overall, three of the control room staff and two of the administration staff. We sent out questionnaires to all staff and people who use the service. We received feedback from two people using the service and 13 staff members. We also received feedback from one community professional.

We looked at four people's support plans and response records, four staff recruitment files, staff training records and the staff supervision log. We reviewed a number of other documents relating to the management of the service. For example, management audits, compliments received, a sample of policies and the quality assurance telephone call records.

## Is the service safe?

### Our findings

People were protected from the risks of abuse, They felt safe from abuse or harm from the service workers. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. Staff felt confident about reporting any concerns or poor practice to the registered manager.

When people first applied to sign up for the responder service, one of the service's assessors would visit them. During that visit they carried out an assessment of the person's abilities and any medical concerns or conditions that the service may need to know about. Risk assessments were also carried out to identify any risks to people when providing them with emergency support or care. Identified risks were incorporated into the support plans and included guidance to staff on what to do to minimise any potential or actual risk. For example, risks of falls and risk of skin breakdown.

The service assessed the environment and premises for safety of staff when providing the emergency service as part of the initial assessment. For example, slip and trip hazards inside and outside people's homes and lone worker safety. Staff confirmed the service had a lone worker policy that kept them safe in their work. The service had an emergency business continuity plan in place in case there were threats to the running of the service. For example, in case of an incident that meant the control room site could not be used, an alternative site in Bracknell was set up that all staff and activities could be transferred to. All phone calls would be transferred and computer access at the emergency site linked in to the services computers to allow continuation of the service to keep people safe. The new site was also equipped with emergency supplies so that there was no break in the monitoring service people received.

People were protected by appropriate recruitment processes. Staff files included the recruitment information required of the regulations. For example, proof of identity, full employment histories, evidence of conduct in previous employment and criminal record checks. The registered manager had an additional checking system in place to ensure all required information was in place before allowing new staff to start working with people who use the service.

There were enough staff employed to ensure people received the care they needed in line with their agreements. As part of their responder service agreement, Forestcare state that they aim to be on site with people within one hour of an alert being raised. Audit figures showed that for all responder service alarm calls carried out the staff were on site and providing assistance within the 60 minutes target time.

The service workers do not handle or administer medicines for people who use the service.

## Is the service effective?

### Our findings

People received effective support from staff who were well trained and supervised. People said the service workers had the skills and knowledge needed when providing the support they required. A community professional felt the staff were competent to provide the care and support required by the people who use the service. They also felt the service made sure the staff knew about people's needs, choices and preferences.

Staff received training in topics related to their roles. Staff training records showed they had received induction training when they first starting employment with the company. All staff new to care were also provided with induction training that was in line with the care certificate. This is a set of 15 standards that new health and social care workers need to complete during their induction period. Until staff had completed their induction and been signed off as competent they were not allowed to go to responder calls on their own. Due to the nature of the service provided the registered manager had arranged with other local adult social care services for staff to attend their services for some of the competency assessments and sign offs. For example, the provision of personal care.

Staff had received training in topics such as emergency first aid, fire safety and moving and handling. Other training routinely provided included basic life support and safeguarding adults. Additional training had been provided in relation to the needs of people supported by the service, such as training in the use of the mobile lifting chair used for safe transfer of a person from the floor to a sitting or standing position. Staff felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences.

Staff had one to one meetings (supervision) with their manager once every two to three months and an annual appraisal. The log of supervision showed most staff were up to date with their supervision meetings. The registered manager was aware that some staff were overdue a supervision meeting and was already dealing with this. Staff said they had regular supervision meetings which enhanced their skills and learning. Staff had annual appraisals of their work and records showed these were scheduled to take place annually.

People's rights to make their own decisions, where possible, were protected. Staff confirmed they received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. The 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.

The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the legal safeguards in the MCA in regards to depriving people of their liberty. The registered manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, no people were being deprived of their liberty.

Providing meals was not a part of the emergency responder service. However, the registered manager explained that sometimes staff went to assist someone with an emergency and found they had not eaten or drunk. In those instances staff would prepare and assist the person with a meal and drink as appropriate. Dependent on the nature of the emergency call, staff would also liaise with appropriate health and social care professionals where indicated and either stay on the telephone with people to reassure them, or stay with them in their home until other help arrived.

## Is the service caring?

### Our findings

People told us the service workers were polite and helpful when they supported them. They commented they were happy with the service and said staff always treated them with respect and dignity. A community professional said the staff they met were kind and caring towards people who use the service. They also thought the service promoted and respected people's privacy and dignity.

Staff received training in equality and diversity and working in a person centred way. People's preferences were recorded, for example, how they preferred to be addressed.

People said they were involved in decision making about their support needs. In the support plans we saw people had signed to signify their involvement and agreement to the content. On one feedback form we saw a couple had said staff were always pleasant and the service gave them peace of mind.

People's right to confidentiality was protected. Staff received training in data protection and confidentiality during their induction. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff.

People were supported to be as independent as possible. The support plans gave details of things people could do for themselves and where they needed support. This helped staff to provide support in a way that maintained the person's level of independence. People told us the support and care they received helped them to be as independent as they could be.

## Is the service responsive?

### Our findings

People benefitted from a service that was designed to be responsive to any emergency needs they may have and to help them remain in their own homes, if at all possible. In November 2016 the provider launched the Forestcare responder service. The service provides emergency care to people in their own home at any time of the day or night. This is the only service they provide where staff will attend someone at home in certain circumstances. For example, if someone falls and activates their alarm the call centre will talk with them to determine the problem. If they appear uninjured and just need help to get up from the floor then a member of the service staff will go to their home. After determining the person is not hurt the staff member will help them to get up. If they require any help with personal care or just time to feel settled and safe, the staff will help in whatever way is indicated. If the person is injured the staff member will call for appropriate medical assistance and wait with them until the additional assistance arrives.

People received support that was individualised to their personal needs and based on a thorough assessment. All people said they were happy with the support they received from the service. A community professional said the service acted on any instructions and advice they gave. They also said the service managers and staff were accessible, approachable and dealt effectively with any concerns they or others raised.

People's needs and support plans were assessed on an annual basis or if the person's needs changed. People's changing needs were monitored and the support package adjusted to meet those needs if necessary. Each time an emergency visit took place staff completed a visit log to show what the emergency was and the action they had taken to resolve the issue.

People were aware of how to raise a concern. They said they knew who to contact at the service if they needed to. One person said, "I haven't had to raise any complaints or concerns but I reckon they would heed them." People were given details about how to make a complaint when they signed up to the service. Details of how to complain were also included in the service's user guide that everyone was given at the start of the service. They knew who to contact at the agency if they needed to. Staff were aware of the procedure to follow should anyone raise a concern with them. There had been no complaints made to the service since they registered in August 2016.

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a manager registered with CQC to manage the service. All records seen during our inspection were up to date, fully completed and kept confidential where required.

People received a service from staff who worked in an open and friendly culture. They said their managers asked what they thought about the service and took their views into account. They felt well supported by the management team. Team meetings were held every two to three months and managers meetings were held every one to three months. Team meeting minutes showed staff were invited to give ideas for improvements and were kept up to date with what was happening within the service. Every Monday the managers held a meeting where they were able to catch up on everything that had happened over the previous week.

Feedback on the service provision was sought by the service staff at the time of an emergency visit and after the visit over the telephone. There had been no negative feedback up to the date of our inspection. The registered manager said remedial action would be taken if issues were raised by people at any time. People confirmed they were asked their opinion on the service they received. A community professional felt the service was well managed and tried hard to continuously improve the quality of care and support they provided to people.

The service carried out routine audits of a number of areas related to the running of the service. The audits took place monthly and covered the key lines of enquiry and whether the service provided was safe, effective, caring, responsive and well-led. Any issues identified would be added to a continuous improvement plan for the service.

The service had a positive culture that was person-centred, open and inclusive. It had a well-developed understanding of equality, diversity and human rights and put these into practice.

People benefitted from a staff team that were happy in their work. They said they were given important information as soon as they needed it. One member of staff told us, "Our registered manager is very supportive and approachable. She always encourages staff to speak to her if they have any concerns, be this in supervision or at any time."