

Forget Me Not Home Care Ltd

Forget Me Not Home Care Ltd

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Forget Me Not Home Care Ltd is a domiciliary care agency. It is registered to provide personal care to people living in their own homes in the community, including older people; people with physical disabilities and people living with dementia.

The service was first registered with the Care Quality Commission (CQC) in December 2016 and became operational in March 2017. We conducted this first comprehensive inspection of the service on 4 and 8 January 2018. The inspection was announced. On the first day of our inspection nine people were receiving a personal care service.

The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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. Forget Me Not Home Care Ltd operates from an office in The Old Hall (a care home registered separately with CQC) and the registered manager of the service was also the registered manager of The Old Hall.

In establishing Forget Me Not Home Care Ltd, the provider's stated aim was to provide people with a service that was 'completely tailor made to your needs as we work around you, for you and with you to [enable you] to carry on living an independent life'. In the service's first 10 months of operation, this commitment to creating a fully person-centred service, had undoubtedly been achieved.

People were at the heart of the service. Staff had a deep understanding of each person's individual needs and preferences and used this knowledge to provide them with flexible, responsive support which enhanced the quality of their lives. A minimum call time of one hour ensured staff had sufficient time to meet people's physical and emotional needs in a holistic way, without rushing. The provider had a meticulous approach to call scheduling which meant people's care calls were never late and were often early –something people were very pleased about. People knew which member of staff would be covering each call and were introduced personally to each new member of staff before they started providing them with care. People were closely involved in the development of their individual care plan and met with the provider on a monthly basis to discuss and agree any changes.

Staff were caring and friendly and supported people with kindness and compassion in ways which often went far beyond the provider's formal contractual agreement. People were treated with dignity and respect and were encouraged to retain their independence and exercise choice and control over their lives. End of life care was provided with sensitivity and compassion.

Inspired by the registered manager's determination to pioneer new ways of providing homecare, there was a strong culture of innovation within the service. A number of successful initiatives had been introduced in support of the provider's vision of a wholly person-centred service. Systems were in place to identify

organisational learning from significant incidents and the provider was committed to the continuous improvement of the service in the future.

Without exception, people told us they were completely satisfied with the service they received and could think of no ways in which it could be improved. People also said they had no reason to complain about the service but were confident any complaint would be handled properly if they did. The provider maintained a range of auditing systems to monitor service delivery and ensure it remained in line with people's needs and preferences.

The registered manager demonstrated strong, inspirational leadership which was clearly admired and appreciated by her team. The provider went to considerable lengths to promote the welfare and happiness of the staff team. Staff had the knowledge and skills to meet people's needs and were encouraged to study for advanced qualifications. The provider had introduced a secure online system to ensure effective communication between staff at all levels.

The provider assessed any potential risks to people and staff and put preventive measures in place to address them. Staff knew how to recognise and report any concerns to keep people safe from harm and were aware of people's rights under the Mental Capacity Act 2005. People who needed staff assistance to take their medicines were supported safely and staff assisted people to eat and drink whenever this was required.

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 very safe.

Staffing resources were managed with great care to ensure that staff had time to meet people's physical and emotional needs in a holistic way.

People's care calls were always on time and were often early.

People knew every member of the care team and were introduced personally to each new member of staff before they started providing them with care.

The provider assessed any potential risks to people's safety and welfare and put preventive measures in place where these were required.

The provider took great care to protect the safety and welfare of staff.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People who needed staff assistance to take their medicines were supported safely.

Systems were in place to promote organisational learning from significant incidents.

Outstanding 

Is the service effective?

The service was very effective.

Staff were experienced in the care of older people and had the knowledge and skills required to provide people with safe, effective care.

Senior staff were proactive in researching good practice guidance and implementing this within the service.

An innovative online system enhanced staff communication and enabled them to respond to people's needs quickly and

Good 

effectively.

Staff worked proactively with local healthcare services and supported people to access any specialist support they needed.

Staff were aware of the principles of the MCA and reflected it in their practice.

Staff assisted people to eat and drink whenever this was required.

Is the service caring?

The service was very caring.

The provider went far beyond formal contractual requirements to provide people with kind, compassionate care.

Staff were warm, friendly and caring and treated people with dignity and respect.

People were encouraged to retain their independence and to exercise choice and control over their lives.

Outstanding 

Is the service responsive?

The service was very responsive.

People were closely involved at every stage in the development of their individual care plan. People met the provider on a monthly basis to discuss and agree any changes.

Staff had a deep understanding of people's individual needs and preferences and used this knowledge to provide them with flexible, responsive support which enhanced the quality of their lives.

End of life care was provided with sensitivity and compassion.

People were confident the provider would respond properly to any complaints or concerns.

Good 

Is the service well-led?

The service was very well-led.

Without exception, people were completely satisfied with the service and had no suggestions for improvement.

Outstanding 

There was a strong culture of innovation and continuous improvement.

The registered manager displayed strong, inspirational leadership which was admired and appreciated by her staff team.

The provider went to considerable lengths to promote the welfare and happiness of the staff team.

A range of measures was in place to monitor service quality.

Forget Me Not Home Care Ltd

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. The inspection was planned to check whether the provider was 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 was announced. The provider was given notice of our inspection visit because the location provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

The inspection was conducted by one inspector. Our inspector visited the administration office of the service on 4 January 2018. On 8 January 2018 our inspector telephoned people who used the service to seek their views about how well the service was meeting their needs.

Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about). During our inspection we spoke with three people who used the service, three relatives, the registered manager, the assistant manager, two care workers and one community healthcare professional. We looked at a range of documents and written records including two people's care records, two staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

Is the service safe?

Our findings

Forget Me Not Homecare Ltd was first registered in December 2016 and started operating in March 2017. Discussing her approach to setting up the new service, the registered manager told us, "I am very passionate about what I do [and] am not prepared to cut corners. [I was] really, really adamant that care staff [were] not going to rush [and that we would] always work in a person-centred manner. Quality not quantity."

Reflecting this ethos, the registered manager had adopted an innovative and principled approach to the deployment of staffing resources which ensured people's needs and wishes were met in a holistic and highly personalised way. The minimum length of all care calls was one hour which meant staff had sufficient time to fulfil people's personal care requirements without rushing but also had time to interact with them socially and assist them in other ways as requested. Without exception, people we spoke with told us how much they appreciated the provider's approach in this area and the positive impact it had on their well-being and happiness. For example, one person said, "It's a new venture [and it is] fantastic from my point of view. I never feel they are rushing. [They have] plenty of time. They stay for an hour. On my evening call I have a shower [which doesn't take the full hour]. We sit and talk. They say, 'What else can we do?' One will clean the downstairs cloakroom for me. From my point of view they are very good indeed." Another person told us, "I am very satisfied with them, they are very good. They help me get washed and dressed and sorted for the day. [But] they do things other than general care. They have done a bit of ironing. They are very helpful. [My husband and I] chat with them all. They are good company." A relative said, "They are very good. Much better than [the company] we used to have. [They] offer to do other jobs. We [also] have a chat. We don't see anybody else [and] regard them as friends rather than carers." Another relative told us, "They have hour slots. They don't cut it down. They fill in their time with other things. They give [name]'s legs a nice massage. [I sometimes ask], 'Do you mind washing up and Hoovering?' They are quite open to do anything within reason. [It is] very, very impressive." Another relative said, "[Name] likes company [and] they will sit and chat. They're brilliant."

Talking positively about their experience of working within the full hour call system, one staff member told us, "I have never felt rushed. We have a whole hour [which gives time] for a lot of social stimulation as well. With one lady [once she is] washed and dressed I give her a hand massage. She has been stressed recently and we have time to talk about that [as well]. I [also] do odd jobs. For example, her husband struggles to put the duvet cover on [so I do that]. And I put rubbish out and clean the bathroom for him." Another staff member said, "I love it. [All the personal care] they are paying for is done and any time [after] that is what they want doing. We do cleaning, Hoover for them, washing up. Some just like to chat. With one lady, I will soak her feet, chat and watch TV. Just communicating [together] as she is on her own all day."

In addition to allocating staff for a minimum time period of an hour, the provider maintained a meticulous approach to the scheduling of people's care calls to ensure staff always arrived on time. In preparing the staffing roster, the assistant manager told us that he took great care to allocate sufficient time for staff to travel between each call. As a result, in the ten months that the service had been in operation, no member of staff had ever been late for a care call. In fact, people we spoke with told us (approvingly) that staff often arrived early, in marked contrast to other homecare companies they had used previously. For example, one

person said, "They are never late. They [have] a time slot for travel [which] I think is generous. They are here on time [and are] sometimes early. They [used] to sit in the driveway but I said, 'If you are early, come in!' They are more efficient than other services [I have used]. They are always on time." Another person told us, "They are never late. They are here early if anything. We don't mind that, it suits us. We had [another company] before. These are much more reliable. They are always on time and have never missed a day." A relative said, "They are always on time. I had some bad experiences with [another company] when I didn't get anyone for four days or they turned up at 1.45am in the morning. With [this company] I am confident they will turn up when they say they will." Confirming the assistant manager's conscientious approach to call scheduling and the positive impact this had on the lives of the people using the service, one staff member told us, "I am never late. I have a lot of [travel] time between calls [so] I generally get there early. At night, there is half an hour [travel time] between calls but it sometimes takes [only] 10 or 15 minutes. I'll knock and say, 'Is it okay to come in?' So they will get an extra fifteen minutes."

Reflecting the registered manager's commitment to providing a fully person-centred service, the provider also took great care to ensure no member of staff ever undertook a care call unless they had already been introduced to the person. Describing the provider's approach in this area, the registered manager told us, "When [we have] a new carer [the assistant manager] will drive out [with them] and introduce them to every single [client]. [Similarly] all new clients are introduced by [the assistant manager] to every member of staff on a one-to-one basis." Describing the benefits of this system, the assistant manager said, "It's enormously time-consuming [but] works better for the client. They don't have a stranger going into their house and staff know what is expected of them by the client." In confirmation, one relative told us, "If they have a new [member of staff] they introduce them [first] so it's not just a stranger coming into the house. It's nice for Dad to know who's coming [and] to have been introduced."

To further promote staffing continuity and ensure people felt safe and secure in their own home, each of the six care staff employed in the service worked with each of the nine clients. The service brochure stated, 'Our service is based around providing a small team of people that you know, and that know you, to enable consistency within all of your daily care'. Explaining the benefits of this 'whole team' approach, the registered manager told us, "All staff work with all clients. With a team of people going in [with] different experience and interests [they all] spot different things. And if someone leaves or is off sick we have people [the client already knows] to cover." Reflecting the provider's commitment to ensuring people knew as much as possible about the staff who were coming into their home, each client was given a profile of every staff member in the team, modelled on the care planning documentation that the service held about the client. Describing this innovative approach, the registered manager told us, "We know all about them [and] they need to know about us. It does work. I went into one client's home and they talked to me about my caravan. They could only have known I have a caravan from my profile in their file." Confirming the helpfulness of these staff profiles, one person's relative said, "We get to know a bit about [the staff] before they start."

To ensure people knew exactly which member of the staff team would be attending each care call, staffing rotas were prepared on a monthly basis and sent out to each client before the start of the new rota period. Commenting positively on this arrangement, one person said, "I've got a list of who is coming and when. I get it every month [and] they stick to it unless it is an emergency."

Reflecting the provider's client-centred approach to the deployment of staffing resources, including the personal introductions facilitated by the assistant manager, everyone we spoke with told us they felt safe and secure using the service. For example, one person said, "I feel safe when they are in the house. I certainly trust them." We reviewed staff personnel files and saw that the provider had completed the necessary pre-employment checks to ensure that any new recruits were suitable to work with the people who used the

service.

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to the relevant external organisations, including the local authority safeguarding team and CQC.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. Each care record we looked at outlined the measures put in place to address any risks that had been identified. For example, one person had been assessed as being at risk of developing pressure sores and staff had been provided with detailed guidance on how to help the person manage this risk. To help staff use the risk assessments effectively some, including those relating to people's moving and handling requirements, had been colour-coded using a red/amber/green 'traffic light' system. Senior staff reviewed and updated people's risk assessments on a regular basis to take account of any changes in their needs. The provider had also implemented a range of measures to help prevent the risk of infection. All care staff had received food hygiene and hand-washing training and were provided with disposable aprons and gloves for use when providing intimate personal care. Both the registered manager and assistant manager attended the regular infection prevention and control workshops hosted by the local authority and told us they found this a helpful source of information about best practice developments in this area.

The provider also took great care to ensure the safety of staff, all of whom worked mainly on their own, often at night. Discussing the support they received in this area, one member of staff said, "I feel completely safe. [The assistant manager] meets us at the client's home to introduce us [and] I could ring [the assistant manager or registered manager] at any point, day or night. They would respond straightaway." As a further illustration of the provider's commitment to staff safety and welfare, the same member of staff told us, "Last week I had a full day of homecare [visits]. It was really bad snow. [The assistant manager] followed me to the first call [to make sure I got there safely] and rang me at regular intervals [during the day]. It was Sunday – his day off! I felt fully supported. And I managed to get [to every call] on time."

Most people who used the service made their own arrangements to order, store and dispose of their medicines. But where people needed staff support, this was provided safely in line with good practice and national guidance. Some people had asked staff to provide a verbal prompt or physical assistance to take their medicines and staff made a note in the person's care file when this had been done. The manager confirmed that if anyone was identified as requiring more intensive support with their medicines a 'medication administration record' sheet was available for staff to record any medicines they administered. Care staff had all received medicines training and the registered manager reviewed their practice on a regular basis.

Senior staff reviewed any significant incidents which had occurred in the service to identify if there were lessons that could be learned. For instance, following a minor medication error we saw that the registered manager had considered the circumstances of the incident carefully and made changes to the person's care plan to provide staff with additional guidance to reduce the risk of something similar happening again in the future.

Is the service effective?

Our findings

Forget Me Not Home Care Ltd (Forget Me Not) operates from an office in The Old Hall (a care home registered separately with CQC) and the registered manager of the service was also the registered manager of The Old Hall. Reflecting the close relationship between the two services, almost all of the care staff who worked for Forget Me Not also worked in the Old Hall. People told us that this arrangement gave staff an enhanced knowledge of the care of older people, enabling them to meet their needs more effectively than staff from other homecare companies they had used in the past. For example, one relative said, "The girls get experience of the residential side. They have seen all sorts [and] have the right skills. More than other homecare staff [who] haven't got that experience. Who haven't come across so many variations." Speaking appreciatively of the positive impact the staff team's knowledge and skill had had on her father's health and quality of life, another relative said, "They picked up on things they hadn't picked up on in [a service used by the person before they started using Forget Me Not]. [For example], they [have been] very good with his hand. He had had a stroke and his left hand was always clenched. The day [he started using the service] the first thing they did was look at his hand [and] soak it and clean it up. They seem to be experienced." Describing the service, one local healthcare professional told us, "They are very reliable. Whenever I hear they are involved with [one of my patients] I think, 'Thank goodness!'"

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Discussing their personal experience of training provision in the service, one member of staff told us, "The training is really good. There is always, always something going on. I had dementia training recently. It was a bit of a refresher. Looking at things in a different way. I have also done person-centred care [recently]. What it is and why it is so important. It helps us tailor care to each person. Everyone has different needs and wants." Another staff member said, "The training is [of] good quality. We had sepsis training a few months ago. That was helpful. I thought sepsis was septicaemia and it's not." The provider also encouraged staff to study for nationally recognised qualifications in care and management. For example, one member of staff said, "I am just finishing my [NVQ] Level 5. I feel really supported. Everything I've needed from [the registered manager] I've had straightaway." Comparing the approach in Forget Me Not with that of a previous employer, another member of staff commented, "I have my Level 3 in care and now I am doing my team leader award. Where I used to work, they kept saying they would put me through Level 2 and they never did. As soon as I came here they put straight onto Level 3." New members of staff participated in a structured induction programme and, as described elsewhere in this report, received a personal introduction from the assistant manager to every person who used the service before they started working with them. Reflecting positively on their induction, one staff member said, "The client by client introduction prepared me well. A lot better than I if I had just been sent off without it." As part of their initial training, new employees also completed the National Care Certificate which sets out common induction standards for social care staff.

Senior staff attended a variety of exhibitions and conferences to ensure they remained up to date with any changes to good practice guidance and legislative requirements. The registered manager was studying for a Masters level degree and said that her learning from this was also helpful in the further development of the service. For example, following completion of one module on the course she told us, "I have added a new

nutrition section in one person's care plan so that her son can look back and see what she has and has not had during the day [whilst he has been out at work]. It has improved communication." The registered manager was also aware of national best practice guidance on the development of easy read, person-centred care plans and had reflected this in her design of the provider's care planning system.

Staff told us that they felt well supported and supervised by the registered manager and her assistant. Talking positively of a recent one-to-one supervision session, one member of staff told us, "It was helpful. I could raise any worries or concerns." Describing the day-to-day support they received from the management team, another staff member said, "We get well looked after. We are not left on our own. [The registered manager and assistant manager] are on the phone all the time." Commenting on her close working relationship with her colleagues, one member staff told us, "[We have] a really good team of girls. We are really supportive of one another."

To further promote effective communication within the team and ensure a personalised service to each client, the provider had set up an encrypted 'chat room' on an online messaging service. The registered manager told us this initiative reflected her research into a similar system used by a team of A&E clinicians. Staff accessed the chat room via their mobile phones and used it to keep each other and their managers informed of their whereabouts and of any important client-related issues they needed to be aware of. Describing the benefits of the system, one staff member told us, "We have [name of application]. I didn't have a clue what it was [before I started]. But it's really good. It's a private little network. We update after every call. We record the start time and finish time. We leave a brief description of the visit [and] any problems [staff visiting the same person later in the day] might need to be aware of. [And] if I want any advice [from a colleague] they are all on [name of application]." Another member of staff said, "If someone is running low on milk we can leave a message for [a colleague] to pick it up for them." Confirming the positive impact of this innovative new approach, the registered manager told us, "It encourages whole team communication. When you go into [someone's house] you know where you are at."

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. Although they had not yet needed to be involved in formal best interests decisions for anyone using the service, staff were aware of the principles of the MCA and understood the importance of obtaining consent before providing care or support. Describing their knowledge of the MCA, one staff member said, "I've just done my 'developing manager' course and there was a big section on the MCA. It's there to ensure people are given choices and [have] the right to make their own decisions."

People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "I get a week's supply of [frozen meals]. They put them in the microwave [for me]. I have got some loose spinach [for today]. I [will] do that." Staff were aware of each person's particular likes or dislikes and the importance of offering people choice. For example, talking of one person they supported, a member of staff said, "[Name] was having cornflakes every morning [but] wanted [to start having] porridge because of the cold weather. We are trying to find something fuss free [he can prepare by himself]. We started with little porridge pots but they weren't big enough. We are now using sachets." People's care records detailed any risks that had been identified in respect of their nutritional requirements. Commenting on one person who had been identified as being at risk of dehydration, one staff member told us, "We have to document all fluids [and] leave lots of drinks out beside her on the table [before we leave]."

Staff worked closely with a range of local health and social care services on behalf of the people who used

the service, including GPs, district nurses and therapists. For example, talking about one person who used the service, the registered manager commented, "They were struggling to stand. We [spoke] to the family and initiated ... contact with [the occupational therapist]." Describing their positive experience of working with the staff team one local healthcare professional said, "I am very happy [with them] and have no problems at all. If they have any concerns they will contact us which makes a huge difference. One person [they support] is prone to urinary tract infections and they are proactive in taking [urine] samples and sending them in [for testing]." Talking about this person, the registered manager told us, "[Name] had a fall and went into hospital. No one thought to test his urine. [But we took a sample] and spoke to the GP. [The assistant manager] fetched some antibiotics."

Is the service caring?

Our findings

Without exception, people told us that the staff who worked for the service were warm-hearted, caring and kind. For example, one person said, "They are all friendly and cheerful. They keep smiling!" Another person told us, "I'd recommend them. They're friendly [and] I feel comfortable with them." A relative said, "They are so friendly. In my eyes they are 10 out of 10."

The registered manager worked at least one day each week as a member of the care team, delivering hands-on care to the people who used the service. Commenting on the personal care and support they received from the registered manager specifically, one relative told us, "They are [all] very good [but] we think [the registered manager] is the best. She is very helpful. She really makes a fuss of [my wife]. She kneels down in front of her and does her finger nails. She is very friendly indeed [and] goes out of her way [to help us]." Describing her personal philosophy of care, the registered manager told us, "I am really passionate about what I do and I expect 100% that [staff] will deliver care to the standard I deliver. We [must] maintain people's dignity and independence and always work in a person-centred manner. Nothing less." This determination to put people at the heart of the service and to deliver care of the very highest quality was clearly understood by staff and reflected in their practice. For example, talking about the way she interacted with the people she supported, one staff member said, "We are there to assist ... with everything. It's always about what they want."

Reflecting this commitment to supporting people in a person-centred way with kindness and compassion, we identified many instances in which the provider's care of the people who used the service went far beyond the formal contractual agreement. For example, on their birthday, the provider sent every person a card with some forget me not flower seeds for them to grow if they wished. At Christmas, every person had received a hamper of homemade jams as a gift from the provider.

People also told us care staff habitually went out of their way to provide them with additional assistance and made no charge for their time. For example, one person told us, "One girl stayed 30 minutes after [our hour call was up] ironing sheets and pillowcases. [Another] made us a cup of coffee in her own time. The [call] time was already up." Confirming the staff team's willingness to 'go the extra mile' in fulfilling people's individual needs and wishes, one staff member said, "If it's the last call [of my round] I will [often] sit talking for 30 minutes. It won't be charged." Recalling a recent incident, the same staff member told us, "One chap had a massive flood in his conservatory. I helped him move his furniture and take some photos [for the insurance]. [Once it had dried out] I went back on my day off to move the furniture back." Another member of staff told us, "We stay after the hour call with one client to wash and style her hair ... so she can maintain her style and feel more comfortable. [We don't charge] for that extra time." Talking of a person they supported, another staff member told us, "[Name] said they liked dark chocolate. I bought him a bar. But I couldn't let him pay." Another staff member said, "One lady likes having her hands creamed. I bought some hand creams [with my own money] and keep them in my homecare bag. She can choose which one she wants. It's something she can enjoy. As a lady, it's nice to have a bit of a pamper!" Describing the caring, attentive approach of the staff team, a relative said, "They come across as nice people who really want to help you. Genuine, not just doing it for the money."

As detailed in the Safe section of this report, the provider's principled insistence on a minimum call time of an hour ensured staff had time to care for people both physically and emotionally in an extremely holistic and person-centred way. Describing their approach, staff confirmed their commitment to helping people retain their independence and maintain as much control over their own lives as possible. For example, telling us how she promoted choice, one member of staff said, "We give [people] any choices they want. [For one lady] we have to get her sandwiches ready for later on [in the day]. But if she doesn't want [sandwiches] I will go into the cupboard and ask her if she wants [something else] instead." Telling us how she promoted independence, another staff member said, "If someone is able to carry out personal care there is no reason why I should be [taking over]. However little [they are able to do] gives them purpose and promotes their independence. And if [the person] is safe to walk with supervision or assistance [that is] brilliant. It's very important, even if it does take a little bit longer." Commenting positively on the approach of staff in this area, one person told us, "I am pretty independent and they respect that."

People also told us that staff supported them in ways that maintained their privacy and dignity. Describing the way staff provided personal care one person said, "They respect my modesty [Even though my house] is fairly isolated [and] no one walks past the windows, the blinds are always down." A staff member told us, "Just because [people] are in their own home doesn't mean they want the bathroom door open whilst their husband or wife is outside making a cup of tea!" The provider was also aware of the need to maintain confidentiality in relation to people's personal information. People's care files were stored securely in the office, computers were password protected and the provider had provided staff with guidance on the use of social media platforms.

Senior staff were aware of local lay advocacy services. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. Although no one using the service at the time of our inspection had the support of a lay advocate, the registered manager told us that she would not hesitate to help someone secure such support should this be necessary in the future.

Is the service responsive?

Our findings

The Forget Me Not service brochure stated, '[The service] we provide is completely tailor made to your needs as we work around you, for you and with you to [enable you] to carry on living an independent life. We therefore do not have a set plan that will be put into place for you but instead, through an initial assessment stage we will, together, develop a plan that works for you'. Reflecting this commitment to providing a completely person-centred service, the provider had implemented an intricately designed assessment and care planning system. This enabled senior staff to work collaboratively with people and their relatives to build, deliver and review individual care plans which were responsive to each person's personal needs and wishes.

The assistant manager took the lead in handling new enquiries and referrals to the service. Stressing the importance of managing this process carefully he told us, "When someone rings up I find out roughly what they are after. Then we look at the [staff] run sheets and agree what we can do to meet their needs, before I go out [to do an assessment]". If it was identified that Forget Me Not did not have the capacity to meet the person's needs, the assistant manager then went to meet the person and/or their family to discuss their requirements in more detail. Commenting positively on the way the assistant manager had conducted the initial assessment process, one person told us, "My daughter [contacted the service when] I was in hospital. [The assistant manager] came out to Lincoln Hospital and [we] chatted about what I needed. I couldn't believe it. [I was] amazed that he did that." Another person's relative said, "I tried phoning several [agencies] and they couldn't help. [The assistant manager] came out that evening. I was very impressed."

Following the assessment visit, the assistant manager then produced an initial care plan setting out the person's needs and wishes. Outlining his approach at this stage, he told us, "I talk through [the person's requirements] with [the registered manager] ... and speak to the client and agree a start date. Usually in a week or two. I then speak to staff and tell them a new client is coming on board [and] give them a pen portrait [of the person]. The care plan then goes back to the client [to make sure they are happy with it] before we start." Reflecting positively on the assistant's manager responsive, thoughtful approach, a relative commented, "He's been very good. He got the care plan sorted out in the first place. We weren't sure when Dad was coming out of the care home and he kept a place open for him."

As outlined in the Safe section of this report, when a person was new to the service, the assistant manager brought each member of the care team to the person's house to introduce them before they started working with the person. Everyone we spoke with told us how reassuring it had been to meet staff in this way, before they started delivering care. For example, one relative said, "If they [employ] a new one [the assistant manager] always comes to introduce that person. It's helpful from our point of view and for the carer. So they are not just chucked in at the deep end." The assistant manager explained that he always conducted these introductions on a one-to-one basis, rather than taking several staff to meet the person at the same time. Although this approach involved careful diary management and took up a considerable amount of his time, he told us, "[It] works better for the client. They don't want to see a room full of carers."

The personal care plans we reviewed as part of our inspection set out, in people's own words, elements of

their life history and the detail of their individual needs and wishes. For example, one person's plan stated, 'I like to drink whisky [and] talk about old engines'. Another person's plan stated, "I like a coffee in bed before I get up. I get my own breakfast later. I like elderflower cordial at my bedside." Descriptions of each person's daily routines were sub-titled 'at the moment', indicating the provider was aware that people's preferences were not cast in concrete at the time of the original assessment and could change in the future. Each person's plan also included a 'donut' diagram which set out in picture form, the core responsibilities of the Forget Me Not staff team in each person's life. For example, for one person this was to maintain their independence and ensure consistency in the care staff who supported them. Staff told us they relied heavily on the care plans to ensure they provided care and support that was sensitive and responsive to each person's individual needs. For example, describing the way in which they used the care plans as an active tool, a staff member commented, "We look at them on our first [introduction] visit with [the assistant manager]. He will run through them. They tell me what I need to know. It's a bible I can refer to if I get stuck. For instance, with one couple I wasn't sure if they had children. I didn't want to appear nosy so I looked in the care plan. They didn't [so] I don't go on and on about [my] children." Staff also said that the pictorial element of the plans made them particularly easy to follow. For example one member of staff told us, "They are [also] very visual and easy to read. I can go through it and straightaway know which bit to read."

To ensure people's care plans remained up to date and that the provider was responsive to any changes in their needs, the assistant manager visited each person every month to review their care plan and agree any changes. Discussing his approach to devising and implementing this system of monthly, face-to-face reviews, the assistant manager told us, "[I did think about] weekly meetings [but four weekly] gives enough time for things to have happened. I book a time to go out [that is convenient to the person and their family]. With [name] I go out at 7pm to accommodate her son, who works. I go through the care plan and the staff notes, all the while talking to them, listening to any issues and making changes. Sometimes these are very small, but not to them. I think they look forward to me coming!" In confirmation of the assistant manager's comments, every person we spoke with told us how much they valued their monthly meeting with him and the considerable investment the provider had made in ensuring the care and support they received remained responsive to their changing needs. One person said, "[The assistant manager] ... is very nice. He comes ... often [and] ... has a chat to see how the girls are getting on. He's really good. As far as we're concerned they do everything we want them to do." Another person's relative told us, "[The assistant manager] is lovely. Very helpful. He comes [out] every month to make sure everything is as we want it. It's reassuring to know that they have it in their mind that things might change. We've never had that before." Reflecting his innovative, person-centred approach to care planning, shortly before our inspection the assistant manager had been shortlisted for a prestigious local 'community care leadership' award and was waiting to hear if he had been successful. Explaining why he had been shortlisted, the registered manager said, "They were very impressed by [him] going out on a one-to-one basis."

As a result of the provider's meticulous approach to developing and reviewing people's care plans, staff had a deep understanding of each person's individual needs and preferences and incorporated this into their practice. Describing their approach, one staff member told us, "It's about what's important to them. It's not about me." Another member of staff said, "You get that whole hour for people, to get to know them and do things that they couldn't otherwise get in later life." In addition to maintaining a written record of the physical assistance they had provided to people, after every call staff were also required to complete a 'meaningful stimulation' log. Describing the thinking behind this approach, the registered manager told us, "It is to remind staff that they are [not there] just to provide the care task [but also to focus] on the importance of psychological support." Reviewing the entries in some people's meaningful stimulation record, we saw that staff were clearly people engaging with people in the way the registered manager intended. For example, one staff member had written, 'We talked about [name]'s dentist visit today. We watched the news on Prince Harry and Meghan getting engaged. [Name] was very happy about this and we

talked about it [together]."

Reflecting the provider's holistic and responsive approach, during our inspection we identified numerous instances where staff had worked in an extremely person-centred way to help people retain their independence whilst promoting their safety and dignity. For example, discussing one person who used the service, a member of staff told us, "[Name] turns on the microwave himself. Once his meal is ready he carries it through to the lounge. One day he [slightly] burned his hand. The next day I asked him why he didn't move his microwave into the lounge [but he wasn't keen]. [So we got] him a trolley walker and he really liked it. We worked with him [to] show him an easier way but with him making the decisions. And he didn't have to change his lounge!" Describing another situation, the registered manager told us, "[Name] was finding it difficult to get to the toilet in time and was sitting on newspaper. He needed a urine bottle. I spoke to [the assistant manager] and said, 'You go and [talk to him about it]. He is a very proud man [and it will come better from you] as another male. Well, it's been the best thing since sliced bread!" Commenting positively on the support he had received to help manage his incontinence and maintain his health and dignity this person said, "[The assistant manager] is a decent chap. He has done some things for me. He's brought me a bottle [and] a little waste paper basket to put it in. That's a big help. It's gone down very well." On one occasion staff had contacted the ambulance service because of concerns about a person's health. Describing the situation the registered manager told us, "[The person lived on their own] so a member of our staff waited with them for four hours whilst waiting for transport to go into hospital. [When the person was ready] to return we had a call at 6am from the hospital saying the client was on their way back to their home. We arranged for a member of staff to be there for when they got back and wait with them [until] they were settled and comfortable." Describing their detailed understanding of one person's personal preferences, one staff member told us, "[Name] likes to have a really good wash. Hands and feet soaked in water. Hair washed with a certain shampoo and dried with certain talcs. [Then] we sit at the kitchen table [together] whilst I am writing my notes. We have had long conversations [about motorbikes and his daughter]. If they are aware you are interested in their lives it helps build up a relationship."

The registered manager was aware of the national Accessible Information Standard and the importance of communicating with people in ways that met their needs and preferences. For example, she told us that one person received their monthly staffing rota in a larger font to make it easier for them to read. Staff had also received training in the importance of body language and gestures in communicating with people who found it difficult to communicate verbally.

As described elsewhere in this report, the Forget Me Not homecare service operates from an office in The Old Hall - a care home registered separately with CQC. The services shared the same registered manager and this enabled her to use some of the resources of the care home to respond thoughtfully and imaginatively to the needs of the people using the homecare service. For example, describing one person who used a wheelchair and needed to be weighed on a regular basis, the registered manager told us, "The family were thinking of taking her to a lorry park [to be weighed] in her wheelchair. It would have been so undignified [so] I brought some scales from the home." Expressing their appreciation of the registered manager's intervention, the person's relative told us, "Everything is done that can be done. They brought special scales that hang onto the hoist. They are absolutely on the ball." Similarly, speaking of another person who used the service and lived alone, the registered manager said, "I was working on Christmas Day and went to [name]'s house. I asked him what he fancied [for his Christmas lunch]. He told me he thought he would have a [microwaved] cottage pie. I said, 'What if I drop you off a meal from The Old Hall instead?' He said, 'I don't mean to be picky but could I have some leg meat!' [I came back later with the meal] and we made up some gravy." Looking ahead, the registered manager told us she was considering creating the opportunity for people who could no longer use their bath at home to come to The Old Hall and enjoy a bath in one of the home's accessible bathrooms.

The provider's responsive, person-centred approach was also reflected in the way staff supported people at the end of their life. Commenting on the support she had given to one family, the registered manager told us, "[Name's] skin was beginning to break down. I got the district nurses in but they couldn't get a specialist bed [quickly enough]. So we ordered a bed and an airflow mattress. I knew I could always use it in The Old Hall [in due course]. We arranged that [the assistant manager] would be there to take delivery and he assembled it. [Name] didn't get out of bed again [before he died] and was much more relaxed comfortable. [Towards the end] I went in more than any other carer. It was reassurance for his wife, not because I didn't trust the other carers." Looking ahead, the registered manager said she was planning to organise opportunities for care staff to visit a local hospice and shadow Macmillan community nurses to give them further insight and experience in this specialist area of care.

Everyone we spoke with told us that they had had no reason to complain about the service they received from Forget Me Not but were confident any complaint would be handled properly if they did. For example, one person said, "I am very happy and have not had any issues. [But] if I did, I'd just ring [the assistant manager]. I'm sure he would sort it out." Another person told us, "I have no complaints at all. There is no way of making it better." Reflecting people's high levels of satisfaction, there had been no formal complaints in the 10 months the service had been operating. Attributing this to the very high level of contact both he and the registered manager had with the people who used the service, the assistant manager commented, "They see us both so regularly, things are resolved before it becomes a complaint."

Is the service well-led?

Our findings

Without exception, the people we spoke with us told us how highly they thought of the service and the way it was managed. For example, one person said, "They are perfect. They'll do things for me [without me] asking. I don't know anything that can be improved." Another person's relative told us, "I'd recommend them without hesitation. They are very good. We're on a good wicket with this lot!" Another relative said, "I couldn't ask for better. They're brilliant. Very efficient and well run."

As described elsewhere in this report, both the registered manager and her assistant had a very high level of client contact and were clearly well-liked and respected by everyone who used the service. Commenting on the registered manager's commitment to working regular shifts as a member of the front line care team, one relative said, "We see [the registered manager] ... on the homecare team. She's very nice [and] being the manager she knows more. A lot of managers just do management stuff. In the care home [where my relative used to live] the manager only spoke to me once. But here [the registered manager] is totally different. We're friends more than anything else." Talking about her close relationship with the assistant manager, another person told us, "He comes out once a month to check that everything is alright. He keeps an eye on things. It works very well. Only yesterday, a carer left the brake off on her car. It ran down the drive and demolished a bush. [The carer] rang [the assistant manager]. He phoned me and said they would pay for any damage. The carer was very sweet [and] we will just replace the bush [ourselves]."

Describing her management style, the registered manager told us, "I am firm but fair. I lead by example. I expect people to deliver as I deliver but I like people to use their own initiative as well. I believe in training and personal development and believe you only get passionate carers through knowledge and training." Reflecting these values, throughout our inspection the registered manager demonstrated strong, inspirational leadership which was clearly admired and appreciated by her team. One staff member told us, "She is brilliant at what she does. She's really supportive. A very good leader and very, very passionate about everything. Everything is done the right way." Another member of staff said, "[The service] is very well run. I wouldn't change anything. It's really good just as it is. [The registered manager] is very approachable [and] will listen to us all."

The registered manager and her assistant took a great interest in the welfare and happiness of their team and went to considerable lengths to promote this. For example, each staff member had been provided with a personalised 'homecare bag' which had a cartoon image of themselves embroidered on the outside. Telling us how much they appreciated this practical yet personal touch, one staff member said, "I use it to carry my gloves, apron, nail kit and personal alarm. They supply us with everything we need. Everyone [we support] laughs at the bags. [The cartoon images] are supposed to look like us! They are designed by [the assistant manager]. I asked him to make mine a bit thinner!" When we reviewed the minutes of a recent staff meeting we noted the following entry, 'We have [ordered] a hoodie [for each of you] so that, as the colder nights draw in, you are able to walk from your car to the house without being cold'. Along similar lines we also noted the following entry, 'Winter transport – we will provide a driver who will happily take you to each call if you are unable to drive yourself'. Discussing this latter entry with the registered manager she told us that herself, her husband and the assistant manager were all on standby throughout the winter to drive staff

to their care calls, if they were anxious about driving in icy or snowy conditions.

As a further initiative to nurture a strong team spirit and showcase excellence, the provider operated a monthly 'incentive' scheme whereby each person who used the service voted for their carer of the month. The nominations were gathered in by the assistant manager as part of the monthly review meeting he had with each person. Talking with pride about the award scheme, one member of staff said, "I have [won it] this month for the second time. Last time I got flowers." Another staff member told us, "One member of staff who has 'shone' that month gets an award. I haven't received it [but] I am on a mission to get it one month! It [really does] give you an incentive. It's nice." Speaking with a twinkle in her eye, the registered manager commented, "[The assistant manager] won't let [the clients] pick me!" Reflecting the support and encouragement they received from the registered manager and her assistant, staff told us they enjoyed their work and wouldn't hesitate to recommend Forget Me Not as an employer. For example, one staff member said, "You are looked after really well. Not rushed. Supported and well-trained. [The registered manager] and [the assistant manager] are both so committed. It's brilliantly run. I really enjoy it."

Inspired and led by the registered manager, there was a strong culture of innovation within the service. Although Forget Me Not had only been in operation for 10 months, as detailed throughout this report, a variety of successful initiatives had been introduced in support of the provider's vision of a wholly person-centred service. For example the one-hour minimum call time which enabled staff to meet people's physical and emotional needs in a holistic way; the use of the secure online chat-room to enable staff to communicate quickly and effectively with each other; the personal one-to-one introductions which were so valued by people using the service and staff alike; the staff profiles that were given to people so they would know a bit more about the people who were providing them with intimate care and the monthly care plan review meetings conducted by the assistant manager to ensure a quick response to any changes in people's needs. The registered manager's determination to pioneer new ways of providing homecare and to put people at the very heart of the service was clearly understood and embraced by everyone in her team. For example, reflecting on the first few months of operation, one staff member told us, "[We aim] to deliver good quality, person-centred care and not to be like everyone else. I think we [achieve] that."

Looking ahead, the registered manager was also committed to the continuous development and improvement of the service in the future. Reflecting some of the learning from her Masters degree course, she told us of her plans to further develop staff knowledge and understanding of palliative care. She also had plans to provide all staff with customer care training and to explore further opportunities to use the resources of The Old Hall to enhance the quality of life of the people using Forget Me Not. The registered manager maintained a strong external network of contacts which she said she intended to expand further in the future, to include more homecare links. She told us this network, together with her own advanced study, was an important source of ideas for future service development. Both the registered manager and her assistant were also accredited 'ambassadors' with a national training support organisation which provided a further opportunity to explore best practice solutions in staff learning and development.

Every person we spoke with as part of our inspection was extremely satisfied with the service and could think of no way in which it could be improved. Although the provider was well-aware of this very high level of customer satisfaction, the assistant manager told us he was in the process of developing an annual survey to gain an even deeper understanding of people's views of the service and identify any suggestions for improvement. In the meantime, the monthly meetings he had with each client, provided the primary method of monitoring the quality of care provided. As part of this process, in addition to agreeing any changes in a person's needs or discussing any issues of concern, the assistant manager conducted a variety of audits to ensure the service was being delivered safely and effectively. The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service. Any incidents that

had occurred had been reported and managed correctly.