Care Quality Commission

Forest Homecare Limited

Forest Homecare Mid Essex

Inspection report

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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

Overall summary

The inspection took place on 10 November 2015 and was announced.

Forest Homecare provides personal care in people's homes. At the time of our inspection there were 142 people using the service

A registered manager was in post at 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 2008 and associated Regulations about how the service is run.

Staff knew what actions to take to protect people from abuse. People received safe care that met their assessed needs. People were supported by sufficient numbers of staff who were safely recruited. There were systems in place to support people to take their prescribed medicines safely.

Summary of findings

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred. Staff took account of people's health and nutritional needs and supported people to access health care professionals when needed.

People were treated with kindness, dignity and respect by staff who knew them well. Staff focused on the individual rather than on the task being carried out.

The registered manager supported staff to provide care that was personalised and centred on the individual. The provider had an extensive range of systems to regularly monitor the quality of the service being delivered. The provider was committed to using the feedback to make improvements.

Summary of findings

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 safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after necessary pre-employment checks had been satisfactorily completed.

There were enough staff to provide people with safe care.

People were supported with their medication if required.

Good

Is the service effective?
The service was effective.

Staff received effective support and training to enable them to carry out their roles and responsibilities.

Where people lacked capacity, appropriate measures were in place to ensure decisions were made in their best interests.

Staff supported people to meet their nutritional needs. People were supported to access healthcare professionals when needed.

Good

Is the service caring?
The service was caring.

Staff developed positive relationships with people and were kind and caring in the way they provided care and support.

Staff treated people with respect and maintained their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good

Is the service well-led?
The service was well led.

The service had an open culture. Staff were valued and they received the support and guidance needed to provide good care and support.

There were comprehensive systems in place to obtain people's views and to use their feedback to make improvements to the service.

Good

Forest Homecare Mid Essex

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.

This inspection took place on 10 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available. The inspection team consisted of one inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience carried out telephone interviews with people who used the service, their relatives and members of staff.

On the day of the inspection we visited the agency's office and spoke with the Area Manager and the trainee manager. We met with two members of care staff and a member of staff who carried out quality monitoring visits with people who used the service. We visited the home of a person who used the service and spoke with nine people, two relatives and two staff members on the phone.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at four people's care records and examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

People who used the agency told us that they felt safe. One person told us, "I am very happy with the service I receive, I am encouraged to do things for myself but only if I am safe to do them." Another person said, "I feel very safe with the carers that they send."

Staff understood the importance of protecting people and told us, "Our job is to make sure the person is safe." A member of staff explained how important it was to be, "In tune with the person being supported," as a person's change in manner or mood might indicate they were concerned about something. Staff had received training in safeguarding and knew what to do if they had concerns regarding a person's safety.

If staff were concerned about a person they could complete a form for their manager so that the issue could be looked into. Staff had a supply of body maps which were forms which would be completed if they had observed any bruising, and any concerns would then be reported to the manager. A member of staff said that they felt managers made sure concerns were investigated and dealt with appropriately. The service worked with other organisations to maintain people's safety and we saw records outlining detailed involvement with health and social care professionals regarding specific concerns and incidents.

A member of staff told us, "This is an organisation which takes safety seriously." Staff and managers carried out thorough risk assessments to support staff to minimise risk when caring for people. For example, an assessment would be carried out before a person was supported to have a shower, even if their family member had no safety concerns. We looked at a number of risk assessments in peoples' care records and saw that they varied in quality. For example, one risk assessment provided advice on how to support someone when transferring them when moving from their bed to a wheelchair and we noted that the risk assessment was not very detailed. However, the review officer was in the process of auditing all the risk assessments and putting systems in place to make sure they would be updated where necessary. The manager showed us a number of assessments which had been revised to provide improved guidance to staff. Staff had access to good on-call arrangements, should they need to contact a manager out of office hours.

During the week there were enough staff to meet people's needs. People and staff told us that t staff were stretched at the weekends but the manager was addressing this issue. We discussed this with the manager who told us the service was undertaking a major recruitment drive and new care staff were starting soon. Whilst staff were stretched at the weekend the manager made sure that there were enough staff to meet people's needs before they took on new care packages. A person told us that they had had to wait to access the service as the manager only accepted their referral when they had sufficient staff to provide the support they needed.

Staff also told us that when the registered manager became aware there were not enough staff in the service to meet people's needs, staff were sourced from other branches. One worker told us that the manager was working to make sure staff rotas were achievable. They said, "I was contacted and asked how much staff can manage on a shift. I was amazed; no one had asked me that before."

Recruitment processes were in place for the safe employment of staff. Relevant checks were carried out as to the suitability of applicants in line with legal requirements. These checks included taking up references and ensuring that the member of staff was not prohibited from working with people who required care and support. Staff were not permitted to start before appropriate references had been received and all other checks were complete.

There were arrangements in place to support people safely with taking their medicines when this was necessary. Staff members told us they had received training on how to administer medicines safely. A member of staff told us, "I am responsible for giving medication to all my service users. I received training in how to ensure that it is done safely and I make sure that the medication is taken before I leave." Managers carried out spot checks and observed staff administering medicines. The quality monitoring officer told us that part of their audits included checking staff were carrying out the administration of medicines safely, for example checking that staff had signed when supporting a person with their medicines.

Good

Is the service effective?

Our findings

People told us that staff understood how to meet their needs. A person told us, "All the workers who look after me are really good; I think they have good training." We observed a member of staff support a person in their home and we noted that they had the communication skills and knowledge to meet their needs. Staff demonstrated a good understanding of people's care and support needs and gave examples of the different care and support individuals required. For example a member of staff described how they had to carry out a specific transfer to ensure a person did not slip.

Managers supported staff and made an effort to make sure they were not isolated. Staff told us they felt supported by their managers and by the staff team based in the office. One member of staff told us if they had a problem they were told to, "Come into the office and have a cup of tea to talk about it." Staff confirmed they received supervision, either group or individual every two months and an annual appraisal. Supervision records showed that these meetings were used to compliment staff on good practice and address any concerns where managers felt staff were not supporting people appropriately.

Managers observed staff practice and we saw from records and discussions with staff that this was done thoroughly for example, staff were reminded to ensure they provided choice when preparing meals. We noted that where a check had been carried out and a member of staff was felt not be effective, the manager had arranged for follow up checks to be carried out to ensure their practice had improved.

Training of staff was prioritised within the service. The manager spoke enthusiastically about the training provided and told us that this was continually being improved. The training had been adapted recently to bring it in line with the new care certificate developed by Skills for Care. Skills for Care is an organisation that offers workplace learning and development resources and works with employers to share best practice to help raise quality and standards in the care sector. A member of staff confirmed that they had attended training in person at the head office, this had included training on lone working and safeguarding. They also told us the service supported staff to gain their skills, for example to complete a course in health and social care.

Where experienced staff were of a good standard they were selected by managers to be involved in the induction process for new staff. A member of staff told us, "When I started work I shadowed a very experienced worker who showed me the ropes for a couple of weeks until I understood the things that were required and until I felt confident to go out on my own. I also had a company induction." "Another member of staff told us "I love this job, and being involved in training new workers…I just love that." This approach to staff learning ensured that good practice was handed on for example, new staff were reminded to read the support plan daily in case there were any changes.

Newly recruited staff did not work alone unsupervised until they and the manager were confident they had the skills to meet people's needs. One person told us that "When a new worker starts they always work with an experienced member of staff a few times until they know what to do and then they come on their own when they do." The service made sure that people were introduced to staff who were going to provide their care.

The service was meeting its obligations under The Mental Capacity Act (MCA) 2005 which 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.

Staff had a good understanding of people's rights. One worker told us that people had, "Every right to make a decision even when you think it's a bad choice." They explained that in this situation they would chat to the person to offer them information and options to help them make an informed choice .

Staff were aware of the health needs of individuals. People's records had detailed information and guidance to staff in relation to any specific health needs, for example we saw detailed instructions on how to support someone with sensory loss. This also included information about people's mental health and issues relating to their general wellbeing.

Good

Is the service effective?

Where relevant, staff worked together with health and social care professionals to promote people's good health and wellbeing. One worker told us that she had rung a district nurse because she felt the person she was supporting needed their dressing attended to. We looked at people's care records in which staff had recorded visits by different health professionals.

Staff supported people to have enough to eat and drink. People told us that before leaving staff always offered them a drink. People were supported to make their own choices when deciding what to eat and drink. One person told us "My worker makes sure I always have what I want to eat."

Staff were knowledgeable about people's specific needs when eating and drinking, for example, we noted in the care plan when a person needed to be supported to have a liquid diet. We were also shown detailed care plans outlining how meals should be prepared. Staff gave us examples of other measures in place, such as controlling portion size, which supported people with specific nutritional needs arising from health conditions. One family member told us that due to short term memory loss their relative regularly told staff not to prepare food, stating that they had just eaten. The family member had discussed this with staff and it was agreed that the staff would always prepare a meal and offer it. We were told that this had worked well and the person had actually started to gain weight. The family member was very positive about this support and said, "It is all recorded in the care plan so if the regular worker is not at work the routine carries on."

Good

Is the service caring?

Our findings

People told us that the staff always treated them with respect and kindness and were very complimentary of the support they received from staff. A person told us, “I am very happy with the care I receive at all times. I am treated with the utmost respect at all times, my carers have become almost like good friends.” A relative told us that, “The workers go in twice a day to help with various things, they are invaluable to us, they are very caring and they really get on with [person].”

Staff developed positive relationships with the people they supported. Three people referred to the members of staff who visited them as their angels for example, one person said, “I really couldn't manage now without them, they are my guardian angels.” People told us that staff helped lift their spirits and prevent them from feeling isolated. One person told us, “My workers are my lifeline with the outside world, I can't get out much so I really enjoy the carers coming as we have a really good chat as well as they support me to do things I otherwise couldn't do.” Another person told us they had a very good relationship with the member of staff who supported them, “[Staff member] is a blessing.”

Some staff referred to times, such as at the weekend when staff were too rushed to spend quality time with people. However, it was clear that the staff we met were not task focussed, and were enabled by managers to develop positive relationships with the people they supported. A member of staff said to us, “We always have a chat about day to day things.” One person said that when staff visited, “We always have a bit of laugh and a joke.” The manager was committed to developing a team of staff which had the capacity to spend time with the people they supported.

A member of staff spoke with great empathy about how they had supported a person to build up their strength and re-engage in daily activities. It was clear that the support being provided had been caring and the member of staff demonstrated a commitment to the general wellbeing of the person being supported, not just the task being carried out.

Staff were aware of the importance of maintaining people’s dignity. A person told us, “All the workers are very respectful toward me at all times.” A member of staff described to us how they ensured they maintained people’s dignity whilst providing care. For example they might ensure the person was covered when receiving personal care. Another member of staff told us that they always checked beforehand whether a person was able to let them in to their home when they came to a visit. They felt it was important that a person maximised their dignity and independence where possible, and told us “It never feels right just letting myself in to someone else’s home.”

Good

Is the service responsive?

Our findings

People told us that the support was personalised and staff responded flexibly to their changing needs. One person told us, "I was poorly one day when my worker came so they rang my son and the doctor. Even though they would be late for their next visit they rang the office and stayed with me until my relatives arrived." A relative told us, "If [person] has a hospital appointment and its early if I let the office know in plenty of time and if they can, a worker comes earlier so we can get her ready in time."

People were assessed prior to receiving care from the service and staff spoke to families and health and care professionals, such as occupational therapists, when gathering information about people's needs. People's care plans provided sufficient information to enable staff to support people in ways they preferred. We looked at a number of care plans and these varied in quality, as some care plans were not very personalised and lacked specific details regarding a person's needs and interests. However the manager told us that the care plans were gradually being audited and revised where necessary. We were shown examples of plans which had been improved and these were more personalised.

It was clear staff were using the care plans to enable them to know what people's needs were and how to meet them. The support provided was personalised and tailored around people's needs. One member of staff told us the plans were particularly important where people could not communicate verbally as, "It tells me exactly what to do."

People's care packages were reviewed a few weeks after they had started to receive a service and then at least annually. We saw records of the reviews which had been carried out and these were of an excellent quality. A person told us, "They come from the office and we go through my file and it's updated about every 3 months or when things change." When people's needs changed staff carried out a follow up review and updated the support plan, staff were then made aware that there had been a change in the person's needs.

Managers told us that they adjusted the length of visits to ensure there was enough time to meet people's needs. For example one person had initially requested a 30 minutes daily visit but after carrying out an assessment staff felt this did not give them enough time to meet the person's needs. Where there were changes, these were communicated to people. A person told us, **"**The workers always tell me when they are going to be on their days off and who will be coming to look after me while they are off."

In addition the service visited people every three months to capture their views. We were told by a member of staff that the purpose of these visits was to, "Check what we are doing against what someone's care plan says we should be doing." A person told us that they had received a visit from a quality monitoring officer recently and that if they had any concerns they would speak with either the officer or the member of staff who supported them. This proactive approach to capturing people's views meant that concerns were usually dealt with promptly and did not as a result escalate into formal complaints.

The service dealt well with any complaints they received. People told us they felt able to ring the office if they had any concerns. One person told us, "I found it very difficult to communicate with one of my carers so I rang the office and they got someone else to come instead this was loads better." A complaints log was in place detailing the complaints and showing actions taken, this log was of a very good quality and demonstrated a positive and proactive commitment to resolving concerns. The complaints were also reviewed over time to capture themes and used as a learning tool.

Staff were praised when feedback was good and this was used as an opportunity to increase morale and promote best practice. The service also captured compliments, we saw a heart shaped poster on the wall which had people's positive comments put up, which could be read by all staff visiting the office.

Good

Is the service well-led?

Our findings

People felt well supported by the office. One person told us that they had been problems in the past with staff not turning up but that, "This had recently got better after a re-jig in the office and staff had turned up each time."

Staff felt supported by the management team, one worker told us they had a regular case load in a small catchment area. They said, "I am not afraid to say no when they want me to take on more service users, I feel that that I can cope very well and am not under pressure, therefore I can do my job well and give the service users the service they deserve. Some newer workers said they loved her job but felt under pressure to take on more work. The manager said that they were aware this was an issue and that the service was actively addressing this in the new recruitment drive.

The manager dealt proactively with poor practice. For example, they became aware as a result of the review process that there was a dip in the quality of care in a certain area and brought the staff in from that area to discuss what the issues were. Staff said that the manager supported them to raise issues of bad practice. They gave us an example of where they had raised a specific issue affecting the care being received by one person and they felt that the manager had dealt with this appropriately. Where possible the manager would respect their need to be anonymous, for example they might put a reminder in the newsletter telling staff to improve in a certain area of the service. Another member of staff told us that poor workers who did not improve their practice had left the service.

Due to a number of promotions and staff departing the service this was a fairly new management and administrative team, There had been a period of disruption as people and staff adjusted to the changes however the service was clearly well supported by other branches of the organisation. For instance, a quality monitoring office had been transferred across temporarily to the team to provide support when staffing changes resulted in a backlog of quality monitoring audits. Therefore there did not appear to have been any lasting negative impact from the changes in personnel at the service. Staff were positive about the new appointment of the new manager, "[Manager] is great, such a people's person, it passes on to staff." Another member of staff told us, "There had been some issues but things are definitely better now."

Staff felt their views and experiences were valued. One member of staff told us that they had found out about a gadget which would be really useful to help people put on stockings and the manager had circulated this information in a recent staff newsletter. Staff told us that the service was well supported by the management team at head office, the regional manager told us that, "They have high expectations, nothing less will do." The manager was promoting an open door policy and staff told us they liked to come in to the office, however this was a struggle as there was nowhere to sit. Staff had been told that the service would be moving to a new location which would have more rooms. They felt this showed their employer had listened to what they had said.

Staff were encouraged to raise issues of quality with their managers directly or by using a "carer concern form". We saw examples of these forms and the measures taken to address the issues raised. For instance, a social worker had been contacted following investigations resulting from a member of staff raising an initial concern.

We did not meet with the registered manager, who was also the owner of the organisation which included an additional 3 branches. We were told that that the registered manager was extremely supportive but that day-to-day queries were usually dealt with by the regional manager. However the registered manager was kept informed of on-going issues at the service and was involved in making decisions when needed, for example the recent recruitment drive for new staff. We noted that the registered manager took difficult decisions where necessary, for example they had decided to reduce the new referrals accepted until more staff were recruited.

The service had failed to notify Care Quality Commission as required in line with their legal requirements. There appeared to be a lack of understanding of what notifications were required, which may be due to the split between the operational role and the role of the registered manager. The service responded positively once this issue had been highlighted.

A previous inspection at another branch of the organisation had highlighted a gap in monitoring how people felt about their service. At this inspection we found that the service had made vast improvements in this area. The commitment of the management team to finding out what people thought of the service and monitoring quality was outstanding. The management team received feedback

Good

Is the service well-led?

from a number of sources and we saw detailed analysis of this feedback and clear actions demonstrating that managers were pro-active in driving improvements forward.

People were visited every three months by quality monitoring officers. Recently the officers had highlighted concerns with the quality of service being provided at weekends and as a result the way the weekend service was run had been restructured. The quality monitoring officers had a pivotal role in the organisation and led on speaking to care staff and people using the service. The notes from the quality monitoring visit had detailed advice which improved the service for people. For example, we saw notes changing the times of a lunch time visit so the person could eat at the same time as their partner. Given the amount of opportunities available to provide feedback, it was not clear whether the service had a system in place to accommodate people who did not want to provide such frequent feedback. We also noted that the excellent standard of the quality monitoring records had not yet transferred consistently to the support plans, though this was being addressed by the management team.

Audits were detailed and of a good quality and were frequently carried out by the quality monitoring officers, who then raised issues with the management team. For example, a quality monitoring officer had noted that there had been an inadequate risk assessment for a person who needed support to have a shower. This had been escalated to the managers who had ensured the risk assessment was carried out. As well as audits of individual records and staff practice, there were also systems in place to audit the performance of the whole service. For example, the management team had spent time analysing any accidents and incidents which took place across the service, with a view to making improvements in the quality of care provided

The organisation had carried out a survey of the people who were supported through the service. People who had responded to the survey were very positive about the dignity and respect shown by the staff but felt the service did not always inform them of changes, particularly at weekends. The staff team were supported by their manager to take joint responsibility for the survey's findings and encouraged to meet to discuss possible solutions. As a result of the concerns raised in the previous year's survey the service had set up a response team at the head office specifically to deal with queries and manage changes of staffing over the weekend. Any issues which had arisen over the weekend were then followed up with the staff involved. Where staff repeatedly performed poorly, for example if they cancelled visits without appropriate communication, they would be brought in for a meeting with the manager of the service. We felt this demonstrated a positive approach to working as a team to addressing concerns which had been raised.