

Forever Caring Limited

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Inspection report

3 Antrim Close
Basingstoke
RG22 5BS

Tel: 07900246408

Website: www.forevercaring.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Forever Caring is a domiciliary care agency which provides support and personal care to people living in their own home. The service provides support to older adults who may be living with dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care, which is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 10 people using the service.

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

People's electronic medicine administration records were not always accurate and medicines weren't always administered as prescribed. People with specific conditions were not always supported by staff who had received training or had their competencies assessed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's care plans were not person centred and did not always provide consistent and clear guidance for staff to meet people's needs.

Systems to check the quality of the service were not in place to identify concerns we found at this inspection. For example, they failed to identify medicine recording errors or the lack of mental capacity assessments.

People were supported by staff they described as 'kind' and 'caring'. People were supported to remain independent and their privacy and dignity was promoted. People felt able to raise concerns.

People were supported to receive care at times they preferred by regular staff. People did not feel rushed and told us staff knew them well.

People felt able to give their feedback on the service and knew who the provider was.

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

Rating at last inspection

This service was registered with us on 16 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, need for consent, good governance, person centred care and staffing at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Forever Caring Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by an 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10 January 2023 and ended on 23 January 2023. We visited the location's office on 10 January 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority.

We used information gathered as part of monitoring activity that took place on 26 September 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since they registered with CQC. This included notifications of events providers are required to tell us about, and information from members of the public about their experience of the service.

We used all this information to plan our inspection.

During the inspection

We spoke to 8 people and relatives via telephone to gain feedback about their care. We spoke to 3 care staff including the registered manager. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records and policies and procedures were reviewed.

Following our inspection, we reviewed additional documentation in relation to people's medicines and care records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not have health specific care plans and risk assessments in place. For example, a person with epilepsy had no care plan or risk assessments in place to best support them. This placed them at risk as staff did not have clear guidance on the persons condition, triggers, type of seizures and when to seek support.
- There were no effective systems or audits in place to reduce risks around missed or late calls. There was an electronic call monitoring system in place, which required staff to log in and out of care calls, however there was no evidence that this was monitored.
- There were no contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather or staff shortages. People's care needs had not been assessed to identify those most vulnerable, to ensure their care calls were prioritised.
- There were no environmental risk assessment in place. It was not evident that the service had assessed and identified potential risks in people's homes in order to reduce and mitigate the risk of harm to the person or staff.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a breach of regulation 12(1) and (2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the provider was asked to send us an updated care plan and risk assessment for the person with epilepsy, we needed assurances that this contained more detail and guidance for staff to follow. This was received and although it was better there were still inconsistent information contained.

Using medicines safely

- A person was prescribed epilepsy rescue medicines for use 'as required'. There was no guidance to direct staff about when this might be necessary. The Electronic Administration Record (EMAR) indicated that this was being given regularly and not 'when required' There was no evidence to say that this had been administered in line with the prescribed instructions.
- There were gaps on the EMARs. Medicine audits were not regularly carried out and therefore had not identified these gaps. This meant it was not possible to assure ourselves people had received their medicines as prescribed. People's allergies were not recorded on the EMAR's.
- One person required staff to apply a pain patch to their skin every 3 days. There was no body map in place to show where the patch had been applied. There were no daily checks recorded to ensure the patch was still in place. The instructions of where this needed to be applied were not in line with national medicines guidance and the patient information label.

- Two people's records showed that staff applied creams for them. However, not all the creams were documented on an EMAR as required by both national guidance and the provider's guidance. There were no body maps to show where creams should be applied, and the potential risks associated with their use had not been identified and addressed. There were no risk assessments in place for medicines which posed a particular risk to the person if not administered correctly
- The provider's policy and good practice guidance requires staff's medicine competency should be assessed after their medicines training. However, no staff had completed a medicines competency assessment to ensure training was embedded and that they had the necessary skills to administer medicines. This placed people at risk of receiving their medicines incorrectly.

The failure to ensure the proper and safe management of medicines, including medicines recording was a breach of Regulation 12(1) and (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection the registered manager has confirmed that they have started to carry out medicine competencies on all staff.

Learning lessons when things go wrong

- There was not an effective system to monitor and analyse accidents and incidents for patterns and trends in place.
- Safety monitoring was ineffective and did not ensure that lessons were learnt to reduce the risk of reoccurrence.
- The registered manager said they would put this in place following the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place, which detailed actions to help keep people safe in the event of concern to their safety or wellbeing, however there were no audit processes in place to monitor any concerns.
- People felt safe with the staff. Comments included, "I feel that the care I am receiving is absolutely superb, I feel safe with this carer," and, "the carers are really good to me." A relative commented, "I feel that my relative is being cared for safely and considerately."
- Staff had received safeguarding training and knew how to raise a safeguarding concern.

Staffing and recruitment

- Staff had an induction which involved shadowing the registered manager. One member of staff told us, "I went out to shadow with the registered manager on day 1 and then I went out on my own on day 2."
- People and their relatives told us care calls were on time and consistent. Feedback we received included, "I have one regular carer who comes every morning without fail." When we asked if care calls were ever missed or late people told us, "Not been any missed calls."
- There were enough staff in place to safely deliver care to people. The registered manager would also cover calls.
- Staff were recruited safely, we reviewed 4 staff files. They included obtaining a person's work references, identity, employment history, and a Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- There were systems in place to help keep people and staff safe and protected from the spread of infection.

Policies on infection prevention and control and COVID-19 were in place.

- Personal protective equipment (PPE) such as gloves, masks and aprons were provided for staff. Staff we spoke with said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured enough supplies were in place.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not always ensure staff had undertaken the training they needed to care for people well and safely. Care records showed a staff member had been administering medicines before they had been trained to do this safely. Some staff had not completed the necessary training to support people with specific conditions such as epilepsy and dementia.
- Staff were preparing meals and drinks for people; however, they did not have food hygiene or diet and nutrition training. Not all staff had received fire safety training. Staff did not have training in privacy, dignity and respect.
- Not all staff had received training in equality, diversity and human rights.
- There was no evidence that staff received supervision in line with the provider's policy. There was no evidence in line with the policy that their annual planner had been completed. Their policy stated, '4 per annum and these should be documented in the annual planner template that accompanies this policy'. The failure to ensure staff were appropriately supervised meant gaps in knowledge or skills might not be identified and improvements made as required.

Failure to ensure the staff had the training and skills needed to care for people safely was a breach of Regulation 18(1) and (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's mental capacity was not assessed in line with the Mental Capacity Act (MCA) and the service's

own policy.

- For some people, where they may not have capacity to make a decision due to an impairment of the mind or brain and staff confirming a decline in their ability to make a decision there were no assessments of their capacity or recorded best interests decision in relation to their care. For example, consenting to necessary medicines, consenting to be helped with personal care and capacity to sign their care plans.
- Staff had received training on MCA however, they did not demonstrate they fully understood their roles and responsibilities under the code of practice.
- We could not be assured the registered manager fully understood the MCA or their responsibility to carry out mental capacity assessments and best interest decision meetings. They were not aware they needed to assess people's capacity to make specific decision.

Systems were not in place to demonstrate that their responsibilities under the MCA were followed. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff did not always have sufficient guidance in place to ensure people's health needs were met in a consistent and safe way. For example, people's health conditions were listed within their records, however the provider had failed to include any further guidance on how to support people with these conditions. This placed people at risk of not receiving care in line with these needs.
- Staff understood people's needs. However, the lack of written guidance meant we could not be sure people's support was delivered in line with best practice guidance and in people's preferred way.
- People's needs were assessed prior to care commencing.

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

- Staff worked with other health and social care professionals where people's health or wellbeing had deteriorated. However, we could not be assured this was in a timely way. For example, staff regularly documented that a person hadn't eaten all day, there was no detailed risk assessment in place to show what action needed be taken, or when involvement from other professionals needed to be sought. This was raised with the registered manager who stated she would action this.
- Staff were aware of what they should do if a person's health deteriorated quickly. For example, staff told us they would call the GP or an ambulance.

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

- Those people who needed assistance with meal preparation were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks.
- Staff recognised the importance of good nutrition and hydration.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had regular staff who they described as kind and caring. Feedback included, "I get very good care," and "I feel that the care I am receiving is absolutely superb. I feel safe with this carer."
- Staff said they spent time talking with people during their care and did not rush people. One person told us, "My carer will do a bit extra for me as long as it is only 5-10 minutes but that helps me sometimes to sort little jobs out, so I am grateful for their help in that way."
- Staff relationships with people were caring and supportive. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported.

Supporting people to express their views and be involved in making decisions about their care

- There was no evidence to indicate that people were supported to take part in the care planning review process. This meant they were not able to express how they would like to receive support from staff, however daily records indicated day to day communication and discussions between staff and people.
- Feedback from a relative included "[relative's] care plan is discussed frequently between [registered manager] and me. If there is a need then the carer level will be increased by mutual agreement."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us how they protected people's privacy. For example, one staff member told us, "We always close the door and curtains when supporting with personal care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- After people's needs were assessed around the start of the care package, the registered manager did not always ensure appropriate care plans were developed to address how the identified needs of people were to be met.
- People had care plans in place which lacked detail. Health conditions were documented. However, the impact of the health conditions, for example, a person living with dementia had no detailed information reference this within their care plan to ensure staff understood how this impacted the person and how they were treated.
- Staff did not always have a comprehensive understanding of people's healthcare needs to ensure they consistently received support in line with these. This did not ensure staff had the information they needed to support the person in the best possible way.
- Relatives gave positive feedback about the registered manager and staff who supported them. One relative told us, "[registered manager] has been very helpful especially to me."

Failure to provide personalised care plans specifically for people who use the service is was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and included in their care plans.
- Staff we spoke with knew about people's communication needs and how to meet these. The provider stated they could make arrangements to provide information in formats that met people's needs for example where they could not read small print.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns with the provider. Feedback from a relative included, "This is only a small company so if there are any issues with a particular carer then they can be identified easily." and "[relative] disliked one carer and [registered manager] identified who it was and changed their rota so that they do not come again."
- The provider had a complaints policy and procedures that were shared with people and their relatives, so they knew how to raise concerns about their care if they were dissatisfied with the service they received.

End of life care and support

- At the time of inspection, no one was receiving end of life care. The provider told us they would involve people, their relatives and health professionals, where required, should they begin supporting a person at the end of their life.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At this inspection, we found non-compliance with 5 regulations. The provider had failed to ensure good governance, safe care and treatment, need for consent, person centred care and staffing. The provider's governance systems had not identified these issues and therefore we were not assured about their effectiveness.
- The provider failed to ensure there were effective systems in place to monitor medicines. For example, there was no oversight of how medicines records are completed and maintained. This meant we could not be assured people had always received their medicines as prescribed which placed people at risk of harm.
- The provider had no system in place to monitor people's care records to ensure these remained accurate and up to date. For example, care records did not have guidance in place to meet people's needs safely. This placed the person at risk of harm.
- The provider failed to have systems and processes in place to effectively monitor and improve the quality of the service. The provider was not able to provide us with regular audits carried out.
- There was no evidence of general oversight, which meant omissions and errors were not identified, and the quality of the service could not be improved. The provider had not identified the issues we found on inspection.
- The provider informed us that they were recruiting for a deputy manager and that quality assurance systems would be implemented immediately.

Systems had not been established to ensure quality assurance tools were in place and effective at identifying where improvements were required. This placed people at risk of harm. This was a breach of regulation 17(1) and (2)(a),(b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All people we spoke with gave positive feedback about the provider. Comments included, "The [registered manager] is always contactable and aware of any reported issues. All the staff are very motivated to provide a good caring service," and "I am more than happy to recommend this care company. They keep me informed if there are any issues with [relative] and that makes me know [relative] is being looked after safely."

- Staff also gave positive feedback about the provider, this included "Very approachable and fair to everyone" and "Yes very approachable."
- There were staff meetings, however one staff member commented "Not as often as we would like." Staff did feedback that they felt confident voicing their opinions and ideas and felt listened too by the registered manager.
- There was evidence that relatives and people had been asked for their feedback on the service and how improvements could be made.

How the provider understands and acts on the Duty of Candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- There were clear policies and procedures which reflected the provider's values and current legislation.
- The registered manager understood their responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

Continuous learning and improving care

- The provider showed they were open to learning and improving the service and were aware they needed to strengthen the systems in place to drive improvements.
- The provider told us they were looking to develop improved systems for quality assurance within the service.

Working in partnership with others

- The provider worked with other health and social care professionals to make improvements to people's care where this was required. These included GP's and social workers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Failure to provide personalised care plans specifically for people who use the service is a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Systems were not in place to demonstrate that their responsibilities under MCA were followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to ensure the proper and safe management of medicines and establish systems to access, monitor and mitigate risks to health, safety and welfare of people using the service. This was a breach of regulation 12(1) and (2)(a),(b) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good</p>

governance

Systems had not been established to ensure quality assurance tools were in place and effective at identifying where improvements were required. This placed people at risk of harm. This was a breach of regulation 17(1) and (2)(a),(b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Failure to ensure the staff had the training and skills needed to care for people safely was a breach of Regulation 18(1) and (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.