

Forward Community Care Ltd

# Forward Community Care Ltd

## Inspection report

Tudor Leaf Business Park  
Unit 230A, 2-8 Fountayne Road  
London  
N15 4QL

Tel: 07903496137

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Forward Community Care is a supported living service providing personal care support to younger and older adults and those living with a mental health condition. At the time of our inspection there were 2 people using the service.

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

People were not always supported to receive their medicines in a consistent way. Medicines people received on an as required basis did not have a protocol in place for the instances where this should be provided. We raised this the Registered Manager and they took steps to rectify this.

We also noted an electronic medicines administration record (MAR) was used in the majority of medicines administration and when a medicine was given late it was not clear when this had been given on the MAR.

We have made a recommendation about medicines management and recording.

People were supported to receive medicines on time from external health professionals to keep them healthy.

People told us they felt safe. Relatives told us their family member was kept safe at the service.

Staff showed they understood people's risks and how to protect them from the potential risk of harm by following their risk assessments.

Safeguarding procedures were followed, and staff knew the signs to look for if they suspected abuse and how to report concerns. A safeguarding and whistleblowing policy was available to provide guidance and support.

There were enough staff to support people using the service and people were supported by a consistent staff team. Staff had been recruited to the service following safe recruitment practices.

The risk of infection was minimised and staff followed good hygiene practices. Staff had enough personal protective equipment.

People's needs were assessed in depth before they began to use the service. People were involved in the care planning process with the relatives.

Staff were supported to have the skills and knowledge when providing care and support to people. Records confirmed specialist training was sourced in mental health to ensure staff could understand people's needs. Consent to care was requested before it was provided.

People were supported to have maximum choice and control of their lives. Staff supported them in the least

restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were encouraged to eat healthily and to stay hydrated.

Staff treated people in a kind and respectful way. People were able to build trusting relationships with staff as staff took the time to listen to them and understand their individual needs.

There was no discrimination at the service and people regardless of their race, religion, sexuality or gender were welcome at the service. People's privacy and dignity and independence was respected and encouraged.

People's individual care needs were documented and reviewed regularly. People were supported to raise concerns with staff for them to be investigated.

Quality assurance systems were in place to monitor the service. Feedback was requested from people and relatives. Staff enjoyed working at the service and told us the management team were supportive and approachable.

The registered manager showed us records they had applied to have their address changed and this was currently being processed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 27 July 2020 and this was the first inspection.

Why we inspected

This was a planned comprehensive inspection based on this being a newly registered service.

Follow up

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 safe.

Details in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Forward Community Care Ltd

## 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.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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 able to the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection.

We used all this information to plan our inspection.

#### During the inspection

We visited the office location on the 11 November to continue reviewing documentation. Inspection activity started on 26 October 2022 and ended on 11 November 2022.

We spoke with 2 people and 1 relative. We also spoke with the registered manager, deputy manager and placement coordinator. We spoke with 3 members of staff. We reviewed a range of records. This included 2 people's care plans and risk assessments and staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

# 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 good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were not supported to receive their medicines in a consistent way.
- Where people needed to take 'as required' medicines, information on the criteria when this should be provided was not included in the care plan. This meant staff would not know the instances when people should receive this. We informed the Registered Manager and they put measures in place to rectify this.
- We noted the service used an electronic medicines administration record (MAR) and a paper MAR. In a couple of instances, we noted it was not clear on the electronic MAR when a medicine had been given late, we raised this with registered manager and other managers at the inspection. The management team spoke to staff who confirmed the medicine had been given on time but it had not been recorded on the electronic MAR.

No one had been harmed due to this, however, we recommend the provider seeks guidance on medicines management and recording.

- People received their long lasting medicines administered by community health services on time, this ensured people were kept safe and healthy.
- People had MAR charts and medicines administered matched the MAR.
- Staff knew what to do in the event of a medicine error and told us they would inform the registered manager or another member of the management team and record as an incident.
- No medicine errors had been recorded.

### Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from the risk of harm.
- Staff regularly observed people to check for any unexplained bruising and to check whether any change in mood. A member of staff said, "We see people on a regular basis, I'd look for signs, any mood change could be emotional abuse, I need to report to my line manager." Another member of staff said "The safety of the individual should be of paramount importance. In all cases of suspected abuse or harm local multi-agency policies and procedures should be followed."
- Regular engagement with health professionals gave staff the opportunity to talk about safeguarding and suspected abuse.
- Staff were aware of their safeguarding responsibilities and knew how to escalate concerns if they were not being investigated fully. A member of staff said, "I can report to the local authority, police and the Care Quality Commission."

### Assessing risk, safety monitoring and management

- People were supported to stay safe in their home and to take positive risks.
- One person when asked told us they felt safe. A relative told us they thought their family member was being kept safe at the service.
- Staff knew people's risks and could explain how to protect them in accordance with their risk assessment, for example, a member of staff said, "I always remind [person] due to their vulnerability not to talk to strangers and to come to their flat early."
- People's risk assessments detailed methods to keep them safe and to reduce known risk. For example, where continence risk was identified people were encouraged to have regular 1 to 1 support with staff, engage in activities and regular reminders to use the toilet. This helped to improve people's dignity and reduce this risk.
- Risk covered areas such as communication, mental health, continence, behaviours, medicines, smoking, eating and drinking and personal care.

### Staffing and recruitment

- People received safe care at the service as there were enough staff.
- People had a regular team of staff to provide them with care and support, this also helped provide consistency and to develop good relationships for people.
- The registered manager and management team said, "We have a good dedicated team of staff."
- Records showed there were enough staff to cover each day and if extra support was required the service was able to provide it.
- People had been recruited to the service in line with the providers recruitment policy. Staff had completed an application form, attended an interview, provided references and completed a Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (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

- People were protected from the risks of acquiring an infection.
- Daily records confirmed staff responded to cleaning matters promptly to protect people using the service from the risk of infection.
- Staff told us they were provided with enough personal protective equipment (PPE) to use and they knew how to use and dispose of it safely. This included the use of gloves and masks.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- People using the service were encouraged to have their annual flu vaccine and to receive their Covid- 19 vaccine, with their consent to reduce the risk of infection.

### Learning lessons when things go wrong

- Processes were in place to learn from accidents and incidents.
- The registered manager told us everyone was aware of the accident report form. They said, "We have added a preventions section, for example, [person] likes coffee really hot, to prevent a risk to others we put measures in places to protect them."

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs were fully assessed before they began to use the service.
- Records confirmed an assessment of need took place and people's health needs, long term goals, desires and choices were discussed at this time.
- People's next of kin and family were involved in the care planning process to provide additional information about their care needs as required.

Staff support: induction, training, skills and experience

- People received support from staff who had extensive experience in providing care.
- Staff upon joining the service received a full induction to the service and ongoing support for their role.
- Records confirmed staff had qualifications in level 4 mental health and social care. This meant staff had the skills to understand the needs of people they supported.
- Staff received regular supervision, records confirmed this, and told us they could approach the management team whenever they needed support. A member of staff said, "Supervision is really helpful, it lets us discuss what we need to improve, and we can reflect on care."
- Training was important as it gave staff the knowledge and specialist skills to support people at the service. Records confirmed staff attended mandatory training such as medicines, first aid, control of substances hazardous to health, safeguarding and additional training in positive behaviour and mental health training from a Psychologist.
- A member of staff said, "Training is an ongoing process, for example, we went to Psychology training. It helped me understand psychosis and mental health conditions more, and to help people."
- Staff completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were encouraged to stay hydrated and to eat a healthy diet.
- People's care plans recorded their nutritional needs and staff recorded fluid intake and what they ate for breakfast, lunch and dinner while at home.
- People told us they were supported to eat foods they liked. Staff confirmed people chose what they wanted to eat, and staff would encourage healthy eating.
- A member of staff said, "I make sure [person] has lots of fluids and they like to eat Kosher food."

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

- People were supported to maintain healthy lives.
- People's health needs were regularly monitored, records confirmed staff at the service acted promptly to ensure people received appropriate health care support from health professionals.
- A member of staff said, "We have close contact with people's care team including their social worker and psychiatrist. We support people to attend the dentist and GP. The same staff said, "We check blood pressure and [person] care coordinator checks sugar levels. This meant people's health was being regularly monitored.

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.

- Before care was provided to people, their consent to care and treatment was requested.
- Staff told us they asked for people's permission before giving care. A member of staff said, "I always ask for permission to come into [person's] room.
- Staff told us people were able to make day to day decisions for themselves and where consent to treatment was required best interest meetings were arranged with people's health team.

# 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 were cared for by staff who were understanding, patient and kind.
- A relative said, "The staff are nice, [person] is comfortable."
- Staff had respect for the people they supported and knew their likes and dislikes.
- A member of staff said, "I talk to [person] in a friendly manner, want them to feel respected. [Person] likes a song from Michael Jackson, this helps them get up, I give them time to stretch and relax."
- Staff expressed how important it was to build trusting relationships with people. A member of staff said, "When [person] came here they were a bit bored, I suggested playing football on PlayStation, [person] loved something like that. We went to the shop and got a PS4 in their room. We find things [person] enjoys. This kind of gesture from staff built trust and understanding and helped build a good relationship with [person]."
- Equality and diversity was respected and celebrated at the service, a member of staff said, "I was taught to treat everyone equally, no matter black or white or their sexuality. Always been taught to have that insight." The same member of staff said, "If from the LGBTQ community you will feel welcome and included here, we have attended the Pride march."
- The management team told us they did not judge anyone who used the service. A member of the management team said, "Being non- judgemental has helped us build trust with people."

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

- People were encouraged to express their views at every stage of their care.
- Staff told us people were to feel empowered at the service and this would promote independence in the future.
- Records confirmed people had regular 1 to 1 contact with staff where they had the space to share what was on their mind and if they wanted anything to change. For example, staff told us they informed their line manager when people did not want to eat certain foods, and this was addressed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People had their own living space and private bathroom facilities to support their privacy and dignity.
- Staff told us they closed doors while delivering personal care and people's confidentiality was respected by staff, and information was only shared with those who needed to be informed.

# 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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to them and documented their preferences.
- Relatives and people's health team were involved in care reviews and care plans were updated as required, records confirmed this.
- Staff told us care plans were detailed and they were given the time to read them fully. This helped staff understand people personal needs and offer them individual choices in their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans documented people's communication needs.
- The registered manager told us they could obtain information for people in different formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to spend time with people they cared about and to attend activities of their choice to prevent social isolation.
- People's family told us they were able to visit the service without restriction. A relative told us, "[Person] is very happy, goes out for coffee."

Improving care quality in response to complaints or concerns

- People were supported to raise complaints if they wished in line with the providers policy and procedure.
- Staff knew they had to advocate on behalf of people where they could not always express their concerns.
- Records showed there had been no complaints at the service.

End of life care and support

- Policy and procedures were in place to support the service provide end of life care and support.
- At the time of the inspection no one using the service required end of life care.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and staff working at the service knew what was expected from them in their job roles.
- The registered manager was aware of the need to update their address and this had been submitted immediately, it was in the process of being amended.
- A member of staff told us the management team gave them clear guidance on what was expected. A member of staff said, "During our meetings, they tell us what is expected and the right way to do the job."
- Staff told us they were continuously motivated by managers to provide the best care for people they supported. A member of staff said, "[Manager] is always providing opportunities for me to grow and develop my skills."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service had good outcomes, felt valued and part of society.
- Staff told us they enjoyed coming to work with people and the management team. A member of staff said, "The atmosphere is really good, I'm happy working here. Managers are trying their level best."
- Another member of staff said, "Both managers and staff are supporting each other to give the best care for [people]."
- Staff were empowered at the service, a member of staff said, "Managers are very approachable, they encourage us and are very supportive."

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

- The registered manager was aware of their responsibilities to report matters to the CQC.
- The management team as a whole told us it was important to be open and transparent when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service encouraged regular communication between people, relatives, staff and health professionals.
- A relative told us they were able to provide feedback on the quality of the service and they regularly asked

their family member if everything was going well and could feedback to the service.

- Records confirmed people were asked to provide feedback and relatives provided telephone feedback to enable the provider to make improvements for people's benefit.
- A member of staff said, "I can speak to them [management] easily we talk regularly, and they are very keen about feedback, so they know how things are going on the ground. Every little detail matters that's how we can be effective and take care of people."
- Feedback from health professionals was positive. A health professional said, "I am pleased with the level of care they [provider] provides. Staff seemed to have developed a good relationship with [person] which makes care delivery easier."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with other health professionals to ensure people's care was maintained.
- Quality systems were in place to monitor the service, feedback from staff, people and health professionals helped the service learn and improve.
- The registered manager and staff embedded ongoing learning with staff to ensure people received the best care. Staff told us they valued ongoing learning and support to ultimately benefit people using the service.
- The service had been approached to provide a similar model of care by clinical teams within their field as they were seen as a leader in providing care for mental health.