

Forever Care (Walsall) Limited

Forever Care

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 ●

Summary of findings

Overall summary

About the service

Forever Care is a domiciliary care agency. It is registered to provide personal care to people living in their own homes.

CQC only inspects where people receive personal care. This 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 this inspection 34 people were receiving personal care.

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

People were protected from risk of abuse because staff had received training in safeguarding and knew what actions to take to keep people safe. Risks to people had been assessed and were regularly reviewed. There were recruitment processes in place to ensure suitable staff were appointed to support people. People's medicines were managed safely. There were no concerns regarding staff members' infection control practices and they had good access to personal protective equipment (PPE). There were processes in place to investigate incidents or accidents with appropriate action taken promptly and measures put in place to mitigate the risk of future reoccurrences.

The provider completed initial assessments to make sure they could meet people's needs. Staff completed induction training and people were supported by staff who had the skills and knowledge to support them safely.

People were supported to have maximum choice and control of their lives and 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 and relatives told us they were supported by kind and caring staff who knew people well. People's individual needs were respected and staff supported people with dignity and respect. People and relatives told us they were involved in the care and support planning.

The provider carried out audits of the service to monitor and review the quality of the care provided to people. The provider completed regular competency checks to monitor staff practice to ensure they were working to current best practice. The provider worked in partnership with health and social care professionals to ensure people's health needs were being monitored and reviewed.

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 09 April 2020 and this is the first inspection.

Why we inspected

This was a planned inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead Forever Care used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this performance review and assessment.

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 are 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 ●

Forever Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

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 is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration with us. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with one person using the service and three relatives. We spoke with six staff members and the registered manager. We reviewed a range of records. This included six people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

This inspection and assessment was carried out without a visit to the location's office. We made phone calls to enable us to engage with people using the service and staff and electronic file sharing to enable us to review documentation. Inspection activity was completed on 10, 11, 17, 18 and 22 March 2022.

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.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and relatives we spoke with told us they felt the service was safe. One person said, "I have two carers each visit and they stand either side of me to make sure I am safe when I'm having personal care, they're very good."
- Staff spoken with knew how to report any suspicions of abuse. One staff member told us, "If they [person] have an unexplained bruise or cut anywhere, we have to report those. If there was abuse and nothing done about it I'd report it to the police, the council or CQC."
- The provider had appropriate processes in place to safeguard people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place which showed the actions taken to manage and reduce risks to people. For example, people at risk of developing sore skin had their skin integrity regularly checked by staff. A staff member told us, "All the information we need is in our folders so when I see anything, I would report it and let the office know and if not unable to contact them I would also contact the district nurse." One person told us, "When they [staff] do personal care they always check for bed sores or marks and as soon as they notice anything they tell me and get the barrier cream and sort it out for me there and then."
- Risk assessments we looked at reflected people's current needs.

Staffing and recruitment

- There were safe recruitment processes in place to reduce the risk of employing unsuitable staff to support and care for people. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). 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. These checks are used to assist employers to make safer recruitment decisions.
- People were supported by a regular team of staff members who knew people's needs well.
- People and relatives told us they had not experienced missed calls and staff remained with them for the appropriate length of time.

Using medicines safely

- Where people received support with their medicines, this was managed safely. People and relatives we spoke with told us medicines were administered as prescribed.
- Staff had completed medication training and had their competencies assessed to ensure they were administering medicines safely.

Preventing and controlling infection

- The provider had infection control policies and procedures in place. One person told us, "They [staff] always change their gloves when they arrive and dispose of them in a bin I have just for their PPE. They always wear their (face) masks."
- Staff spoken with told us they had a good supply of PPE and they had completed training for infection control.

Learning lessons when things go wrong

- Accident and incidents were recorded and analysed by the provider to monitor for any patterns or trends and appropriate action taken to mitigate future risk.

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 needs were assessed by the provider prior to joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability. The pre-admission process was person-centred, fully involving the person and their family members to make sure the service could meet the person's needs. One person told us, "[Staff name] came out the first time when I started with the company and ran through the care plan with me and asked was there anything I needed extra help with."
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- People and relatives we spoke with told us they thought the staff had the appropriate skills and training. Staff demonstrated good knowledge and skills to support people in receipt of their care. We reviewed information that confirmed staff training was up to date and relevant to their role.
- New staff to the service completed an induction. This included shadowing an experienced staff member and completing essential training for their role. For example, completing of the care certificate. The care certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- Where staff provided support to people to maintain their diet, we found people's dietary needs were considered and appropriately assessed.
- No concerns were raised by anyone we spoke with about the support people received with their nutrition and hydration needs. One relative told us, "Staff always leave [person] a snack and drink between visits."

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

- The provider and staff worked in partnership with people, relatives and health and social care professionals to monitor and maintain people's health. These included district nurses.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency.

Adapting service, design, decoration to meet people's needs

- The provider completed risk assessments of the person's home environment to make sure everyone was safe.

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.

- Staff had received training in the MCA and understood the importance of involving people in decisions about their care.
- Staff told us how they always asked for consent before supporting someone. A relative said, "I hear the carers explain to [person] what they need to do and ask if it's ok for them to do it."

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 and their relatives, without exception, provided consistent and positive feedback, about the caring attitude of the staff and people were treated with respect and kindness. One person said, "They [staff] are ever so polite, we have a little laugh, they [staff] brighten my day and nothing is too much trouble for them, even if it is not in my care plan they will try their best for me." A relative told us, "I would say this service goes over and beyond, as a family we just can't praise them enough."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One staff member said, "I love the people I work with."
- Care plans were person centred and documented people's wishes and choices on how they wanted to be supported. This included information about specific cultural, religious or personal needs where appropriate.

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

- The provider made sure people were, as much as practicably possible, fully involved in their care.
- People were encouraged to be involved as much as possible when their care needs were assessed or reviewed. This information was then used to plan and deliver care that reflected what support was needed.

Respecting and promoting people's privacy, dignity and independence

- People and relatives spoken with told us staff protected their right to receive care and support in a dignified way. One person said, "I had an issue when I first started [the service] sending me men and I didn't like the fact of a male carer and asked please do not send me a male carer and they have made sure I have only female carers, which gives me peace of mind."
- Staff gave us examples how they supported people to do as much as possible for themselves to encourage, where possible, their independence.
- Staff we spoke with were passionate about respecting people's privacy, dignity and were supportive and sensitive to people's needs. People and relatives consistently spoke positively about the way they were supported.
- The registered manager confirmed people's care records, that were stored in the office, were locked away securely and confidentiality maintained.

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 and relatives we spoke with all told us they had been involved in planning their care needs and found the provider flexible in their approach when those needs changed. One person told us, "They [provider] came out the first time when I started with the company and run through the care plan with me and asked was there any extra help needed."
- People received care and support that was personalised to their individual needs and preferences. People and relatives told us they were happy with their care and staff were responsive to their needs. One person said, "They [staff] arrive at times to suit me and sometimes when I have a hospital appointment I've had to cancel the call but arrange a call for when I'm back say for tea-time - not got a problem with it."

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.

- The registered manager was aware of the Accessible Information Standard and told us if any person required information in a different format, they would be able to accommodate their individual communication needs.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with told us they could share any concerns with the provider and were comfortable to raise and discuss any issues. One relative said, "There has been just one matter we needed to raise with them [the provider] and they dealt with it straight away and were very apologetic and everything has been absolutely fine since then."
- We saw there was a process in place to record and monitor complaints.

End of life care and support

- There was no-one receiving end of life care during this inspection. The registered manager explained how they would support the person and family members in the event of providing support to a person receiving end of life care. "We would always stay in regular contact with the district nursing team and let them know if there were any changes in the person's condition."

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.

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

- People and relatives we spoke with were all positive about the management team and the care staff. One person said, "I am very happy with the service, there is nothing I would change." A relative told us, "They [staff] have been amazing looking after [person], we're very pleased with them."
- Staff we spoke with also gave positive feedback about the management team. They told us, "They [management team] are very understanding and will give you the right advice when you need help." "They [management team] are very good at arranging shifts if you get stuck as soon as you call them they will cover your calls. Contacting them is easy even at night that's how good they are."

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 provider was open and honest when things went wrong. For example, complaints were followed up with appropriate actions, explanations and apologies made when required.
- Notifications had been submitted to the CQC as legally required to do so.

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

- We saw regular audits were carried out by the provider to check the quality of the service being delivered to people.
- Competency checks were carried out regularly on staff to ensure they were providing good quality care for people.
- Staff spoken with told us they felt well supported by the provider, received regular supervision and had attended regular team meetings.

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

- The registered manager sought feedback from people using the service in the form of quality monitoring telephone calls. The feedback we looked at was positive.
- Staff confirmed the management team completed spot checks to ensure they supported people safely.
- A relative told us how the provider kept them regularly updated. They said, "I'd say they [Forever Care] have gone well above and beyond, they sort stuff out for us. [Staff name] will phone us up and tell us there may be no bread or we need butter or milk and always keep me updated on what they need for [person]"

their tablets, pads or creams. They [provider] will let me know all that."

Continuous learning and improving care

- The management team and care staff received continuous training to ensure their learning, skills and knowledge were up to date to support people.

Working in partnership with others

- The registered manager and staff understood the importance and benefits of working alongside other professionals.