

Mrs Jeanette Cook

# Forget-Me-Not-Homecare Services

## 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

We carried out this announced inspection on 4 and 6 December 2018. At our last inspection, in June 2016, we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Forget-Me-Not Homecare Services is a Domiciliary Care Agency that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in St Austell and the surrounding areas. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 34 people were receiving a personal care service. These services were funded either privately or through Cornwall Council or NHS funding.

Everyone told us they were satisfied with the quality of the service they received. People said they felt safe using the service and they trusted the staff who supported them. Comments included, "I am extremely happy with the service", "I can't fault them" and "They are wonderful people."

People confirmed they received a reliable service provided by a stable staff team. They had agreed the times of their visits and were always kept informed of any changes. Staff told us travel times were sufficient, so they were not rushed. Staffing levels were managed in a way to ensure staff were available to provide a consistent service to meet the needs of people who used the service. Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and preferences.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. People were aware of their care plans and had a copy in their homes. People who needed help taking their medicines were appropriately supported by staff.

Risk assessments clearly identified any risks and gave staff guidance on how to minimise the risk. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. The service had robust recruitment

practices, which meant staff were suitable to work with vulnerable people. Training records showed staff had been provided with all the necessary training, which had been refreshed regularly. Staff told us they found the training to be beneficial to their role and said they were encouraged to attend training to develop their skills and career.

Staff told us they enjoyed their work and received regular supervision, appraisals and team meetings. Staff were complimentary about the management team and how they were supported to carry out their work. The management team provided strong leadership and led by example. There was a positive staff culture and value system which placed people at the heart of the service.

Management and staff acted within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Forget-Me-Not-Homecare Services

## **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 announced inspection of Forget-Me-Not Homecare Services took place on 4 and 6 December 2018. The provider was given short notice because the location provides a domiciliary care service. We needed to be sure that someone would be available. The inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager, deputy manager, administrator and two care staff. We visited three people in their own homes and met another two care staff and a relative during those visits. We looked at three records relating to the care of people, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Following the visit to the provider's office we spoke with a further six people and received feedback from three healthcare professionals.

# Is the service safe?

## Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. They commented, "It has been good to know that the carers are coming in", "Very happy with the service", "They do whatever I want" and "They are reliable."

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. If staff had any concerns they were confident managers would take the appropriate action.

There was an equality and diversity policy in place and staff received training in the Equality Act legislation. Staff told us they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Managers ensured there were enough staff to safely meet people's needs by monitoring the care packages being delivered. Staff were matched to the needs of people using the service and new care packages were only accepted if suitable staff were available. There were appropriate arrangements in place to cover any staff absence. The management team regularly covered visits when staff were unable to work and because people knew the members of the management team it meant they still received a consistent service.

A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas included travel time, which meant they arrived at people's homes as close to the agreed times as possible. If staff were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary.

People told us they had a team of regular, reliable staff, they had agreed the times of their visits and were always kept informed of any changes. People were given a list of the staff booked to visit them and if changes occurred people were informed of the name of the replacement worker. No one reported ever having had any missed visits.

There were suitable arrangements in place for people and staff to contact the service outside of when the office was closed. There was a rota for management to cover the 'on call' service. People were given information packs containing telephone numbers for the service so they could ring at any time should they have a query. People and their relatives told us telephones were always answered, inside and outside of the hours the office was open.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people including personal care, environmental risk and mobility. Where a risk had been identified, the service identified

factors which might reduce that. For example, a referral for a mobility assessment and working closely with other health professionals. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were given to them before they completed their first visit to people.

People were safely supported with their medicines if required. There were arrangements for the prompting of and administration of medicines. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept as necessary to record when people took their medicines if this was part of their care package. These were audited regularly by senior care staff to ensure they had been recorded as required. Only staff who had received training in the administration of medicines were responsible for dispensing medicines. There were strict protocols in place if families took responsibility for dispensing medicines for their relative so staff were protected.

If accidents and incidents took place in people's homes staff recorded details of the incident in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

## Is the service effective?

### Our findings

People's needs and choices were assessed before they started to use the service. This helped ensure people's wishes and expectations could be met by Forget-Me-Not Homecare. People told us they felt confident the staff supporting them had the knowledge and skills to deliver the care and support they required. Comments included, "All the staff are well trained" and "All the staff are just as good at what they do."

Effective care was provided for people because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to help ensure staff received appropriate training and refresher training was kept up to date.

Staff were supported by a system of regular one-to-one supervisions, annual appraisals, quarterly staff meetings and observations of their working practices. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings, team meetings and an annual appraisal to discuss their work and training needs.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

People told us staff supported them to access healthcare appointments. Management and staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. Care records confirmed people had been supported by healthcare professionals such as, GPs, occupational therapists, dentists and community nurses. Healthcare professionals told us the service always sought their advice appropriately and staff were knowledgeable about people's needs. This helped to ensure people's health conditions were well managed. A healthcare professional told us, "This agency have supported individuals with wide ranging needs but are also willing to seek additional advice and upgrade knowledge & skills where possible to ensure care is managed appropriately."

Staff supported some people with their meals. People told us staff prepared meals of their choosing. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also said staff always stayed the full time of their agreed visits. Care records in people's homes showed that staff stayed for the agreed length of the visit.



Management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse support. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. When decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where 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. As the service is not a care home any applications to deprive people of their liberty must be made to the Court of Protection by the local authority. At the time of the inspection there was no one using the service who had any restrictions in place.

## Is the service caring?

### Our findings

People told us staff were caring in the way they supported them. They said staff treated them with kindness and consideration. Comments included, "They are brilliant", "They are extremely kind", "They don't rush me", "The carers couldn't be better" and "They make things easier for me so I can do things for myself."

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with staff and got on well with all of them. New staff were introduced to people before they started to work with them and because management covered for sickness and absences they knew everyone who used the service. This meant people received care from staff who were known to them.

The service provided to each person was person-centred and based upon their specific needs. Care plans contained detailed information so staff could understand people's needs, likes and dislikes. Care and support was provided in line with those needs and wishes. Staff had a good knowledge and in-depth understanding of people's needs.

Staff spoke about the people they supported fondly and showed pride in people's accomplishments and a willingness to support people to develop and maintain their skills. They were motivated and clearly passionate about making a difference to people's lives. Commenting, "I love the job", "It's really good helping people to stay living at home" and "I love helping people and making a difference."

Care plans also contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

Some people using the service had limited verbal communication due to their health needs. These people's care plans contained information for staff about how different gestures and facial expressions might indicate whether the person was happy, distressed or in pain. This helped staff to understand how people might be communicating their needs and wishes and provide support that met their needs.

People told us staff always checked if they needed any other help before they finished the visit. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "I cannot fault them and they have supported me as well."

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR).

Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff said everyone would be treated as individuals, according to their needs.

## Is the service responsive?

### Our findings

Before using the service, a manager visited people to complete detailed assessments of their individual care and support needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. We found people received care and support that met their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation. People commented, "Sometimes if I am unwell, they do extra duties for me to help" and "[Registered manager's name] come out during the night, when I fell on the floor, and waited with me until the ambulance arrived."

Care plans were personalised to the individual and recorded details about each person's specific needs and wishes and how they liked to be supported. Care plans provided clear guidance to staff about people's needs and their daily routines in relation to each individual visit. People's care plans were regularly reviewed and any changes in people's needs were communicated to staff. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans.

People told us they were aware of their care plans and a member of the management team reviewed their care plan with them to ensure it was up to date. Staff told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were updated in their care plans and communicated to staff by phone, text messages or through regular newsletters. Staff were encouraged to update the management team as people's needs changed and they told us that management always acted on any information given.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. These records were returned to the office each week and audited by management to check that any changes to people's needs had been actioned.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

The service sometimes supported people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Where possible people's end of life wishes were recorded to support staff to meet those wishes.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they could choose the gender of their workers and were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. Relatives also felt their concerns would be taken seriously.

## Is the service well-led?

### Our findings

A registered manager was in post who had the overall responsibility for the day-to-day running of the service. There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the owner of the service, had overall responsibility for the day-to-day running of service. They were supported by a deputy manager, an administrator and senior care staff. 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 and associated Regulations about how the service is run.

There was a positive culture within the staff team and staff spoke passionately about their work. The management team were also clearly committed to providing a good service for people. The registered manager recognised that valuing and supporting staff was integral to providing a good service for people. Staff were complimentary about the management and how they were supported to carry out their work. Comments from staff included, "The manager has supported me with my hours", "[Name of manager] is the best manager I have ever worked for" and "I would recommend working for Forget-Me-Not, they are brilliant."

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, regular supervisions and at team meetings. Staff said management listened to their feedback and acted upon it. Staff said, "We are small so communication is good" and "Our views are 100% listened to."

Management and staff worked in partnership with other agencies, such as community health teams and the local authority, in a collaborative and transparent way. Healthcare professionals confirmed they had a good working relationship and were positive about how the service was managed. Comments included, "They are an agency who are happy to listen to any advice or criticism and are always happy to take on board any new suggestions to try for someone", "They have quite an experienced group of carers who are empathetic to the clients care needs. They are supporting one of my patients, who has cognitive problems, to remain in their own home and without their support she would probably be in long term care" and "Communication between myself and the Forget-Me-Not management team and staff has always been two-way, including joint visits. They have accepted both positive and negative feedback, using it to help monitor and manage their services to the individuals they care for."

The management team strived to continually improve the quality of service provided. There were robust processes in place to seek people's views of the service and monitor the quality of the service provision. The management team worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

Feedback from people through surveys and informal feedback was sought. People told us someone from the office rang and visited them regularly to ask about their views of the service. Compliments received by the service included, "I like how all the carers assist me but also help me keep my independence. They have time to give me advice and they communicate well with each other", "Thank you all very much and keep up the good work" and "Thank you so much, Mum said how kind you were."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act.

The provider had a range of policies and procedures. Staff had access to these and were given key policies as part of their induction. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.