Caring Forever Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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
Caring Forever Limited is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone who used the service received personal care. 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 our inspection the service was providing personal care to 41 people.

People's experience of using this service and what we found
Risk assessments required more individualised detail to ensure care staff were provided with information about how risks were to be mitigated. Some known risks did not have a corresponding care plan so care staff knew how to mitigate risk as far as possible.

Medicines documentation required more detail to ensure people received their medicines consistently and appropriately.

The auditing and quality assurance systems in place required improvement, as they did not ensure accurate upkeep of full records and identify areas for improvement.

There were sufficient care staff to cover visits to people. Some people told us if care staff were running late that they weren't always advised of this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. However, records required improvement to ensure best interest procedures were followed where necessary and in line with the Mental Capacity Act 2005.

Care plans required more detail, to provide guidance for care staff on how to meet people's individual needs, particularly where people were living with dementia, had health conditions, or were receiving end of life care.

People consistently spoke highly of staff and told us they were kind and caring. People and their relatives said they were treated with respect and kindness by staff who were patient and respected their dignity. Staff were recruited safely. Staff received relevant training to carry out their role.

People knew how to contact the office and raise any concerns if needed. Complaints were investigated and responded to appropriately.

The service had an open and positive culture. Care staff felt supported and able to speak with the management team at any time.

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

Rating at last inspection
The last rating for this service was Good (published 14 May 2018).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caring Forever Limited on our website at www.cqc.org.uk.

Enforcement
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 have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Caring Forever 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 Care Act 2014.

Inspection team
Two inspectors (one of whom was a member of the medicines team) and one Expert by Experience completed this inspection. 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 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
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the management team would be in the office to support the inspection.

This was an announced, comprehensive inspection. Inspection activity started on 26 August 2021 and ended 13 September 2021. We visited the office location on 26 August 2021. The Expert by Experience spoke with 12 people who used the service, and seven relatives on the telephone. These calls were carried out on the 26 August 2021.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with the registered manager, two managing directors, and one care co-ordinator. We reviewed a range of records. This included five people's care records and five medication administration records and associated documents.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, service policies, and quality assurance records.

We received feedback from four social care professionals who knew the service well.

We spoke with two care staff and one team leader. We also spoke with one relative following the inspection.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Using medicines safely

● People using the service were encouraged to maintain independence and look after their own medicines when safe and appropriate to do so. However, records did not show that all the risks around people's medicines had been assessed by staff.

● Records showed people had given their consent to be supported with their medicines. However, where one person's care plan showed they lacked mental capacity and that staff may need to consider a best interest decision about giving them their medicines, there was a lack of further guidance available for staff about this and about how the person's medicines could be given to them.

● Information was available to staff to enable them to give people their 'when-required' (PRN) medicines, however, some terminology about PRN medicines was potentially confusing and some written guidance lacked sufficient detail to enable the medicine to be given consistently and appropriately. In addition, when these medicines were given to people there was a lack of records showing why the medicine had been needed.

● For people who were prescribed medicated skin patches, records did not show that when new patches were applied, that their previous patch was removed for safety. In addition, there was no system in place to ensure the sites of application on people's bodies were rotated to reduce the risks of skin effects. When topical medicines were prescribed, there was information for staff about the areas on people's bodies to apply them for some but not for all of these medicines.

● Staff had received training and were regularly assessed to ensure they remained competent to support people with their medicines. People received their medicines as prescribed.

Assessing risk, safety monitoring and management

● Moving and handling care plans were not always sufficiently detailed to guide care staff in the specific support people needed with their mobility needs. This was especially important where people have complex moving and handling manoeuvres which needed to be carried out.

● Where people had been assessed as being at very high risk of developing pressure ulcers, there was not always a corresponding care plan in place outlining what the care staff needed to do to reduce risk. Therefore, we could not be fully assured that care staff had access to guidance specific to the individuals they were caring for.

● Systems in place for managing people's risk of constipation were not robust and a risk assessment was not always in place to provide guidance for staff. Records did not always detail when staff should raise concerns to other professionals to reduce risks.

● Where people experienced periods of distress which may challenge staff, there was not always sufficient detail on how to de-escalate situations, or what may trigger behaviours.

● We found no evidence that people had been harmed, however, records required additional detail to demonstrate safety was being effectively managed.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to protect people from the risk of abuse. Staff we spoke with demonstrated a good knowledge in this area. They felt confident to report any concerns to the management team as required.

●The management team understood safeguarding and consulted the relevant external authorities as appropriate. One social care professional told us, "Most recently the [care staff] supported a customer during a very challenging safeguarding period. They ensured the [person] felt safe whilst also working closely with the [local authority] and the police."

● Staff had received safeguarding training.

Staffing and recruitment

●The service had sufficient care staff to cover the visits required.

● The majority of people and relatives we spoke with told us care was usually provided by a regular team of reliable care staff. One person told us, "I get the same crew of carers all the time." Another said, "They treat me absolutely fine. They are so thoughtful and helpful. They're always nice and cheerful when they come. They all know what to do."

● Care staff continued to be recruited safely, and records showed care staff were vetted for their suitability to work with vulnerable people, through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files.

Preventing and controlling infection

● Staff had appropriate access to personal protective equipment (PPE) when carrying out personal care.

● We were assured the provider was using PPE effectively and safely. People and relatives told us staff were following safe practices. One person said, "They wear aprons, rubber gloves and face masks. They take their masks off when they're outside the door." A relative told us, "The staff always put on their masks, gloves and aprons before they come into the house. They take them off and put them in a bag as they come downstairs, except the masks, which they take off once outside."

● Regular COVID-19 testing was completed by care staff. All care staff had been supported to access the vaccination programme.

Learning lessons when things go wrong

● Where incidents had occurred, these were logged on incident forms with the details of what had occurred. Lessons were learnt from incidents to reduce reoccurrence, and new systems were introduced as a result.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 continued to be assessed before any care was provided, with family members and significant others involved in the process as much as possible. A relative told us, "We had a visit from staff in the company and they did a very thorough care assessment."
- The service used technology to improve the monitoring of care calls. They had also ensured this met GDPR (General Data Protection Regulation) requirements. The electronic systems used had robust security systems in place to protect all sensitive information held on their data base.
- Staff had instant access to information about people's changing care needs and preferences. Relatives could also access this.
- External professionals we spoke with were positive about the service. One social care professional told us, "I can only speak highly of this care provider. They always go the extra mile to support the adults they care for. With the adults we work with their situation can often change. I have always found this agency to be very flexible and creative in their approach."

Staff support: induction, training, skills and experience

- There was a system in place whereby staff competency was regularly assessed during direct observations.
- Staff received supervision sessions and training relevant to their role. The management team had introduced face to face training for medicines management and had sourced more in-depth training relating to end of life care and dementia.
- People told us they thought staff were well trained. One person said, "My needs are met. I was surprised the young carers are exceptionally good. They seem to have had good training." Another said, "I feel absolutely safe while using the hoist. You can tell they have had training as they know what to do."
- There was an induction process in place which consisted of a period of shadowing experienced staff and training sessions before working independently.

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

- People were supported to have enough to eat and drink. Some people just needed prompting to prepare their food, whilst other people needed the care staff to prepare meals for them.
- Where people required their dietary intake to be monitored, care staff kept a log. However, we found the logs could be more detailed. For example, where snacks had been given there was no detail of what they were so calorie intake could be assessed fully.
- People told us staff supported them to eat and drink the things they enjoyed. Staff were aware of people's preferences and needs relating to food. One person said, "They always ask what food I want and how I want it cooked."

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

● People received appropriate support to meet their healthcare needs. We found where concerns had been raised there was a log of professionals who were contacted.

● People's records showed where other professionals were involved their input was acted on by staff and incorporated into their care plans. A relative told us, "They communicate well, for example when the care staff were concerned about my [family member's] back, they contacted the office who contacted the district nurse." One social care professional commented, "The agency is always very prompt to making me aware of any concerns or worries and proactive in supporting to find solutions. I have never had any concerns regarding their recording skills and professionalism."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 care plans did not always include reference to decisions people could still make for themselves. Where there was doubt about one person's capacity, best interest decisions were not in place.

● The management team did refer people to the local authority when more complex decisions needed to be made. However, they did not routinely consider when best interests decisions needed to be made in relation to people's care.

● Some documentation relating to MCA was not held in people's care plans. The registered manager advised us they would ensure this was included, rather than held centrally in the office so care staff were aware. They also planned to review all people's records to ensure relevant documentation was in place.

● Where power of attorneys were in place for people, care records detailed who they were and how to make contact with them if required.

● People told us staff always asked for their consent before performing a task. One person said, "They always ask what I want done first, they never just do it." A relative told us, "They have listened to what [family member]wanted them to do and they are very encouraging."

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 consistently told us care staff were kind and caring in their interactions. One person said, "They treat me absolutely fine. They are so thoughtful and helpful. They're always nice and cheerful when they come. They all know what to do." Another said, "They [care staff] are warm and caring and you can have a conversation and laugh with them. It's lovely, it makes the day go by."
- Care staff supported people with respect for disability or protected characteristics. Staff assisted people in accordance with the person's wishes. One relative said, "As my [family member's] health declined, both mentally and physically, the care staff kept coming up with new ideas to help and support them. They were very 'tuned in' to [family member's] needs."

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

- People held copies of their care plans in their own homes, so they could access them and check for accurate information. There was an electronic system relatives could access to get an up to date account of their family member's care. One relative told us, "I've got access to [family member's] care notes on [mobile phone application]. I think that's brilliant."
- People were consulted about their care. This also included relatives' views where appropriate. One person told us, "[Staff member] came round to do my care plan. They were very thorough; they did risk assessments on safety up and down stairs. So now they do things like carry a water bottle down for me. [Staff member] was exceptionally helpful and good at explaining what was going on. They made me feel very listened to." A relative said, "I was involved in [family member's] care plan from the outset. It's changed on occasions and suggestions come from both ways, for example, regarding my [family member's] decreasing mobility."

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with respect and their privacy and dignity upheld. One person told us, "They treat you like a person; they don't treat me like an elderly person." A relative said, "[Family member] was never keen on being exposed. The care staff respected that and always covered them up if they were having [personal care]."
- People's care records and information about them was kept securely. Staff accessed these details on mobile phone applications which were password protected. If a staff member left the service, there was a facility the management could immediately access to prevent the staff member accessing the system.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- There had been 39 missed visits over the past 12 months, mainly caused by errors in the recording of staff rotas. The service had addressed this issue by updating the mobile application which provided a more accurate system for rotas.
- Most people we spoke with said they thought care staff were reliable and stayed for the agreed length of time. Two people said care staff could sometimes be late, but they weren't always advised of this. One person said, "Time keeping is a bit erratic, can be 45 minutes late. Sometimes I get a little bit worried when they're late. They don't phone me." Another said, "Mostly on time, but if they are late, I don't always get a call."
- People's care plans were not always sufficiently detailed. For example, risks that affected people daily were not clearly described, and there was limited detail on specific conditions, such as dementia, and how these conditions impacted the care people received.
- Everyone we spoke with felt the care provided was person-centred. One person told us, "They don't cut corners; they always tidy up before they leave and make sure I'm comfortable. They really do care." A relative said, "They provide a very friendly, personal touch and communicate well."

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.

- Where people were living with dementia, a specific communication care plan was not in place so staff knew how best to support people to give their views in the most effective way.
- The service provided large print care records and rotas where this was required, due to a sensory loss.
- One person had short term memory loss, and care staff brought in a white board which they wrote on to remind them what the care staff had done, what they had eaten, and who was coming in at the next visit. A relative confirmed this was working well.

End of life care and support

- Specific care records relating to end of life care were not in place. The management team told us that care was delivered in line with people's needs, but this was not specifically set out in their care plans. However, the management team confirmed with us following the inspection that end of life care plans had begun to be implemented.
- Despite end of life records not being in place, feedback from a relative was complimentary about the care

their family member received at the end of their life. They said, "The care was exemplary. My [family member] was treated with kindness and compassion. The care staff were gentle with [family member]. The care was extraordinary. I still can't believe how good they were. They cared for [family member] to the nth degree."

● Care staff had received end of life care training, but this was only basic in content. The management team had organised more in-depth training to begin in October 2021.

Improving care quality in response to complaints or concerns

● There was a system to manage people's concerns and complaints which were logged and responded to. People had details of the complaint's procedure in their homes.

● People we spoke with knew how to complain. One person said, "I know I can get in touch with the manager or the office if I have any problems, and they will phone me." A relative told us, "They are all absolutely wonderful. I've got no complaints whatsoever. They are friendly, helpful, cheery and chatty. We often have a laugh."

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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

- Auditing systems had failed to identify where improvements were needed. Audits were basic in content, and not sufficiently detailed to identify potential risks or areas for improvement.
- Senior members of staff checked people's medicines when alerted by the electronic system, otherwise people's medication records were not routinely overseen.
- We found information held within care plans to be lacking in detail. Further improvements were needed to ensure care plans contained relevant information, such as consent documentation, and risk assessments were accurate and sufficiently detailed.
- There were not comprehensive communication plans in place, which meant unfamiliar care staff may not have access to information about how to communicate effectively with people.
- The management team acknowledged they needed to review the current arrangements in relation to the frequency of auditing procedures, and ensure this was carried out robustly by staff with the appropriate skill base.

This was a breach of Regulation 17 (Good governance) 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; 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

- People and relatives felt staff supported good outcomes for people through managing their care needs well and promoting their independence.
- Staff were positive about working for the organisation and spoke of a supportive, inclusive environment.
- The management team understood the duty of candour and offered an apology and/or involved relevant people when things went wrong.

Continuous learning and improving care

- Care staff received training relevant to their role. The management team had identified further training requirements for staff and had sourced more in-depth training which was to begin next month.
- We were assured following the inspection, people's care records would be reviewed and updated with detailed information, so care staff had clear guidance. The management team had also reviewed best

practice guidance from a range of sources which they could use to improve their records.
● The management team was utilising their electronic care record system to improve areas such as the monitoring of late calls, and accuracy of rotas. They had also sent correspondence to all people about the on-going road works in the local area which may impact on timings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The culture in the service was welcoming, friendly and person-centred. There was a strong collective sense of putting people first. The management team had a positive approach to improving the care delivered and wanted the service to constantly progress.
● There was an annual survey to gain feedback from people about the service they received. However, these did not always result in a high number of returns. The management team advised us they were planning to carry out more regular feedback opportunities focussed on how people wanted the company to improve.
● There was a staff incentive scheme which included monthly gift cards, discount cards, a five-year recognition hamper, and a 'refer a friend' scheme which resulted in a bonus at the end of their probation period. Staff also wore lanyard pins to show their skills or dedication. For example, anyone who had been employed by the company for five years, staff who worked during the peak of the pandemic, and staff who had qualifications in dementia care.
● Staff we spoke with told us they felt valued and enjoyed their work. One care staff member told us, "I love my job, Caring Forever is a great company to work for and I feel valued." Another said, "I have nothing bad to say. They have supported me, communication is great, and I think they really care about their staff."
● People and relatives were positive in their opinion of the service. One relative told us, "Caring Forever are by far the best company we've had over the years. I've had to deal with the [registered manager] several times through the pandemic, on practical issues." One person said, "No improvements could be made. We're just happy with what they do."

Working in partnership with others
●The service had worked with local authority social workers and healthcare professionals such as district nurses when people had required their input.
● Feedback from external professionals about working with the management team and care staff was consistently positive.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes in place to monitor the quality of people's care records were not effective and did not enable the provider to identify where improvement was needed. People's care records did not always contain detailed information so staff had clear guidance. 17 (1) (2) (a) (b) (c)