Forest Edge Care Home Limited

Forest Edge

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Forest Edge is a residential care home providing personal care to 26 people aged 65 and over at the time of the inspection. The care home accommodates up to 32 people in one adapted building.

People's experience of using this service and what we found
The majority of people commented positively about the care they received. There was a friendly atmosphere in the home and staff supported people in a kind and caring way. People and their families were supported to express their views.

People were mostly supported to have choice and control of their lives and staff supported them in the least restrictive way in their best interests; the policies and systems in the service supported this practice.

The service was mostly responsive to people's needs and staff listened to what they said. People did not always receive care that was fully personalised. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People could be confident that any concerns or complaints they raised would be dealt with.

We have made a recommendation about the provider researching current best practice in meeting people's equality and diversity needs.

There were systems and processes in place to protect people from harm. Medicines were managed safely. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns. There were sufficient numbers of experienced staff to meet people's needs. Safe recruitment practices were followed to make sure only suitable staff were employed to care for people in the home.

Staff were supported to gain relevant knowledge and skills through an on-going programme of training and supervision. The service worked with other agencies to promote people's health and wellbeing. People were supported to eat and drink enough to meet their needs.

There were a range of systems in place to assess and monitor the quality and safety of the service. Staff were clear about their roles and responsibilities and felt well supported.

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 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Following the first day of the inspection we received concerns in relation to the management of people's care needs. We used this information to focus our inspection on the second day.

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.

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 safe findings below.

Good

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good

Forest Edge

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
The inspection was carried out by one inspector assisted by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Forest Edge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 unannounced.

What we did before inspection
We reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, head of care, senior care workers, care workers and the chef. We sought feedback from the local authority and professionals who work with the service.

We reviewed a range of records. This included six people's care records and multiple medicines administration 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 reviewed.

After the inspection
We received feedback from a community health and social care professional who was regularly involved with the service.

Good

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and staff were always around to help if they needed it.
- Staff received training in safeguarding people from abuse, and demonstrated understanding of the policies and procedures for safeguarding and whistleblowing, which provided guidance on how to report concerns.
- Staff told us they were confident any concerns they raised would be dealt with appropriately by the management team.

Assessing risk, safety monitoring and management

- Peoples care records contained a range of risk assessments to minimise risks associated with their needs and care provision. For example, risks around nutrition, mobility and behaviours that may challenge others were considered and actions implemented to minimise risk of harm to the person and others in the service.
- Daily staff handover meetings helped to identify any new or emerging risks.
- Staff told us about equipment that was available to assist people, such as an inflatable cushion.
- We observed a member of staff assisting a person, who was using a walking frame, to transfer from standing to a seated position. This was done in a safe and appropriate way and the member of staff communicated with the person at each move.
- Challenging behaviour guidance in one person's care plan was basic. The registered manager was sourcing further training for staff in response to changes in the person's support needs. The community mental health team and other health care professionals were involved in people's care. Staff we spoke with were aware of guidance for supporting people in the least restrictive way.
- A range of systems and processes were in place to identify and manage environmental risks, including maintenance checks of the home and equipment and regular health and safety audits.
- Records contained a fire risk assessment and demonstrated that regular checks and tests of the fire alarm, emergency lighting and fire safety equipment took place. Each person had a personal emergency evacuation plan. A legionella risk assessment had taken place and there were no actions outstanding.

Staffing and recruitment

- People confirmed the staffing levels in the home were sufficient. One person said, "All the staff here are amazing and do as best a job as they can. I can't fault them." Another person told us, "Staff come immediately when I need to press my call bell."
- Staff felt there were enough staff to meet people's needs. There was always a senior member of staff in charge of each shift.
- The registered manager reviewed and adapted the number of staff deployed based on occupancy levels

and people's current needs.
● Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely
● People knew what medicines they were taking and received these safely and as prescribed.
● Medicines were administered by senior care staff who had received relevant training.
● People's medicines were stored appropriately. Medicine administration records (MAR) were completed correctly and were checked regularly. Controlled drugs (CD), where prescribed, were stored in the CD cabinet and the CD register was up to date.
● While staff were clear about the reasons why they would give 'as required' (PRN) medicines, this was not always reflected in the written guidance, which would benefit from the inclusion of more detail about when and why the medicines should be given. We discussed this with the registered manager who agreed to action this.

Preventing and controlling infection
● Staff received training in infection prevention and control (IPC) and were equipped with personal protective equipment. Cleaning schedules were in place and staff were clear about their responsibilities. All areas of the home were clean and hygienic including food preparation areas in the kitchen.
● Senior care staff carried out daily checks as part of their duties to ensure people's rooms were safe and clean.

Learning lessons when things go wrong
● Staff demonstrated an understanding of the accident and incident reporting procedures, including recording of post falls observations.
● Staff told us staff meetings were used to promote learning and this was followed up through daily spot checks and observations by senior staff.
● The registered manager reviewed records of falls every month in order to identify any patterns and take action if necessary to minimise risks.

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
- Before people moved into the home, a pre-admission assessment was carried out to ensure the service could meet their individual needs. The assessment covered people's physical, mental health and social needs.
- The assessments were reviewed regularly with the involvement of the individual or their representative and updated when necessary.

Staff support: induction, training, skills and experience
- People confirmed staff had the necessary knowledge and skills to meet their needs.
- Staff were required to complete a range of relevant training and were encouraged to enrol on diploma courses in health and social care.
- The induction programme for new staff included shadowing experienced staff while they got to know people's routines and care requirements.
- A staff supervision structure was in place that included observation and monitoring of care practices. Each shift was led by a senior healthcare assistant.

Supporting people to eat and drink enough to maintain a balanced diet
- Most people told us they enjoyed the cooked meals. One person said they enjoyed the weekends when there was a roast dinner served. Another person commented the food was the "Best thing about this home."
- People said they did not have a choice of breakfast, they were given cereal, toast and a hot drink. The menu stated there was choice and this was further confirmed by talking with a member of the kitchen staff, who kept records of people's preferences and choices. The menu included a range of cereals as well as cooked eggs and fresh fruit. We saw the service had been developing and improving menus, involving people in this through residents meetings.
- Kitchen staff had lists of any allergies or dietary needs people had. There were gluten-free alternatives to meals on the main menu for one person. A range of quick meals were available in case people changed their minds about what they wanted to eat.
- People had jugs of water in their rooms and there were jugs of squash and plastic beakers available in the two lounges. A hot drinks trolley was brought round several times during the day, including to people who preferred to be in their rooms.
- Each person had a nutritional assessment that was kept under review. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were in place to minimise the risk. Food and fluid charts were used to monitor people's intakes during periods of potential risk, and people's weights were regularly monitored and recorded.

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

● People were supported to maintain their health and had access to appropriate healthcare services. Their records showed they had appointments with health professionals, such as GP's and community nursing services, chiropody, occupational therapists and opticians.
● Staff told us how they encouraged and supported people to maintain oral health. A dentist came to the home regularly to carry out checks for those people who were unable to attend a surgery.
● Records showed any health concerns were addressed promptly and referrals sought from appropriate professionals when needed. Staff followed the recommendations of healthcare professionals.

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

● The premises were an older style building, which made for a homely environment. The layout was quite compact, although we observed people and staff appeared to manage this.
● Some signage was available to support people living with dementia to recognise and access lounges and toilets, for example, but there was scope to develop this further in line with recognised best practice.
● Ensuites, toilets and bathrooms were clean with a good supply of paper towels and toilet paper.
● A passenger lift and stairs gave access to the first floor, with keypad codes to the doors leading onto the staircase.
● There was access to a secure and well maintained garden area with outdoor seating and tables.
● Rooms were furnished with people's personal items to help create a homely feel.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff had received training in the MCA and we observed staff asking people's consent before providing care and support.
● Mental capacity assessments had been completed and best interests' decisions had been recorded. Records showed the views of those consulted.
● Applications for DoLS had been submitted where appropriate. A social care professional told us, "When I visit, the management have followed the DoLS guidance by completing timely referrals and advise family of the referral."

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 relatives stated they or their loved ones were well cared for in the home. Their comments included: "Staff are very kind. They closed my window when I got a bit chilly and gave me my cardigan to keep me warm" and "I can't praise the staff enough. I don't have any complaints."
- We observed staff were kind, caring and friendly in their interactions with people. Staff spoke with compassion and understanding of the people they provided care and support for. A social care professional told us, "The staff are always visible and appear to be caring towards the residents."

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

- A person said, "All the staff are excellent and know what they are doing and always respect my choices." A member of staff told us a person sometimes did not want to get out of bed in the morning, so staff would check on the person at intervals and encourage them to get up.
- Records showed people and their relatives were invited to take part in reviews of their care.
- We saw staff spending time with people and they knew people's likes and dislikes and supported them appropriately.

Respecting and promoting people's privacy, dignity and independence

- People commented, "I am encouraged to do as much for myself as possible. Staff are very kind, caring and respectful", "I can get up and go to bed just when I want and if I need any help staff are always around, who are kind and caring" and "I think the staff are extremely kind and caring. They encourage me to be as independent as I want to be and always knock the door before they come in."
- We observed staff treated people with kindness and respect. Staff knocked on the door and waited for the person to respond and be invited into their room, before greeting them with their preferred name and checking that all was well.
- Care plans were written in a way that promoted dignity and respect. People's care plans described the elements of their care and support they were able to manage independently and those they needed support with.
- One person's door was sometimes locked to prevent another person going into their room. Staff told us the person could choose to return to their room with a member of staff. The service was looking at further training around behaviour that challenges. We also received concerns about another person's room being locked as a result of the other person's behaviour. Staff were not aware of it but were clear that only senior staff were able to lock people's doors.

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 deteriorated to requires improvement. This meant people's needs were not always met in a fully personalised way.

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

- People and relatives told us staff understood their needs. Care plans contained person-centred information about people's preferred routines, such as when they liked to get up and their food likes and dislikes. Staff completed daily records of the care and support people received.
- Individual care plans were reviewed on a monthly basis, or sooner if needed, and updated to reflect any changes in people's care.
- A social care professional told us, "The home generally provides current and person centred care plans and appear to know their residents well…I have not needed to raise any concerns about any aspect of care or documentation."
- People did not always receive care that was fully personalised. Several people who were asked how often they had a bath or shower, stated that they tended to have either a bath or shower every two weeks. One person told us, "Staff often give me hugs, they are very kind and caring. But I don't have a bath very often. Staff give me a damp towel to wipe myself down. Staff do my back."
- Four people living in the newer part of the building had en suite wet room facilities. Staff told us others were offered baths or showers on a weekly basis, or as needed. A chart or rota was in place and staff were required to record in people's daily records when people had a bath or a shower.
- We looked at four people's daily records for the last ten days. The records indicated that three of the people each had a bath or shower once. Staff explained, and records confirmed, the person who did not have a bath or shower in this period sometimes refused personal care.
- A senior member of staff told us improving the quality of staff record keeping was a work in progress.
- The registered manager informed us they had not undertaken any specific work in relation to the service meeting the needs of people with protected characteristics. It was not clear how the service would support people and explore their equality and diversity needs by creating a safe and supportive environment for people to disclose these aspects of themselves. Following the inspection, the provider told us they supported one person to meet their faith needs and there was no restriction on anyone using the service due to protected characteristics.

We recommend the provider researches best practice in identifying and meeting people's equality and diversity needs.

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.

● Care plans described how each person communicated and how information might best be presented to them to help them understand it.

● Staff understood how people expressed their needs and wishes and used appropriate methods when communicating with them. We observed staff were patient when communicating with people, giving them time to respond and listening to what they said.

● Local opticians visited regularly to help ensure that people's visual needs were assessed.

● We did observe that the displayed activities programme for December 2019 had been produced in a small font size and the pictures were quite small and could be confusing for people living with dementia.

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 could choose to take part in activities which were arranged by the care staff. Activities included music, arts and crafts, bingo, and games. There were also visiting entertainers.

● At the time of the inspection, there were no activities during the morning. Most of the time people were either in their rooms or sat in the two lounges watching TV. A residents meeting had been planned for the afternoon.

● People's comments about the activities included: "I do not like activities but did enjoy the Pantomime yesterday", "I don't enjoy activities…Bingo is not for me. But I can get up and go to bed when I like", "Mum doesn't like activities" and "I enjoy sketching daily and have a large sketch book and pens, so I am very happy."

● People were supported to maintain relationships with people that mattered to them. People and relatives told us there were no restrictions on visiting times.

Improving care quality in response to complaints or concerns

● People and relatives told us they knew how and who to raise a concern or complaint with.
There was a complaints procedure that informed people about who in the organisation to contact and timescales for action.

● A record was kept of any complaints. The service had received a complaint in January 2019 about a person not having their hearing aids in and glasses on. This had been responded to and addressed at the time. Senior staff were informed and reminded about the importance of doing checks.

End of life care and support

● The service was not currently supporting anyone receiving end of life care. Any advance decisions people had made about their care and support at the end of life were recorded in their care plans.

● The service had received compliments from external professionals, including the district nursing team and a hospice, for the care given to people at the end of life when this was required.

● Staff had undertaken training in relation to dying, death and bereavement.

Good

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 remained the same. This meant the service was consistently managed and well-led.

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

- The majority of people we spoke with commented positively about the care they received and staff felt well supported by the registered manager.
- Staff had a good knowledge of people's needs and preferences regarding their support. A care assistant told us, "Everyone works as a team here."
- The chef spoke about including people in the everyday running of the home. For example, one person liked to help the kitchen staff with the washing up and another person liked to collect the crockery after a meal.
- The registered manager understood that if something went wrong they needed to inform involved relevant people or professionals and be open and honest about what had happened.

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

- The quality and safety of the service was monitored through internal audits and actions were taken to address any identified shortfalls. For example, the quality of staff record keeping had been identified as an area for improvement and further development. Another recent positive development had been to make the garden more secure.
- The registered manager was supported by the provider who visited the service regularly to monitor the quality and safety of care being provided.
- Staff were clear about their roles and responsibilities. A member of staff said, "If I'm ever stuck or need assistance with a decision, I can always call (manager and head of care). I feel there is a lot of support." Another member of staff confirmed, "There is always a senior on duty."
- Senior care staff carried out checks of records and care practices as part of their role. Monthly staff meetings took place and discussions at these included subjects such as staffing, recruitment, training, residents, organisation, sickness, and confidentiality.

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

- A residents meeting took place on the day of our inspection and was well attended. Staff supported people who wished to attend to come into the lounge. People said it was good to be able to give their opinion on a variety of topics, which included food, cleaning, and activities including plans for Christmas day and New Years Eve. Staff encouraged people to give their feedback and choices on the topics and

recorded their responses, then thanked people for their encouraging feedback. It was not clear, however, whether anything had changed as a result of the feedback and we recommend that the registered manager develop a system for showing how improvements had been made in response to people's feedback.

● Peoples feedback was also gathered as part of monthly satisfaction surveys. Those seen contained largely positive feedback.

● Staff feedback was also sought through a questionnaire survey. We saw the most recent of these and the majority of responses were positive. Some staff had expressed a view that the management of staff absence needed to be more robust and we could see that action had been taken in response.

Continuous learning and improving care

● The registered manager was liaising with adult social services about the increased demands on the service relating to people's mental health and behaviours that could be challenging to others. Further specialist training in this aspect of care was being sought.

Working in partnership with others

● The registered manager and staff also worked in partnership with other local health and social care professionals such as GP's, the district nurse, and older persons mental health team.