

Hampshire County Council

Forest Court Nursing Home

Inspection report

Forest Way
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Southampton
Hampshire
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Tel: 02380664770

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Forest Court Nursing home provides care and support for up to 80 people. At the time of our inspection there were twenty-one people using the service on a permanent basis who may have required nursing care. The remaining 55 people were using the therapy service which was commissioned by West Hampshire Clinical Commissioning Group. The therapy service promotes the delivery of the Discharge to Assess process for individuals who require a short-term placement to identify and arrange provision of care required to maintain their safety and wellbeing. Staff working for therapy team included physiotherapists and occupational therapists. They are employed by Southern Health and are regulated and inspected by our Hospitals directorate.

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

Staff did not always respond to people's request for care and support.

Staff were not always appropriately deployed to meet people's needs.

Risks associated with people's care needs were not always assessed and documented.

People were not always treated with dignity and respect.

The culture within the home was not always person centred or empowering.

Staff were not always effective in their communication when involving people in their care.

Governance systems were not consistently effective in driving improvement.

People, relatives and professionals told us the leadership within the home was approachable and they felt able to raise concerns.

Staff were aware of the possible signs of abuse and knew how to report concerns.

Why we inspected

We received concerns in relation to people not receiving dignity and respect during their care, unsafe staffing levels and poor staff communication. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, caring and well-led section in the full report.

We have identified breaches in relation to staffing, dignity and respect and good governance.

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 Forest Court Nursing Home on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Forest Court Nursing Home

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 two inspectors and a Pharmacist Inspector with the support of 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 Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority, the CCG and professionals who work with the service. We used all this information to plan our inspection. We also used information which was provided to us by the general public.

During the inspection

We spoke with the registered manager, two deputy managers, two registered nurses and four care workers. We spoke with nine people and four relatives. We also spoke with the therapy team who were employed by Southern Health to assist people in the home. We reviewed the medicines records of six people within the service, including their Medication Administration Records (MAR) charts, accompanying records, care plans and risk assessments. We observed the administration of medicines for seven people, medicines storage arrangements and reviewed the providers governance arrangements including policies, a sample of medicines related audits, staff training records, incident reports and action plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records. This included five people's care plans, safeguarding records and complaints. We viewed staff recruitment records, governance documents and reviewed feedback from professionals. We reviewed policies and procedures and looked at staff training records, staff competency assessments and team meeting minutes including provider audits.

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.

Staffing and recruitment

- We could not be assured the provider had sufficient skilled, experienced and qualified staff deployed at all times
 - The registered manager used a deployment tool to assess the number of staff required to meet people's needs. Seventy-six people were using the service and had been split into four different areas of the home. The registered manager told us four and a half care workers were deployed for each of the four areas as well as one nurse and one assistant practitioner. Rotas reflected this. The registered manager said, "We don't have enough permanent care staff, we are using a high level of agency staff at the moment".
 - Minutes from team meetings detailed concerns about the quality and competence of agency staff. For example, a report stated, "Staff have concern over agency nurses, who are not fulfilling their responsibility. Incident forms are not completed, and the tissue viability care plans are not completed". At the time of our inspection three out of four nurses on shift were agency staff and there were seven agency care workers. A visiting healthcare professional said, "There are so many agency staff in here and I am not always confident in them". The registered manager told us they tried to have regular agency staff to provide continuity of care and to reduce the possibility of the spread of COVID.
 - Staff were not always confident they knew people's needs and were concerned about the continuity of care. Comments included, "A lot of staff don't really like the idea of rotating across the units. I don't mind but I can see their point of view. Someone with dementia needs to have people around them they know"" and "If someone is with you for four weeks, you don't get to know them and their needs are very different to the other residents who live here permanently. I think it's disruptive for them".
 - Relatives and people complained about staffing levels. Comments included, "They're rushed off their feet, so I come in every day and give him his lunch", "I needed a new pad this morning and I shouted but no one came because they're short staffed. The buzzer isn't answered, it might as well not be there" and "They leave you alone for such a long time. They don't come near you for hours. You ring the bell and sometimes someone comes straight away, but sometimes not and you wait for hours. I had to wait four hours once [to use toilet]. I can't go on my own. But then, if they haven't got the staff, they haven't got the staff."
 - When we asked the registered manager if they reviewed call bell reports to check staff response times they said, "To be honest we don't do that yet, but it is something we want to start doing".
- The failure to have deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk was not always assessed, and care delivery was not consistently monitored. A team meeting record dated 9 July 2021 stated, "Resident's care plans to be followed and whenever required, need to be updated" and "We must closely monitor our residents". One person's care plan had not been developed and the care they received was not documented for several days. For a second person, the audit identified no moving and handling screening assessment had been conducted and no oral health assessment had been completed. It also found no tissue viability risk assessment had been carried out. For a third person the audit stated no moving and handling assessment had been conducted and for a fourth person who was at risk of falls, the audit stated, 'falls action plan to be completed as falls screening score is 10'. When we asked a nurse to provide us with evidence to show a falls assessment had been completed for the fourth person, the staff member said, "Sorry it is not done". During feedback the registered manager told us they were disappointed to learn about our findings but felt other people's records were up to date and accurate.
- Eight people living in the home had pressure wounds. All were acquired elsewhere before admission to the home, the majority in hospital. Advice, when deemed necessary by registered nurses, had been sought from the GP and NHS Tissue Viability Nurses (TVN). These care plans contained repositioning charts, which documented how often the person was moved in order to prevent the development or worsening of pressure wounds.

Using medicines safely

- Processes and systems in place for ordering medicines were effective and well managed between the service, GP practice and community pharmacy.
- Where medicines were prescribed 'when required' (PRN), there were PRN protocols in place. However, they required more detail to enable staff to safely administer these medicines.
- There were processes in place for the reporting and actioning of incidents, and records showed the provider was responsive to these. However, there was not a robust process to ensure that all staff were included in the sharing of learning.
- Preparations to thicken fluids, for people with swallowing difficulties had not always been stored in line with national safety alerts.
- Records showed that people had their medicines as prescribed. Staff demonstrated a good understanding of medicines and the needs of the people at the service.
- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.
- Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

Systems and processes to safeguard people from the risk of abuse

- The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. A member of staff said, "I would report anything of concern to the manager. I know they would do something about it".

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We could not be assured staff consistently communicated with people effectively when care was delivered or when important information about people's care needs was discussed and reviewed. A visiting professional said, "Some of the nurses communication is not great" and "I think they can come across as short with people. Sometimes it's their language but it can come across as rude and uncaring". One relative said, "Most of them are OK, but one of them [staff] treats you like dirt. There's only a couple of them won't talk to you, others are as friendly as anything. I tried to ask one of them a question and he ignored me. Certain ones treat you like that. He turned his back on me and walked out. He's like that with everyone". One person said, they [staff] come in and speak but I have no clue what they are saying because they can't speak English".
- During our visit we did not see any incidents where people appeared to have difficulties in communicating or understanding staff.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect. For example, from 1.13pm to 1.17pm we observed four different staff members walk past one person who was shouting for help. None of the four staff responded to the person. During this period, we also observed a member of staff sitting in the hallway eating and drinking. They heard the person shouting for help but took no action. The member of staff told us they were on their lunch break. Minutes from a team meeting dated 9 July 2021 stated, "If you need a drink or need to sit down, you can do this of course, however you cannot be sat without a mask on next to residents" and "You must use staff room if you are going to have a mask off". On a second occasion at 1.37pm we observed a different person in another area of the home shout 'help' on three occasions for a period of three minutes. No staff member responded despite there being a staff member in the next door bedroom with the door open.
- Minutes from a team meeting dated, 9 July 2021 highlighted concerns about staff using the same flannel all over a person's body when assisting them with personal care. Other concerns raised included, staff washing someone whilst they used a commode and a failure to recognise people eating food without their dentures. The document also highlighted staff needed to know the difference between moisturising cream and barrier cream. The record stated, "You must know the difference in how to apply! Applying to these wrong will be very uncomfortable for resident" and "If you see a dirty sheet, CHANGE IT! We are not short of linen in this building". These failures demonstrate people were not always treated with dignity. The registered manager had taken action to investigate the concerns.

The failure to consistently treat people with dignity and respect was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Positive feedback from relatives and people included, "They have been outstanding in keeping mum safe even through a serious incident when in the summer", "I have been particularly impressed by the compassion and care shown by staff. They are always courteous and positive in their interactions" and "When I was first here, I was out of it, I didn't know where I was. I was lost and he practically stayed in my room with me. He looked after me, you couldn't expect a better carer. He's a one in a million bloke".
- A member of staff said, "I think it's about making sure we treat people equally and don't discriminate".

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

- People and their relatives were asked to provide feedback about the quality of care provided, however, we found no evidence to suggest the outcome of questionnaires had not been analysed or acted upon.
- We looked at care plans in the light of issues of consent and capacity. Mental capacity assessments were undertaken where appropriate and actions taken where necessary in line with the Mental Capacity Act (2005). For example, if equipment were to be used to keep people safe, assessments had been made to ensure the person did not have the mental capacity to decide for themselves. It was clear it had been established that this course of action was in their best interests and represented the least restrictive way to proceed.

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 now 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.

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

- We could not be assured the culture of the service was always person-centred. Feedback from people, their relatives and our observations did not consistently demonstrate an inclusive and empowering environment. Professionals and staff told us the process and speed at which people were being discharged from hospital to undergo an assessment resulted in staff being uncertain about their needs.
- Information important to meeting people's needs safely was not always documented in their care plans which meant staff could not have a good understanding of their needs and risks.

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

- Whilst the provider and the registered manager had governance systems in place, they were not always effective at driving improvement. Audits identified a number of assessments had not been completed which may have placed people at risk of receiving inappropriate care or treatment.
- The provider used a dependency tool to assess staffing levels and the clinical lead conducted regular observations throughout the home. However, the examples we found during our visit and the feedback we received did not demonstrate effective oversight regarding staff deployment. Response times were not always monitored or evaluated effectively which meant we could not be assured people received care and support in a timely way.
- On a number of occasions, we observed staff failed to respond to people's needs and feedback from people, relatives and professionals highlighted concerns about the values and attitudes of some staff in the home.

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

- Relatives could not always communicate with their loved ones because the telephone system in place was not suitable. Comments included, "I phone, and it can be a bit hit and miss. It can take days to actually get through. It rings and rings if the staff are busy" and "If there's no one available it can be difficult to speak to her". The registered manager acknowledged the issue and told us it had been a problem for a long time.
- Relatives, people and professionals consistently told us they were concerned about the number of staff employed who were unable to speak English effectively. During our visit there were times when we could not understand staff communication due to their lack of English speaking skills. This meant we could not be

assured people receiving care were always involved or in control of decision making regarding their care.

A failure to ensure governance systems and processes were consistently effective in driving improvement was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Positive feedback from relatives included, "I know the health and social care arena is a challenging environment at present but I have to say the care, treatment and safeguarding support from Hampshire County Council and the manager, social worker and senior management to keep my mum safe has been outstanding. Very solid leadership, responsive to incidents, open and transparent, addressing safeguarding in a timely effective way" and "I would like to highlight that the manager and the staff on the unit including the administrators have continued to support both myself and my sister to have contact with my mum in a respectful and non-judgmental way. Always friendly, chatty and understanding and I always feel welcomed on every visit.
- Feedback about the registered manager was positive. Comments from people and staff included, "Yes. He often asks if everything is OK. I can tap his door at any time, he's approachable", "I think I've seen him a couple of times. I've spoken to him briefly. He's approachable", "I grabbed the manager. I grabbed his arm and asked him who he was. He was just back from holiday and I hadn't seen him before. He said he was the manager. I said, 'Any queries, can I talk to you and he said of course you can'".

Continuous learning, improving care and lessons learnt.

- The registered manager provided people and relatives with the opportunity to give feedback via a questionnaire. The questionnaires shown to us were not always completed and we found no evaluation or action plan to help drive improvement.
- During our inspection the registered manager and the clinical lead were open, honest and engaged with our visit positively. During verbal feedback the registered manager acknowledged there were areas of the service that needed improvement and told us they would be taking action to make people's experiences more positive.

Working in partnership with others

- People consistently told us they had suitable access to healthcare professionals. Comments included, "We've spoken to the doctor today" and "Yes, I had the doctor in here this morning". A visiting professional told us they had been visiting the service for a number of years and they felt the registered manager had worked well with them.

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems were not always effective in driving improvement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Competent, skilled and experienced staff were not always appropriately deployed.