

## Forest Lodge Rest Home Limited

# Forest Lodge Rest Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 18 and 19 November 2014 and was unannounced. Forest Lodge Rest Home provides accommodation and personal care for up to 28 people with dementia, mental health needs and physical disabilities. On the day of our inspection 28 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in August 2013 we asked the provider to make improvements in the safety and suitability of the premises, and this action has been taken.

# Summary of findings

People told us they felt safe living at the care home. Staff understood their responsibilities to protect people from the risk of abuse. People received their medicines as prescribed and they were safely stored.

People were supported by a sufficient number of staff and effective recruitment and selection procedures were operated to ensure staff were safe to work with vulnerable adults.

Staff had the knowledge and skills to care for people effectively. People received support from health care professionals when needed.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people.

People had access to sufficient quantities of food and drink. People told us they enjoyed the food and there were different choices available.

People were treated with kindness and compassion by staff and caring relationships had been developed. People were able to be involved in the planning and reviewing of their care and told us they were able to make day to day decisions. People were treated with dignity and respect by staff.

People were provided with care that was responsive to their changing needs and personal preferences. The manager had made links with the local community to help people avoid social isolation. People felt able to make a complaint and told us they knew how to do so.

People gave their opinions on how the service was run and suggestions were implemented where possible. There were effective systems in place to monitor the quality of the service. These resulted in improvements to the service where required.

# Summary of findings

## 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.

People received the support required to keep them and other people safe.

People received their medication when required and it was stored and recorded appropriately.

There were sufficient numbers of staff to meet people's needs.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People had access to sufficient food and drink and access to healthcare professionals such as their GP and district nurse when needed.

Good



### Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were supported to be involved in their care planning and making decisions about their care in a way that suited their needs.

People's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive.

People were supported with their interests and hobbies and links were forged with the local community.

Care plans were regularly reviewed and updated to ensure they contained accurate information about people's needs.

People knew how to make a complaint and felt able to do so.

Good



### Is the service well-led?

The service was well led.

There was an open, positive culture in the home.

People's views about the service were asked for and improvements were made.

There was an effective quality monitoring system to check that the care met people's needs.

Good



# Forest Lodge Rest Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 18 November 2014, this was an unannounced inspection. The inspection team consisted of one inspector and 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted commissioners (who fund the care for some people) of the service and healthcare professionals and asked them for their views. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with ten people who were using the service, one relative, three visitors, three members of care staff and the manager. We also observed the way staff cared for service users in the communal areas of the building. We looked at the care plans of two people and any associated daily records such as the daily log and incident records. We looked at two staff files as well as a range of records relating to the running of the service, such as audits, maintenance records and five medication administration records.

# Is the service safe?

## Our findings

At our inspection in August 2013 we found there was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because suitable arrangements were not in place to protect people from the ingress of cigarette smoke from the smoking room. During this visit we saw action had been taken to make the required improvements and people were protected from cigarette smoke getting into the home. A new smoking room had been built which was adequately ventilated and prevented smoke entering the rest of the building.

People were cared for in an environment which was well maintained and appropriate safety checks were carried out. There was an on-going programme of maintenance and redecoration across the home. The manager responded quickly to any more urgent issues, for example some repairs were being made to the roof at the time of our inspection. Essential safety checks were being carried out, such as fire safety checks.

People felt that risks to their health and safety were well managed without having their freedom restricted. One person said, "I go out on my own a lot. I have a phone so I can keep in touch when I'm out and call for help if I need it." People visited shops in the local community either independently or with staff support.

Measures were in place to manage risks without restricting people's freedom. People had access to equipment to allow them to maintain their independence, such as grab rails and walking aids. There were risk assessments in people's care plans which detailed the support people required to maintain their safety. These measures were being used and staff were aware of them.

The people we spoke with told us they felt safe at the care home. One person said, "I feel safe living here, it's the security of the building and the fact that staff keep an eye on everyone." Another person said, "I feel safe living here." We were also told, "I feel safe here, the building is locked securely and the staff help me feel safe." The relative we spoke with felt their loved one was safe living at the home.

Staff supported people in an inclusive way and responded to situations which may have put people at risk of harm. For example, one person displayed some repetitive

behaviour and at times became upset. Staff responded appropriately to support this person to reduce the risk of harm to them and other people. This was backed up by information in the person's care plan about how to manage their behaviour.

People and staff had access to information about safeguarding which was displayed in the home and also provided to people when they moved into the home. The staff we spoke with described how they kept people safe and told us they had access to appropriate information and training to help people stay safe. Staff were able to describe the different types of abuse which can occur and how they would report it. Information had been shared with the local authority about any incidents which had occurred in the home.

People told us they felt there were enough staff to meet everybody's needs. One person said, "I think there is enough staff on duty both during the week and at weekends." Another person told us, "There's always enough staff on duty."

People were cared for by sufficient numbers of suitable staff. People's needs were responded to in a timely manner and support was provided to people when requested. The staff we spoke with told us that they felt there were always enough staff at all times of day. We looked at the staff rota and saw that staffing levels were flexible dependant on the changing needs of people. The manager took into account any planned activities and appointments when deciding the required staffing levels each day. People were protected from staff who may not be suitable to work with vulnerable adults. We saw that the required checks were carried out on new members of staff before they started work.

The people we spoke with were satisfied with how their medicines were managed and said they were given at the correct times. We observed that medicines were administered and stored safely. We looked at five sets of medication administration records and saw that staff had completed the majority of records correctly to indicate what medicines people had received. However, we saw two examples where the records had not been fully completed. We confirmed that the people had received their medicines and the manager spoke with staff about the importance of completing records accurately.

# Is the service effective?

## Our findings

People felt they were well cared for by staff who were competent. One person said, “I feel the staff have the correct skills to care for me and the other residents.” Another person told us, “I think the staff have the correct skills to care for me.” The relative and visitors we spoke with told us they felt staff had the appropriate skills to care for people.

The staff we spoke with told us they received all the support they needed to carry out their duties competently and were positive about the quality of training provided to them. They told us they received regular supervision and felt fully supported to carry out their role. Staff also told us their performance was assessed during supervision and appraisal. Training records confirmed that staff received training relevant to their role and this was refreshed at regular intervals.

People told us that they were supported to make decisions about their care and provided consent. Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). The staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions. When people had been deemed to lack capacity to make a decision there were completed MCA assessments and best interest decision assessments in place. These clearly showed the nature of the decision that was being assessed.

People told us they were free to come and go and we observed there were no restrictions on people’s freedom.

The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and had appropriate procedures in place to ensure people’s freedom was not restricted unlawfully.

People told us they enjoyed the food and that they were given plenty to eat and drink. One person said, “The food is good, you can have as much as you like.” Another person said, “The food is good, we get enough choice and the menu is different every day.”

People were given sufficient quantities to eat and drink and individual requirements and requests for different food and drinks were catered for. For example specialised diets and culturally appropriate food were prepared each day. People were offered additional food at mealtimes and snacks and drinks in between meals.

People told us they had access to the relevant healthcare professionals when required. One person said, “I would speak with whoever is on duty if I needed to see a GP or dentist and they will make an appointment for me.”

People received support from healthcare professionals when required. An optician visited several people in the home on the day of our inspection. People also had regular access to other services such as their GP and district nurse. Staff kept records about the healthcare appointments people had attended. Any guidance provided by healthcare professionals was incorporated into care plans and followed in practice. For example, staff were concerned about one person’s weight and had implemented guidance from a nutritional specialist to support this person with their nutritional intake.

# Is the service caring?

## Our findings

People felt they were well looked after by staff who were caring and compassionate. One person said, “I think the staff do genuinely care, it’s not just a job for them.” Another person told us, “I think the staff genuinely cares for me.”

Our observations showed people were cared for in a kind and compassionate manner. Staff responded quickly when one person became distressed and showed understanding and offered support. People’s religious and cultural needs were understood and catered for by staff in a caring way. For example, connections had been established with a variety of local religious organisations, some of which visited people in the home. People’s preferences about how their care should be provided were taken into account. For example, people’s wishes about the gender of their carer were respected.

Staff knew about the needs of the people they were supporting and could describe the different ways people preferred to be cared for. Staff spoke about people in a caring way and told us they enjoyed working at the care home. The care plans we looked at described people’s needs in an individual way.

People were able to be involved in making decisions and planning their own care. One person told us, “I provided lots of information when I first moved here and signed my care plan.” People told us they were given choices on a day to day basis about how they wished to spend their time. One person said, “I spend most of my time in my room because that is what I prefer. The staff respect my choice.”

We observed people made choices such as what they wished to eat and how they wished to spend their time and these were respected by staff. The staff we spoke with also told us they involved people in making decisions about their care and support. People had been involved in

providing information for their care plans which were reviewed on a regular basis. The information provided had been used to complete people’s care plans and ensured that the delivery of care met people’s needs.

Staff used different techniques to aid communication with people in their preferred style. For example, staff communicated with a person who experienced difficulties understanding the spoken word by using hand gestures. Staff could also communicate well with people whose first language was not English. People had access to an advocacy service and were provided with information about how to access it. An advocate is an independent person who can help to provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect by staff. One person said, “They (staff) always respect my dignity and privacy.” Another person told us, “They are always polite and observe my dignity, they treat me with respect.” A relative told us they felt staff treated people with dignity and respect.

We observed staff treating people with respect and supporting people to have privacy when they wanted. People had access to their bedroom and a smaller, quiet lounge should they require some private time. Visitors were able to come to the home at any time and were offered a private area to speak with their relative if required. Some people preferred to spend most of their time in their bedroom and this was respected by staff. One staff member said, “This is their home and we respect that.”

The staff we spoke with told us that people who used the service were treated with dignity and respect by all staff. We saw that the manager reinforced the importance of treating people with dignity and respect during staff meetings and through the provision of equality and diversity training.

# Is the service responsive?

## Our findings

People told us they received the support they wanted in line with their needs and they had regular discussions with staff about their care and were asked if anything needed to be changed.

People had provided information about their likes and dislikes and how they wished to be cared for. Staff understood this and provided care that was responsive to individual needs. Staff were aware of the information that had been collated about people and how that impacted on the care and support provided.

Staff encouraged people to develop relationships and avoid social isolation. Entertainment was provided in the home as well as other activities people had requested. There were communal areas available in the home as well as a garden and we saw these areas were regularly used. Volunteers from the local community often visited the home to spend time with people. Staff evaluated how successful the provision of entertainment was and if something was deemed to have been unsuccessful, staff responded by suggesting alternatives.

The staff we spoke with were aware of people's current needs and told us the manager ensured they were informed when a person's needs had changed. People had care plans which were reviewed on a regular basis and changes and additions were made when required. For example, one person's care plan had been updated to reflect advice received from a healthcare professional.

People told us they felt they could raise concerns and make a complaint and knew how to do so. One person said, "I would speak with management if I wanted to make a complaint." We observed people speaking with the manager during our inspection. It was apparent that people felt comfortable speaking with them.

People had been provided with accessible information about how to make a complaint and were regularly reminded about this. There had not been any complaints about the service, so we could not assess how complaints had been responded to.



# Is the service well-led?

## Our findings

People we spoke with told us the manager and provider were approachable. One person said, “I feel able to speak with management about any concerns I have.” Another person said, “The manager and owner are highly visible in the home.” The relative we spoke with said, “The owners are often in the home when I visit and they make me welcome.” During our inspection the manager and provider were visible in the communal areas of the home and spent time talking to people who used the service and staff.

The manager encouraged links with the local community by supporting people to access a local park, shops and to use public transport. Visitors from local religious groups and a school also spent time with people who used the service. The staff we spoke with told us there was an open and honest culture in the home. One member of staff said, “I feel like I can talk with the manager about anything, they are very supportive.”

People benefitted from effective systems which were in place to obtain feedback about the quality of the service. There were regular meetings which people were encouraged to attend and contribute to. Some suggestions made by people during these meetings had been implemented, for example changes to the menu had been made. Satisfaction surveys were provided to people who used the service on a periodic basis and covered different aspects of service provision. Action was taken where possible following any comments made by people to improve the quality of their service.

The service had a registered manager and he understood his responsibilities. People told us the manager was visible and they felt that staff were supported to provide a good service. One person said, “The owner and management are here often enough, they come back at night to check on the staff.”

Staff attended regular meetings and told us they felt able to speak up in meetings. The staff we spoke with told us they felt supported to provide a good service. There were clear decision making structures in place, staff understood their role and what they were accountable for.

Resources were provided to drive improvements in the service. For example there had been investment in the upkeep and improvements to the building since our previous inspection. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with told us they felt the service was of a good quality, one person said, “I’m really happy here, they look after me well.” The relative we spoke with also told us they felt the service was of a good quality.

There was a programme of audits being completed in areas such as medication, cleaning standards and the maintenance of the building. These had resulted in improvements to the service as well as providing assurances that people were being cared for safely and their needs were being met. Accurate and up to date records were maintained in respect of people who used the service and staff.