Royal Bay Care Homes Ltd

Forest Hill House Nursing Home

Inspection report

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Date of inspection visit:
14 January 2016
26 January 2016

Date of publication:
06 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 14 and 26 January 2016 by one inspector. The home is a residential nursing home and provides nursing, support and personal care for up to 36 older people including some who had dementia. At the time of our inspection there were 32 people using the service.

The home had a lift so people could travel from the ground floor to their rooms on the first and second floor. There was a large outdoor area including an open garden space for people to enjoy.

The home was last inspected on the 27 September 2013 and found not to be meeting the standards in the safety and suitability of premises. We found that the home did not have appropriate measures in place to ensure the security of the premises, or to consider the risks presented by the garden pond and greenhouse. The home had also inappropriately placed broken equipment in the grounds.

At this inspection improvements had been made to the safety and suitability of the premises. Broken fixtures had been repaired, the pond had been covered with a safety guard and hazardous items had been removed or safely secured.

The manager who was a registered manager had been at the service since 2015. 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.

The service was safe because there were sufficient staff to meet people's needs. Staff were available to support people with their nursing care needs and to assist people when they were involved in their personal, social and leisure activities. Employment checks were carried out when staff were recruited. This meant that prospective staff with the appropriate qualifications, experience, skills and abilities were suitably screened before they were employed.

Medicines were stored in a locked trolley and staff carried out medicine administration safely. Medicine charts were completed and signed in line with the policy. Where errors were identified these were safely and swiftly managed. Controlled drugs, used to treat pain and other complex symptoms, were stored in a separate locked wall cupboard in line with current legislation.

People were safe because staff were aware of how to protect people from harm and explained how they would report, record and manage a safeguarding incident. People and their relatives made comments about the safety of the home. One comment included, "You couldn't feel safer here" and "I've never felt unsafe here, there is lots of staff and the place is very secure".

Accidents and incidents had been reported, investigated and recorded. These were monitored by the

registered manager. When risks were identified, for example the risk of falls or the risk of injury from accidents, these were reviewed and measures were taken to reduce the likelihood of further incidents. People had individualised personal evacuation plans for staff to follow in the event of an emergency.

Staff at the home followed the guidelines of the Mental Capacity Act (MCA) 20015 and people were supported and cared for when they had Deprivation of Liberty Safeguards (DoLS) in place to protect them from harm.

People received support from healthcare professionals to meet their on-going health and well-being needs. People explained they were given optical tests and foot care from services they visited or when these services visited the home. Several people required hearing devices which were kept clean and well maintained.

People were encouraged to make decisions about their care and were supported in making choices and achieving their goals. Records included people's signatures where this was possible and where people were able to contribute.

Meal times were a relaxed and social experience for people. If people were hungry in between meals, they were offered snacks. There was sufficient food available and a variety meant people had choice of hot and cold food. One person said, "It's more like a hotel than a home". People were provided with the level of support they needed and this was documented in their care records.

People were cared for by well trained staff. The team received regular training to support them in their roles. Each staff member had a training plan and received support from their supervisor. People and their families described staff as 'professional' and 'experienced'. Staff comments included, "I have a mentor and everyone is very helpful and supportive" and "feeling in a safe learning environment".

Staff treated people with kindness, respect and understanding. People were kept comfortable and asked about their well-being. People at risk of experiencing pain were asked if they were comfortable. One nurse asked if someone needed medicine for their pain. Another staff member spoke with someone about their posture and level of comfort. People described the staff as "patient and caring", "supportive" and "attentive". One person commented, "I'm very pleased with the staff here, they give me time and never hurry me". When one person appeared lost, staff spoke gently to them and assisted them to a more familiar part of the home.

People experienced a responsive service that met their changing needs. Staff described the care that individuals needed and this corresponded with details in their assessments, reviews and care plans. People were involved in decisions about their care. This was reflected in personised care records and comments we heard during the inspection. One relative explained that when they had visited the service, staff asked questions and showed an interest in understanding how to meet their family member's requirements. They told us, "Staff asked my relative questions and involved me in the discussion as well".

A range of group and individual activities were provided at the home. The activity leader showed examples of previous activities carried out at the service. These included creative group activities and games, music and song. Special events were celebrated and suggestions for activities were sought from those using the service.

Complaints, concerns and suggestions were used in a positive way to review and develop the service. These were well managed and seen as a means of understanding how to improve people's experiences. The

registered manager had a complaints policy and staff were aware of the procedure should a complaint be raised. Complaints, One relative said, "I've no complaints or concerns, I never have to worry at this home".

The service was well-led through an experienced and supportive management structure. There was consistent leadership and the home had a registered manager and a deputy to oversee day to day activity. The home was considered by staff, people and relatives somewhere people could feel relaxed, safe and secure. The registered manager and staff had a shared understanding of the values of the service, with the focus being on people and their experiences.

The registered manager and team learned from events and incidents. For example, some medicines had been difficult to administer accurately on night shifts and the registered manager took swift action to identify and work to resolve this. An action plan was completed and the activity was monitored following the agreed changes.

People and their relatives were regularly consulted to provide feedback and suggestions as part of the on-going improvements within the home. Staff, relatives and people described the management team and the registered manager as 'visible and approachable', 'professional', 'interested in people' and 'easy to communicate' with.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient staff to meet people's needs. Staff were available to support people with their nursing, personal, social and leisure activities.

Medicines were checked, stored and administered safely. Staff were aware of what action to take in the event of an error and these were investigated, reviewed and addressed swiftly.

People were at reduced risk of harm from abuse because staff received safeguarding training to help them understand their responsibilities. These included how to look for signs of abuse and the actions that would follow.

Risk assessments provided staff with the information and guidance they needed to maintain people's safety while enabling people's independence. Accidents were investigated and reviewed promptly.

Is the service effective?

Good

The service was effective. Decisions about people's care needs were made within the framework of the Mental Capacity Act (MCA) 2005.

Deprivation of Liberty Safeguards (DoLS) had been applied where people needed to be supported safely and where it was necessary to restrict their liberty.

People were given choices about how they wished to receive their care and contributed to their assessments. Staff sought people's consent verbally and plans were signed by people where this was possible.

People saw healthcare professionals to meet their health and well-being needs and as part of an on-going preventative health care programme.

People had sufficient food and drinks with a variety of choice and were given assistance to meet their nutritional needs.

Is the service caring?

Good

The service was caring. People received care from staff that were kind, patient and understanding.

Staff fostered positive and supportive relationships with people and communicated with them in a sensitive and respectful way.

People were cared for by staff that treated them with dignity and carried out care with sufficient time to meet people's individualised needs.

Staff used advanced care planning to support effective end of life care using the Gold Standard Framework to maintain high standards. The Gold Standard Framework is a tool used to maintain quality of care when someone is very sick.

Is the service responsive?

Good

The service was responsive. People received responsive care that reflected their individual needs. Care provided was consistent with people's assessments, reviews and their written care plan.

People were supported and encouraged to be involved in a variety of social activities with each other and the staff.

People were confident about the quality of the service and knew who to talk to if they needed to make a complaint. People and their relatives felt listened to and spoke highly of the service.

There was a complaints policy and the registered manager used complaints positively as an opportunity for improvement.

Is the service well-led?

Good

The service was well-led. People, their relatives and staff spoke about the strengths of the service drawn from effective management and the focus on people.

There was strong leadership and a well-developed staff structure. Staff felt well supported and valued. They contributed at team meetings and felt their ideas were welcomed and well received.

Checks were made and the home was monitored to ensure the quality of the service was maintained and improved. Changes were made in response to incidents and findings from internal investigations.

People were encouraged to provide feedback and suggestions as a process of continual improvement.

Forest Hill House Nursing 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.

This unannounced inspection was completed by one inspector and took place on the 14 and 26 January 2016.

Before the inspection we reviewed information we held about the service including notifications, safeguarding concerns, accidents and changes the provider had informed the Care Quality Commission (CQC) about. A 'notification' is information that services have to provide to the Care Quality Commission about serious incidents and events and other changes to the service.

We requested a Provider Information Return (PIR) from the service on the 29 December 2015 and this was returned on 13 January 2016. A PIR is a form that asks the provider to give key information about the service, what it does well and the improvements they plan to make. During the inspection we asked the provider to tell us what they did well and the improvements they planned to make.

We spoke with seven people living at the home and three relatives and visitors. We spoke with the provider, the registered manager, senior staff, and seven members of the care and maintenance team. We had contact with three health and social care professionals. They shared their views about the home and worked in partnership with the service providing health and social care support to people living at the home.

We used the Short Observational Framework for Inspection (SOFI) at meal times and during activities. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed five people's care plans, risk assessments and Medicine Administration Records (MAR). We looked at several daily records about the care people received. These included accidents and incident reports, body charts for recording medicinal skin ointments and food and drink charts. We looked at management records including quality monitoring, health, safety and maintenance checks.

Good

Is the service safe?

Our findings

At the previous inspection on 27 September 2013 the home was found not to be meeting the standards in the safety and suitability of premises. We found that the home did not have appropriate measures in place to ensure the security of the premises, or to consider the risks presented by the garden pond and greenhouse. The home had also inappropriately placed broken equipment in the grounds.

At this inspection we found improvements had been made. The provider had addressed the security measures at the premises with a new double lock fitted to the main door. People were protected from the pond by a secure metal safety grate which covered the water. A wooden side gate had been secured and broken equipment had been stored away or removed. The fence had been repaired and the greenhouse was made secure. Regular checks were made by the maintenance team to reduce the risks of hazards. Health and safety checks included testing water temperatures and supplies, leaf sweeping and maintaining fire equipment appropriately and within date. Chemicals were stored securely in the maintenance office.

People were cared for in a safe environment where regular health, safety and maintenance checks had been carried out. Staff described the checks that were carried out which included gas safety and electrical appliance checks through an external contractor. Maintenance staff carried out repairs following checks which identified work that needed attention.

The service was safe because there were sufficient staff to meet people's needs. Staff were available to support people with their nursing care needs and to assist people when they were involved in their personal, social and leisure activities.

Minor changes to the night staff rota meant that there was greater flexibility in how this shift was supported. Initially there had been difficulties in staffing night shifts and agency staff had been requested to cover these shifts. Changes meant that night staff were supported to assist people to bed when they requested. The registered manager and staff explained how shifts were supported with permanent and regular employed staff including nurses, health care staff and an activity leader. The registered manager explained the staff numbers per shift which were sufficient to meet people's needs. The home was part of an NHS placement scheme supporting the training of student nurses. Where agency staff were used to fill vacant shifts, a consistent agency was contacted for regular staff that were familiar with people's needs. Agency staff profiles including their qualifications and training were requested by the staff at Forest Hill House to ensure that suitably qualified and experienced staff were booked to cover shifts. Photographs were attached to their profiles and where possible consistent staff were assigned to the home from the agency for safety and continuity. Staff and student nurses described the home as "well-staffed".

Employment checks were carried out when staff were recruited. This meant that prospective staff with the appropriate qualifications, experience, skills and abilities were suitable before, during and after they were interviewed. Following the process, applicants were selected and offered employment.

Medicines were administered safely and were recorded on a medicine administration record (MAR). People

receiving medicines were made aware of what they were prescribed as staff discussed this during the administration process. Each person's MAR included details about their allergies and a photograph of the person was attached to the MAR. Medicines were stored in a locked trolley and staff wore aprons indicating that they were responsible for administering medicines. This meant that staff were left undisturbed to carry out their role. Controlled drugs were stored in a separate locked wall cupboard in line with current legislation. We checked the MAR records of five people during the medicine administration process; these matched the expected number of remaining medicines.

Staff understood how to manage errors and omissions and explained how and why medicines were sometimes given covertly. One staff member described how errors were managed which included reporting incidents to senior's, the GP and the person's relative. Another staff member explained that errors were recorded and the person was observed for adverse signs. Policies including the medicine policy were reviewed to support staff in carrying out their role safely. Some people who required skin preparations were prescribed ointments, creams or lotions and some people had eye drops. These were marked and dated once opened to ensure they were safe for use.

An alarm call monitoring device recorded when people used their call bells for attention. This recorded the time the call was raised, how long the person waited for a response, the time spent by staff supporting the person and when the call was closed. This captured details by room number and could be monitored by all staff. This meant that when people summoned help, all staff could check on how and where this was being responded to. Observations showed that almost all calls were being responded to as a priority.

People were at reduced risk of harm from abuse because staff received safeguarding training to help them understand their responsibilities. These included how to look for signs of abuse and the actions that would follow if they suspected abuse. They were familiar with the types of abuse and who to report to. Staff were reminded of the purpose of whistleblowing and there was a policy to support staff should they need to use this. Information was made widely available to staff and visitors on how to keep people safe. One care worker said, "We get regular updates and reminders about keeping people safe and how to whistle blow; we also discuss it in team meetings". This was confirmed by the registered manager. People and their relatives made comments about the safety of the home. One comment included, "You couldn't feel safer here" and "I've never felt unsafe here, there is lots of staff and the place is very secure". People's emotional and psychological needs were protected because staff respected people's privacy and protected them from breaches of their dignity and discrimination.

Risks were assessed and plans were developed to ensure people received the correct level of care and social support which minimised risks but encouraged freedom of choice. Risks identified included the risk from falls, dehydration, infections, medicine hazards, skin damage, risk of choking, weight loss, incorrect use of equipment and poor mobility leading to a decline in function.

Risk assessments and care plans provided staff with the information and guidance they needed to maintain people's safety while enabling people's independence. One example included the risk of pressure wounds from skin damage. Staff explained how a special sling and hoist was used to change one person's posture and to protect their heels by using pressure relieving resources around their lower limbs. Another person walked with support from a walking aid and several people were assisted by one staff member when standing from a seated position to walk about the home. Another person benefitted from the use of hip protectors and an alarm mat to reduce the risk of falling and to alert staff to early potential dangers. Someone else had a safe swallow plan. This outlined the consistency of food for safe swallowing, the time the person needed to swallow safely and the most appropriate seated position to prevent them from choking. One care plan included an instruction for food to be 'softened and given a little and often'.

Accidents and incidents had been reported, investigated and recorded. These were monitored by the registered manager. Reviews included identifying new and existing risks to minimise accidents and injuries. One example was someone whose movements were limited due to a physical condition. They were regularly checked and expert advice sought to help manage their wound. There were business continuity packs available containing important information, a torch and basic supplies and people had personal evacuation plans in place in the event of an emergency.

Good

Is the service effective?

Our findings

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 MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS).

We checked with the registered manager on how the service was working within the principles of the Act. One person had a DoLS in place without conditions attached to the authorisation but their DoLS was regularly reviewed. Staff were knowledgeable of the expiry date linked to the authorisation. This meant staff were aware of their responsibilities in line with legislation.

DoLS requests had been sent to the appropriate authorities for a number of people who were unable to make an informed decision about the choice of living at the home. The registered manager was waiting a decision outcome from these applications. Families were invited to participate in Best Interest decisions made to keep their relative safe.

One person had a best interest decision in relation to part of their care and support needs. A best interest decision is a decision made to help keep the person safe when they are unable to make an informed safe decision about their care. Decisions made in the person's best interest involved several staff from the home, relatives and healthcare professionals and were designed to keep the person safe, meet their needs while respecting their human rights. This was documented and staff were familiar with the plan of care necessary to safely protect the person.

People were regularly encouraged to make decisions about their care and were supported in making choices and achieving their goals. Records included people's signatures where this was possible and where people were able to contribute. Some records and consent forms were signed by relatives who had lasting power of attorney rights and, where their family member was unable to make informed decisions about parts of their care. People were regularly approached by staff and their permission sought before care was carried out.

People described meeting and receiving health and social care support from a wide range of visiting healthcare staff when they required additional health support. These included community mental health workers, GP's, physiotherapists and staff from the Speech and Language Team (SALT). Recommendations and instructions were clearly documented and followed by staff at the home. Staff were given guidance on how to support people following input from health care professionals. People explained to us that they received eye tests and foot care from services they visited or when these services called at the home. Several

people required hearing devices and these were kept clean and well maintained. Appointments were booked for people who required a review of their hearing. One person who required intense physiotherapy support on a regular basis to assist their strength and mobility improved sufficiently that the visits were reduced to weekly from several visits a week. Staff responded quickly when people needed to see their GP. For example, one person had been unwell and the GP was called promptly to assess and prescribe medicine to treat the person's symptoms and underlying condition.

People were offered a choice at meal times and there was a variety of healthy and nutritional options and alternatives available. Meal times were set at specific times but if people were hungry in between meals, their needs were met. There were morning and afternoon refreshments available which included hot and cold beverages. People were supported when making their choices and where people changed their minds about their menu selections staff respected this. Where people had individual dietary needs or were at risk of poor diet or weight loss, these were indicated following assessments carried out by the relevant healthcare professionals. Staff were aware of these and how to support and assist people to enjoy their meals. Meal times were social and relaxed occasions. Where some people required more time to enjoy their meals, this was encouraged by staff. Comments about the food included, "You can't complain about the food it's excellent" and "It's more like a hotel than a home".

People were cared for by staff that were trained and skilled to carry out their responsibilities and communicated with people effectively. Staff received regular training to support them in their roles. Each staff member had a training plan and training was logged when due and when received. The registered manager gave examples of discussions with staff about their development, individual staff aspirations and professional development. Nursing staff were aware of their responsibilities to re-validate with their professional body, the nursing and midwifery council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. The registered manager had begun looking into how clinical nursing staff could be supported to achieve this through learning and development sessions arranged at the home. Staff exchanged up to date and clear information between shifts about people's care and were heard providing explanations to people about their support needs and treatments.

Staff were supported through a clear induction process where newly recruited staff were required to complete the Care Certificate. These Care Certificates have replaced the social care induction programme. New staff felt confident and well supported. One comment included, "I have a mentor and everyone is very helpful and supportive". Another comment included, "Feeling in a safe learning environment". One staff member described their learning experience as "Comprehensive and thorough" and anther comment included, "Excellent training opportunities" and "one of the best homes to work for". The registered manager explained the induction, training, supervision and appraisal process. Records showed that staff received regular support and assistance through training and reviews to achieve their objectives.

The registered manager explained how they were considering changes to staff job roles as a solution to attracting and retaining the appropriately skilled staff to work at the home. They described their vision of supporting staff roles and responsibilities to encourage internal development and promotion. The registered manager felt that the key to retaining good staff was to create interesting responsive and well developed roles with the capacity to progress within the service.

People described staff as 'professional' and 'experienced'. One person told us that staff were well-trained. A relative said, "When I ask questions, the staff seem to be aware and knowledgeable, I have confidence in them all here".

Good

Is the service caring?

Our findings

People were approached by staff that showed awareness of the importance of embracing individuality and demonstrating the value of difference. One example included a staff member working with someone who was living with dementia. The staff member avoided making assumptions about the person's needs even though their needs were well known by the team. Someone else requested private space and preferred to remain on their own. Staff respected their views and decision but made sure their needs were met by checking on them during morning breaks and afternoon tea.

People were treated kindly with care and compassion. People's needs were met by staff that were aware of the change people had experienced. For example, several people were receiving more intense support after being admitted to the home for end of life care. These people had been assessed using the Gold Standard Framework for end of life care. This is a tool used to identify the care people might need as their condition deteriorates. Three people's conditions improved sufficiently for them to get up and out of bed, join in with activities and meet other people. Staff provided attentive nursing care, reviewed people's needs using the tool and helped people improve their quality of life. When people were assessed and needed end of life care and support staff were encouraged to involve the person and their family as often as was possible.

People were kept comfortable and asked about their well-being. People who were at risk of experiencing pain were asked if they were comfortable. One nurse asked if someone needed medicine for their pain while another staff member spoke with someone about their posture and level of comfort. We heard one staff check with someone whether they needed an extra blanket to warm their feet.

People described the staff as "patient and caring", "supportive" and "attentive". One person commented, "I'm very pleased with the staff here, they give me time and never hurry me" and "Staff are all very kind, they ask if I need help". When one person appeared lost, staff spoke gently and calmly to them assisting them to a more familiar part of the home. One person told us, "Honestly, it's almost like being in your own home".

A relative explained that staff communicated well and shared information that was important. They said, "I am pleased with the care here, it is very good. Staff keep me up to date and let me know when there have been changes". They commented on the open visiting saying, "Family are always warmly welcomed any time". They explained that because staff spent time getting to know people, they were more aware of people's past lives and experiences. This was noted on numerous occasions throughout the inspection.

People were treated as individuals because staff referred to them using their preferred names. Most staff knocked on people's doors before entering and some staff waited to hear a response before being invited into people's personal living space. Staff offered support and assistance where needed. They provided encouragement particularly where people had previously experienced a fall and their confidence had been affected. Staff were encouraged to sit and talk with people as part of normal daily activities which helped people to feel heard. One person told us, "They have always got time for me here, staff makes you feel special".

People were made comfortable and shown respect. When one person had food on their face a student nurse used a tissue to help remove the excess food. One staff member asked someone how they were feeling and sat to listen to the person's response.

People's dignity and privacy was protected. Dignity screens were used by staff when assisting people to stand and move and when people needed transferring with a hoist. People were taken from the lounge to their rooms for a rest period or transferred between seating and wheelchairs. Each time, people were afforded time and staff took care to carry out the manoeuvre with discretion and sensitivity by involving the person and speaking directly with them.

Independent advocates known as Independent Mental Healthcare Advocates were used to support some people who experienced challenges in their lives. These advocates helped to represent people's views and their voice, providing support and understanding at difficult times.

Communication was considerate and respectful. Staff sat at ear level when chatting with people and made time for people to respond. Periodically, humour was used to create a positive social experience which engaged people in more meaningful interactions. Staff were at ease with people and this led to spontaneous social chatter and helped people to feel relaxed and accepted. One person said, "Always lots of laughter here; like being part of a big family". A relative described the communication at the home as "very good" and explained that the staff and management had been supportive and understanding at a time of mixed emotions. They commented that staff took particular interest in meeting people's social and emotional well-being needs and this had added to their sense of relief. One comment included, "Relatives are considered just as important as the person living here".

Staff explained the importance of confidentiality and gave examples of how this was an important way of demonstrating respect for people's privacy. This was clearly demonstrated throughout the inspection. People's records were kept safe in the office and staff were discreet when reading and writing up notes about the care people had received.

Good

Is the service responsive?

Our findings

Staff provided a responsive service that met people's changing needs. Records reflected how the person needed to be supported and showed how staff had responded. Staff described the care of several people whose needs had changed and reviews showed what actions had been taken to address this. People were encouraged to partake in discussing their on-going needs and this was included in the notes.

Staff described in detail the care that individuals needed and this corresponded with details in their assessments, reviews and updated care plans. One example included a staff member checking on someone's dietary needs and providing choice of meals consistent with their plan. One person required their food to be chopped, moist and softened and this was provided as stated in their plan. Someone else required two staff to help them move safely and this was also recorded in their records. Healthcare professionals' commented that staff were responsive to people's needs and followed their guidance and instructions safely. One healthcare professional explained that staff knew people well and liaised regularly to ensure they received the appropriate support, particularly when someone had challenging or complex needs.

People received personalised care that met their needs. One person's care plan outlined that enriched food should be used to help maintain the person's weight. Staff were aware that this person required thickened fluids and a softened diet. This person was admitted to the home because they required greater support from staff that were following the person's end of life care plan. The person made considerable progress and became well enough to get up and out from bed and later progressed to eat a normal diet. One person's condition improved sufficiently to enable them to go shopping for new clothes and enjoy outdoor visits using the home's minibus. In one person's care plan a gel cushion, used to relieve pressure, was recommended to prevent the development of a pressure wound. This was provided and their skin was checked regularly for any signs of damage. In one person's care plan it was noted to avoid administering medicines when the person was in bed as this was part of their choice when assessed, this was confirmed by staff.

People were involved in decisions about their day to day care. This was reflected in person centred care records and comments we heard during the inspection. One relative explained that when they had visited the service, staff asked questions and showed a genuine interest in understanding how to meet their family member's needs. They told us "Staff asked my relative questions and involved me in the discussion as well". Someone else commented, "They are always checking how I am, what I need and whether I need to see anyone when unwell". The registered manager described how care plans were regularly reviewed and updated by staff. Those receiving care were supported in contributing to the personalization of their care plans where this was possible. Where it was difficult for some people to make clear decisions their families were invited to be involved. One relative commented, "I've been kept informed, updated and closely involved by telephone, when I visit and when the care was reviewed".

An alarm call monitoring device recorded when people used their call bells for attention. This recorded the time the call was raised, how long the person waited for a response, the time spent by staff supporting the

person and when the call was closed. This captured details by room number and could be monitored by all staff. This meant that when people summoned help, all staff could check on how and where this was being responded to. Observations showed that almost all calls were being responded to as a priority.

A variety of group and individual activities were offered to people at the home. These included a fancy wig wearing event for a charity, a Christmas carol service at a local church and trips to wildlife experiences, parks, garden centres and local boat rides. The activity leader showed examples of previous activities carried out at the service. These included a range of creative group activities. For example, the use of music, song and games. Special events were celebrated and suggestions for activities were sought from those using the service. When people arrived new to the home they were asked about their interests and hobbies and how they wished to spend their time. The activity leader knew about people's interests through staff handovers and was expected to read people's care plans. Their role included meeting with the person and their family to complete a 'This is Me' record. This form was used to identify the person's hobbies and was tailored to their individual interests. Social group and individual sessions were provided to meet people's preferences. Where people had hearing loss, care was taken to make sure they could get involved and were seated to maximise their experience while others were provided with equipment to help them retain their independence. This included walking aids and hand grab sticks to retrieve items accidentally dropped on the floor. Assessments were carried out for the use of personal pendent alarms, worn by individuals to enable them to move about safely and without constant staff supervision.

Complaints were well managed and seen as a means of understanding people's unmet needs and the opportunity to improve people's experiences. The registered manager had a complaints policy and staff were aware of the procedure should a complaint be raised. Complaints, concerns and suggestions were used in a positive way to review and develop the service. One relative said, "I've no complaints or concerns, I never have to worry at this home". People had no complaints about the service but knew who to ask for if they wanted to discuss something important. One person said, "No complaints at all, what's there to complain about?" Someone else explained that relatives were regularly invited and included in meetings at the home. Staff confirmed that this was to help support progress and development and to air ideas and suggestions.

The registered manager had received a variety of correspondence and letters of appreciation from relatives and others who had used the service. These were kept and shared with the team.

Good

Is the service well-led?

Our findings

The service was well-led through an experienced and supportive management structure. There was clear and consistent leadership and the home had a registered manager and a deputy to oversee day to day activity. Forest Hill House Nursing home had an internal management structure and promoted staff skills and development. Staff were supported by seniors and each member of staff had responsibilities consistent with their role. Staff at the home promoted a friendly and inclusive culture. This was reflected in the numerous positive comments we received during the inspection. The provider visited and spent time discussing the service, its progress and the developments that had taken place since the previous inspection.

The service benefitted for regional support and departmental support. Registered managers from other homes met to discuss good practice and to consider how positive changes could be made to improve their services.

Forest Hill House Nursing home was considered by staff, people and relatives a home that people could feel relaxed, safe and secure. The registered manager and staff had a shared understanding of the values of the service. Those we spoke with all commented on people being the important focus of the home, whether staff, people using the service or their families. Staff worked together as a team to provide an open and supportive environment. Team meetings took place for day and night staff where all aspects of life at the home were discussed. Staff were provided with an agenda and had access to the minutes following these meetings. Staff described being made to feel "welcomed and well supported", the manager having an "open door policy" and "a receptive manager who is a good listener". One staff member said, "She was a good teacher to me".

The service was effectively managed through regular reviews. This included how the service was running and actions taken to improve. For example, shift changes had been discussed to explore new opportunities for both the afternoon and night staff in carrying out their roles and responsibilities. This included scope for an overlap and for a staff member to float between a team at busy periods. Numerous checks were made to monitor how the service was running and performing. These checks, known as audits included an infection prevention and control audit, medicine audit, health and safety checks, staff training audit, accident and incident audits and monitoring the time it took staff to respond to call bells. Controlled Drugs were checked weekly whereas general medicines were checked monthly. These audits were used to demonstrate where the service was working well and whether amendments were required for improvements.

The registered manager had a responsive approach. Lessons were learned from events and incidents. For example, some medicines had been difficult to administer accurately on night shifts and the registered manager took swift action to identify and work to resolve this. An action plan was completed and the activity was monitored following changes to how, when and by who certain medicines were administered.

People and their relatives were regularly consulted and engaged to provide feedback and suggestions as part of the on-going improvements within the home. Staff, relatives and people described the management

team and the registered manager as 'visible and approachable', 'professional', 'interested in people' and 'easy to communicate' with. One relative said, "This home is absolutely great; fantastic supportive staff. It was a smooth transmission when the manager arrived". One person told us that all staff made them feel as if they were the most important person at the home. Another comment included, "Everyone is approachable and friendly and they often check if I am happy here". Ideas were welcomed by the registered manager and people were encouraged to participate regularly through meetings, questionnaires and reviews.

Staff felt consulted, involved and engaged in changes at the service through discussions at group meetings. They spoke with confidence about their contributions and ideas and how these were considered when changes were made. The registered manager sought suggestions and encouraged dialogue with staff on future development plans. Staff commented on the support they received from the registered manager and how they felt valued at the home for the work they did. Two staff members commented respectively, "It is the best home I have worked at" and "Staff enjoy coming to work here and the residents are important to us".

The service maintained links with the local community. Community groups were invited to the home to provide social experiences. These included music events and celebrating special events during the year. People enjoyed going on outdoor visits using the minibus available. Visitors to the home including community health care professionals described the service as "Well organised" and "A very good home, one of the best" and "Always a pleasure to visit".

Records about people's care and support were clear, accurate and current. Written entries were consistent with the care people received. These were stored securely for staff to access when required.

Services registered with the Care Quality Commission have legal obligations and responsibilities. They are required to send notification of certain events and occurrences. Registration requirements, including statutory notifications were received by the CQC within time and in line with the appropriate processes and expectations. The service had a Statement of Purpose which set out the aims and objectives of the service.