

Lady Forester Hospital Trust

# Lady Forester Residential & Day Care Centre

## Inspection report

Lady Forester Residential and Day Care Centre  
Church Street  
Broseley  
Shropshire  
TF12 5DB

Tel: 01952884539

Website: [www.theladyforestercentre.org.uk](http://www.theladyforestercentre.org.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Lady Forester Residential and Day Care Centre is a residential care home providing accommodation and personal care to a maximum of 14 people. The service has an adjoining day care centre which can be accessed by people living at the home and by the wider community. The service provides support to older people and at the time of our inspection there were 12 people using the service.

The home is run as a charity and the board of trustees act as the provider of the organisation.

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

Since our last inspection, the provider had made improvements in all areas of the service, including the governance of the home and these improvements were ongoing. Significant improvement was seen in the environmental issues we identified at our last inspection. Further time was needed to ensure the improvements and new systems were fully effective, embedded in all staffs' practice and able to be sustained.

Overall management of people's medicines had improved. The systems which monitored medicines however, needed further improvement.

The provider's governance systems, although improved did not always identify and capture where there were concerns and so required improvement.

People's risks associated with their care had been reviewed and guidance for staff was improved upon. People's care plans were more specific and person centred. This was an area of continued improvement.

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

There was an increased oversight at the service by the provider and new nominated individual, who was at the home daily. The management team were open and they recognised further improvements were required at the service. The provider had an ongoing improvement and action plan were in place.

Staff understood how to protect people from harm and followed safe hygiene practices to prevent and control infection. People were supported by enough staff who had been safely recruited. The provider had systems in place to make sure lessons could be learnt from accidents, incidents and when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 26 April 2023). Breaches in regulations relating to safe care and treatment, staff training and recruitment and governance were identified. We took enforcement action after the last inspection and imposed 2 conditions onto the provider's registration.

At this inspection we found significant improvements had been made but these needed to be embedded into everyday practice. We found the provider remained in breach of some of the regulations. The provider continues to meet the conditions and sends us monthly action plans as per the conditions on their registration.

This service has been in special measures since 9 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

### Why we inspected

We undertook this focused inspection to check the provider now met their legal requirements. This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 inadequate to requires improvement based on the findings of this inspection.

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 Lady Forester Residential & Day Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

At our last inspection we identified a breach in relation to staff training. We did not look at this as part of this inspection.

We have identified a continued breach in relation to the governance of the service at this inspection.

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

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Lady Forester Residential & Day Care Centre

## **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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by 2 inspectors.

#### Service and service type

Lady Forester Residential & Day Care Centre is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Lady Forester Residential & Day Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 4 people who used the service and 2 relatives. We observed staff engagement with people to support us to understand people's experience of care. We spoke with 7 staff including care staff and the registered manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 5 people's care plans, multiple medicine administration records and 3 staff recruitment files. We also reviewed a variety of records relating to the management of the service, including policies and procedures.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection, the registered persons had failed to ensure the safety of the environment was effectively managed. People's safety was also put at risk due to the poor management of their medicine and of risks associated with their care. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement has been made and the provider is no longer in breach.

- At our last inspection, people had not been kept safe from the risks associated with the environment. We found multiple concerns with fire safety, hot water temperatures and food storage temperatures. Furthermore, risk associated with Legionella had not been safely managed.
- At this inspection, we found the provider had addressed the environmental safety concerns we had identified, and we were assured people were no longer at risk from these issues. Equipment used by people was regularly serviced. Staff undertook regular checks on fire detection systems, hot water outlets and conducted other environmental audits.
- The management of healthcare related risks had also been improved, however further improvement was still required. Staff monitored risks to people and there were plans in place to help mitigate risks. These included risks associated with people's mobility, skin integrity and health conditions. However, audits of care plans were not sufficient to confirm if staff had followed people's care plans in the delivery of care.

### Using medicines safely

- At our last inspection we found people's medicines were not managed safely. At this inspection improvements were found but further improvement was required.
- We identified 2 instances where medicines had been incorrectly recorded as a homely medicine. A homely remedy is a medicine used to treat minor ailments. They are purchased over the counter and do not need to be prescribed. They are kept as stock in a care home to give people access to medicines that would commonly be available in any household such as mild pain relief, treatment for coughs or indigestion. There had been no harm to people, however the provider had failed to follow their own protocols which could pose a risk to people's safety. This was rectified by the provider after our inspection.
- At our last inspection there was no information to guide staff about when to administer medicines which had been prescribed on an as required basis, such as pain relief. At this inspection, this had been addressed and staff had the guidance they needed to know when people may require these medicines and to ensure they were given as prescribed.

- At our previous inspection people's medicines were not being stored at correct temperatures which could affect the effectiveness of the medicine. At this inspection, people's medicines were stored at the correct temperatures and staff monitored these temperatures.

#### Preventing and controlling infection

- At our last inspection we found failings with infection prevention and control practice throughout the home. We had concerns relating to appropriate use of personal protective equipment (PPE) and the provider not following the latest Government guidance. At this inspection, improvements were found.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Staffing and recruitment

At our last inspection, the provider had failed to ensure all of the required recruitment checks had been completed on new staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Although improvement had been made and we removed the breach, the provider needed to be clear about what recruitment information was kept and how it was validated. Staff identity checks had been completed but this information was not always clearly recorded.
- The provider completed required employment checks prior to new staff starting employment at the home, such as getting employment histories and references.
- New staff had a Disclosure and Barring Service (DBS) check completed before they started to work at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they were supported safely by enough staff. Staff were not rushed, and people did not have to wait for support. One relative told us they had no concerns with their family member's care and felt their care needs were met.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.



People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The registered persons and staff told us everyone who lived at the home had the capacity to make their own decisions in relation to their care and treatment. Therefore, they had not been required to complete any mental capacity assessments or apply for any DoLS.
- Since our last inspection the provider had provided further training for all staff and this training was ongoing. Staff told us if they had concerns about a person's mental capacity they would report this to the registered manager.
- The registered persons understood their responsibilities under the MCA.

#### Visiting in care homes

Visitors were able to visit their loved ones when they wished, in line with current government guidance. Relatives told us there was no restrictions on them visiting.

#### Learning lessons when things go wrong

- Since our last inspection, no accidents or serious injuries to people had occurred and there had only been 7 incidents. No harm had come to any person and the provider had systems in place to record and follow up on these.
- Staff knew how to report accidents and incidents. Records we viewed showed incidents were reported and the registered manager had oversight of these.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe living at the home and with the staff who supported them.
- The provider had safeguarding procedures in place to protect people. Staff had received training which enabled them to recognise and respond to concerns of abuse. Staff felt confident any concerns would be dealt with in a timely and appropriate way.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant, despite improvement being made, there were still shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure governance checks were robust and actions were taken in a timely manner. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection, the provider's governance systems had not identified or addressed shortfalls in the quality and safety of the service. The provider had responded positively to our inspection findings and the enforcement action we took. Although improvement throughout the whole service was found at this inspection, further action was still needed to ensure regulations were met and the improvements were embedded into all staff's practice.
- Since our last inspection, the provider had improved quality processes and put new schemes of delegation in place, which set out how accountability and decision making worked. The provider had increased their oversight of the home and of management through observations, regular meetings with the registered manager and completion of their own quality checks. However, some of the provider's audits and checks still required improvement to make sure they were fit for purpose and were utilised correctly.
- Care plan audits were task focused and did not direct the auditor to make sure staff had followed people's care plans in the delivery of care. We found some staff did not record their interventions in line with 1 person's care plan, when test results from their specific health condition were outside of their normal range. We found no impact on this person, but the audit had not identified staff failed to follow the care plan.
- The provider's medicine audits had not identified 2 medicines were incorrectly recorded as homely medicines. This was despite a new policy for homely medicines introduced in May 2023 and the medicines administered and recorded since this time. Whilst no person had come to harm, these shortfalls show best practice guidance was not consistently followed and had not been identified by the provider.

The providers quality assurance systems and processes were not consistently effective and further embedding was needed to ensure best practice and regulations were met. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had appointed a new nominated individual since our last inspection. They had been responsible for the overall management of the improvements needed on behalf of the provider.
- The provider's records relating to health and safety showed the actions already taken in response to the concerns we had at our last inspection. The provider had a clear working plan for the ongoing environmental improvements. There was improved information about equality, diversity and human rights in people's care plans, along with direction for staff to support them to maintain choice and control of their care.
- Staff responsibilities had been developed and some staff had taken on additional lead roles in areas such as infection control and health and safety. We will monitor the impact these lead roles have on the improvements within the service.

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

- The provider had acted quickly to make the required environmental improvements after our last inspection. However, despite governance and leadership improvements we found evidence at this inspection that some concerns were still not identified. Therefore, a culture of learning lessons was not fully embedded and still needed improvement.
- Staff told us they felt the home was moving in a positive direction. They told us they were confident to raise concerns with trustees. This was because there was more of a visible presence from the trustees at the home. One staff member said, "We see more of them [trustees], they talk to us, they ask us how things are. Previously I would never felt confident speaking up or going forward to the office."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and honest about the shortfalls in the fundamental care standards we expect all providers to meet. Whilst improvements had been made, the nominated individual acknowledged further actions and time was required for the new and improved systems to become fully embedded and sustained.
- The registered manager told us following the last inspection they had informed people and relatives of the outcome of that inspection. The ratings of our previous inspection had been clearly displayed in the home and on the provider's website. The provider had also displayed the conditions we had imposed on their registration.

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

- The registered manager told us surveys had been recently sent out to people and their relatives to ask for their feedback on the service. Only a small number had been returned and although feedback was positive, some relatives had asked to attend regular meetings with their family member's named staff member. The registered manager told us they were facilitating this.
- Staff told us they had been involved in the improvements at the home. One staff member told us, "We have a monthly staff meeting where we talk about things, communication is a lot better, and we all know what's going on." Another staff member told us, "Things have got better, we know more of where we are, and we are going in the right direction."
- The home is run as a charitable organisation and provides support for the local community. It provides entertainment as part of its day centre service, along with a twice monthly lunch club for local residents. The registered manager told us the provision for the local community was something they were keen to keep building on.

Working in partnership with others

- Since our last inspection, stakeholders had worked with the provider to help them drive improvement in the quality and safety of the service. This included the local authority and fire service. Feedback from stakeholders was positive but acknowledged the provider still needed to make further improvements within the service.
- There was evidence the provider worked with external health professionals in relation to their health, safety and wellbeing. For example, seeking input from healthcare professionals where there were concerns about people's ability to swallow food and fluids.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality systems were not operated effectively to continually assess, monitor and improve the quality and safety of the services provided.</p> <p>Accurate records were not maintained in relation to decisions made about people's care.</p> <p>Regulation 17(1)(2)(a)(b)(c)(d)</p>