

Martlane Limited

Forest Place Nursing Home

Inspection report

Forest Place
Roebuck Lane
Buckhurst Hill
Essex
IG9 5QL

Date of inspection visit:
03 August 2021

Date of publication:
21 September 2021

Tel: 02085052063

Website: www.forestplacenursinghome.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Forest Place Nursing Home is a residential care home providing personal and nursing care for up to 90 people aged 65 and over. At the time of the inspection 58 people were living in the service, some of whom were living with dementia.

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

People did not always receive care which reflected their individual preferences or supported them to achieve good outcomes. People's relatives told us they did not always feel the provider communicated positively or involved them in decisions in the service.

The provider did not have robust safety and quality monitoring processes in place. People's care records were not always up to date or completed appropriately, and the provider's management checks had not identified these gaps in recording.

People were kept safe from the risk of harm. Staff knew people well and knew how to raise any concerns about people's safety. Staff were safely recruited and there were sufficient staff available to meet people's needs.

People received their medicines as prescribed and staff had clear information about how people liked to be supported with their medicines. Staff were knowledgeable about people's health needs and the provider had sought support from other health professionals as appropriate to support people's needs.

Staff wore appropriate personal protective equipment (PPE) and told us they knew how to minimise people's risk of infection through safe infection prevention and control processes.

Staff told us they felt supported in their role. The registered manager had introduced regular staff meetings to encourage feedback and shared lessons learnt with staff to drive improvements in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 18 March 2021).

Why we inspected

We received concerns in relation to safeguarding people from the risk of abuse and the management of safeguarding allegations. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well-led section of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to people receiving personalised care which reflects their preferences.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Forest Place Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

The inspection was carried out by two inspectors, a specialist advisor with a background in nursing and an Expert by Experience who conducted telephone calls to obtain feedback from people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information

return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We used observations to gather evidence of people's experience of care and we spoke with twelve relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, clinical lead, nurses and care workers.

We reviewed a range of records. This included nine people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and we spoke with one professional who has regular contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. However, there was not always enough detail in people's risk assessments about how staff should support people safely. For example, where people required support when they were distressed or upset, there was not always enough information about how staff should support them whilst minimising the risk of injury to the person and themselves.
- Despite the lack of detail in some risk assessments, staff knew people's needs well and were able to tell us what the risks to people were and how they minimised these. We observed positive interactions between staff and people and staff were prompt in responding to people's distress. Following the inspection, the registered manager confirmed the relevant risk assessments had been amended to include more detailed information.
- Relatives told us they felt people were safe. One relative said, "I've no concerns for [person's] safety in the home and when the staff support them with their mobility, it's always safely done."

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

- Systems were in place to protect people from the risk of abuse.
- Staff had received safeguarding training and were able to tell us what they would do if they had concerns for people's safety. One member of staff said, "I would go to the senior or manager and they would listen. If need be, I know who to contact outside of the service to raise concerns."
- The provider had safeguarding and whistleblowing policies in place for staff to follow and the registered manager was aware of their responsibility to report safeguarding concerns to the local authority.

Staffing and recruitment

- Staff were safely recruited.
- The provider had completed the relevant recruitment checks prior to staff starting work. The staff files viewed did not always evidence Disclosure and Barring (DBS) checks had been renewed in line with good practice. However, the registered manager confirmed the updated checks were held electronically and told us they would ensure this was cross referenced in the recruitment files.
- We received mixed feedback from relatives about whether there were enough staff available to meet people's needs. One relative said, "There always appears to be enough", another told us, "I don't think there's enough staff for the number of people living there." Our observations during the inspection did not highlight any concerns with staffing levels and staff were prompt in responding to people's needs.
- The registered manager told us they calculated staffing levels based on people's dependency levels and this was reviewed when people were newly admitted into the service to ensure staffing levels continued to reflect people's needs.

Using medicines safely

- People received their medicines as prescribed.
- Staff had received medicines training and were knowledgeable about people's needs and how they liked to be supported with their medicines. People's medicines were stored safely in the service.
- People's care plans and risk assessments contained clear guidance about their medicines and how to administer them safely.

Preventing and controlling infection

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

Learning lessons when things go wrong

- The provider had completed investigations into the recent safeguarding allegations and the lessons learnt had been shared with staff via team meetings and supervisions in order to drive improvements.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they did not always feel there was positive engagement from the management team in the service. One relative said, "Unless we speak to them, they don't speak with us. There is no forthcoming information about how [person] is". Another relative said, "The communication is poor."
- Relatives told us communication was made more difficult due to issues with the connectivity and telephone signal at the service. One relative said, "Sometimes the phone just rings out or cuts out after one ring." Another relative told us, "There is a problem with the phone lines, and it means [person] has lost contact with the outside world." The provider told us they were aware of this issue and were working to improve connectivity in the service.
- We received mixed feedback about whether the culture of the service supported people to achieve good outcomes. One relative told us, "More things could be implemented to support [person] to be as independent as possible, they're losing their independence in there."
- People and relatives did not always feel involved in decisions in the service. For example, following a recent refurbishment, a number of people had moved into upstairs bedrooms and this meant they were no longer able to access the garden as easily. People and relatives told us they had enjoyed spending time in the garden and felt this had been a positive activity which they could no longer easily enjoy. One relative said, "[Person] would rather be in their old room, with access to the garden."

The provider had not ensured people's care reflected their individual preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us they felt supported in their roles and were able to give feedback on the service during regular supervisions and staff meetings. One member of staff said, "The manager is very supportive, you can contact them for anything you need, and we have daily meetings to discuss issues and agree strategies."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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's systems for monitoring the safety and quality of the service were not always effective and

had not identified the gaps in documentation we found during the inspection.

- People's monitoring charts, including repositioning charts and behavioural support charts, had not always been completed accurately and people's risk assessments were not robust and did not contain all relevant information. Despite this we saw no evidence people's health and safety had been impacted by the gaps in recording.
- The provider's record of safeguarding notifications was not up to date and this meant it was not clear whether all incidents had been reported in a timely manner or what the outcome to safeguarding investigations was. Following the inspection, the registered manager confirmed this documentation had now been updated and all relevant notifications had been raised.
- The provider was aware of their responsibility to be honest with people when things went wrong, and relatives told us they were informed when incidents happened. One relative said, "If there was any reason to get in touch they would. They rang a couple of weeks ago about an incident. They were on the ball with that."

Continuous learning and improving care; Working in partnership with others

- The Provider had worked in partnership with other healthcare professionals to meet people's needs.
- People's care plans evidenced regular health visits had taken place and guidance from health professionals such as the speech and language therapist and occupational therapist was available to support staff in understanding people's needs.
- The provider had continuously worked alongside a professional consultant to implement an action plan for the service to highlight improvements needed. However, this had not identified some of the concerns we found at inspection. Following our feedback, the provider was prompt to respond and confirm what actions had been taken to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured people's care reflected their individual preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 |