

UK Healthcare Group Limited

Forge House Services Limited

Inspection report

Forge House
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Cullompton
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Tel: 0188432818

Date of inspection visit:

21 March 2018

22 March 2018

Date of publication:

18 May 2018

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 comprehensive inspection took place on 21 and 22 March 2018; the first day was unannounced.

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

Forge House provides accommodation with personal care for up to 11 people with learning disabilities. Some adaptations on the ground floor have been made to meet the needs of people who may also have a physical disability. The home is situated close to the centre of Cullompton. At the time of our unannounced inspection there were nine people living at Forge House.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, in January 2016 the service was rated 'Good' overall and in four domains but the safe required improvement. This was because an incident had not been referred to the local authority safeguarding team. Poor moving and handling practices had been adopted by staff on one occasion. This was an isolated incident. At this inspection we found improvements had been made. Incidents had been reported appropriately to local safeguarding team and new equipment had been purchased to ensure any moving or handling was carried out safely.

At this inspection the rating for the service was 'Good' overall and 'Good' in all domains. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated 'Good'

The service had a registered manager in post at the time of our inspection. 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.

Medicines were safely managed however we noted the temperature within the medicines cabinet was sometimes above that recommended. Immediate action was taken to address the temperature of the medicines cabinet to ensure it remained within the recommended range. People were protected from the risks of abuse because staff were trained in recognising and reporting any safeguarding concerns. Employment checks were completed to ensure staff were suitable for their role before they started working

with people. There were enough suitably skilled, qualified and experienced staff to support people safely. Risks to people's individual health and wellbeing were assessed and actions were in place to reduce risk without impacting on people's rights.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible.

People's individual and diverse needs were being met. The service continued to assess, plan for and meet people's individual changing needs. People were involved in making decisions about their daily care and support. Suitably trained and supported staff ensured people were supported to maintain their health and to obtain specialist healthcare advice when their health needs changed. People were offered a healthy and varied diet.

People received personalised care and support specific to their needs, preferences and diversity. They were engaged in a variety of activities and were supported to spend time in the local community or visiting places of interest. They were supported to enjoy individual interests and hobbies.

There were regular opportunities for people, and people that matter to them, to raise complaints, concerns and compliments. People had no complaints about the service.

Good management and leadership continued to be demonstrated. People knew the registered manager well and were invited to share their views of the service. The registered manager had developed a system to ensure regular checks of the quality of the service were undertaken to make sure people's needs were met safely and effectively.

Further information is in the detailed findings below.

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 has improved to Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Forge House Services Limited

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 comprehensive inspection took place on 21 and 22 March 2018; the first day was unannounced. The inspection team included one adult social care inspector.

We looked at all the information available to us prior to the inspection visit. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's 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.

People using the service had limited verbal communication so we used a number of different methods to help us understand their experiences. During the inspection visit, we spent time with people, observing the care and support being delivered. We met all of the people living at the service and spoke with two people in a limited way about their experiences at the service. We spoke with four support workers, the registered manager and care manager. We also spoke with one parent on the telephone during the inspection.

We looked around the premises. We looked at a sample of records, including two care plans and other related care documentation, two staff recruitment records, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Prior to the inspection we contacted five commissioners by email and received a response from one. Following the inspection we contacted three parents by email and received a response from two. We

contacted members of the Learning Disability Intensive Assessment and Treatment Team (IATT), and received feedback from a learning disability nurse and an occupational therapist.

Is the service safe?

Our findings

At the last inspection this domain was rated as 'requires improvement'. This was because of one incident which had not been referred to the local authority safeguarding team. In addition, poor moving and handling practices had been adopted by staff on one occasion. This was an isolated incident.

At this inspection we found improvements had been made and this domain is rating as 'Good'.

The registered manager and staff were aware of their roles and responsibilities in relation to protecting people from harm. Staff received safeguarding training and were aware of the procedures to follow should they have any concerns about people's wellbeing. The registered manager was aware of their responsibility to inform the local authority safeguarding team and the Care Quality Commission of any concerns. Two safeguarding alerts had been made by the registered manager since the last inspection and both had been dealt with appropriately. Professionals confirmed they had no current safeguarding concerns and had not witnessed any practice which concerned them.

One person had a specific plan developed with them and other professionals in relation to control and restraint. There were clear guidelines for staff to follow to ensure any restraint was used appropriately and as agreed. The incident records showed control and restraint was rarely used and minimum intervention was required. Staff had been trained to ensure that any restraint used was safe.

The provider had purchased specialist equipment to ensure staff had the necessary equipment to aid safe moving and handling.

People using the service were not able to comment directly on whether they felt safe. We spent time in communal areas observing interactions between people and staff. People were relaxed with staff and frequently sought their company throughout the day. Staff were confident and competent when assisting people with their daily activities.

Feedback from parents and professionals confirmed people were safe at the service. Comments from parents included, "(Person) is extremely safe there. The staff are mindful of safety, especially in the car. Staff are meeting (person) needs very well"; "Safe? Very much so... (person) has always loved the staff and been loved by them" and "I feel my son is safe at Forge, his needs are very well understood". Professionals said the service provided was safe and one described the improvements in staff's confidence and competence over the past 18 months. They added, "No concerns. Staff ring us for support and follow agreed protocols".

People received their medicines safely and as prescribed. Medicines were stored securely. Room and fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. However, we noted that on several occasions the temperature of the cabinet where medicines were stored was above that recommended. The cabinet was located next to hot pipes which impacted on the ambient temperature and could affect the efficacy of the medicines. The registered manager took immediate action to move the cabinet in order to ensure the temperature remain within the recommended range.

Only trained and competent staff administered medicines. There were regular audits in place and any shortfalls or errors were quickly identified and addressed. Parents were happy with how people's medicines were managed. One reported, "His medicines are monitored and administered correctly".

There were enough staff to support people according to their individual needs and plans for the day. The registered manager confirmed the minimum staffing levels during the day was five staff; plus the care manager and registered manager. This number increased to seven depending on the planned activities for any day. The staff rota confirmed this. Staff confirmed there were sufficient staff to meet people's needs. If there was unplanned sickness, existing staff usually covered. The registered manager and staff explained the use of agency staff was kept to a minimum as people using the service had very complex needs and needed a consistent approach from the staff team.

People were supported safely and any known risks had been identified along with clear instructions for staff to follow. Risk assessments considered people's physical and mental health needs. For example, where people might display behaviours which challenged the service, detailed positive behaviour plans were in place. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging. Measures in place to manage risk were as least restrictive as possible. Risk assessments were kept under review and reflected advice and recommendations from other professionals. The service worked closely with the local Learning Disability Intensive Assessment and Treatment Team (IATT), who confirmed their advice and recommendations were acted upon.

The registered manager and care manager collated and analysed accidents and incidents, to identify themes, trends and 'lessons learnt'. They worked with other professionals to review triggers and solutions to reduce incidents. A professional said, "They engage positively with us..."

People were protected from the risk of infections as arrangements ensured prevention and control of infection. All areas of the service were clean and tidy, and staff undertook regular cleaning. Staff had received infection control training and had the appropriate personal protective equipment to help prevent the spread of infection.

A fire risk assessment had been carried out by an external professional, who had reported the registered manager's attitude to health and safety was "very good". Regular fire alarm checks were carried out and fire fighting equipment, such as extinguishers had been regularly serviced. Each person had a personal emergency evacuation plans (PEEPs) to ensure effective evacuation in case of an emergency.

Safety certificates for electrical safety and gas safety were up to date. The kitchen had achieved a five-star rating in February 2018, the highest achievable rating. This helped to ensure good safety standards at the service.

The provider continued to operate safe recruitment processes, to ensure staff were suitable to work with people. They checked staff's identification and employment history, and obtained references from previous employers and the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. All checks were completed, before staff could work independently with people.

Is the service effective?

Our findings

The service remained effective.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were aware of their responsibilities in respect of consent. During the inspection staff involved people in their care and acted on cues from them with regards to their wishes. For example, looking at their body language or facial expressions; hand signs and known key words. People's wishes/preferences were responded to, such as where they spent their time; activities they engaged in or what they wanted to eat.

Where people lacked capacity and decisions were complex such as medical interventions, other professionals and their relatives had been involved with best interest meetings. Records were maintained of decisions made in a person's best interest. One parent explained, "I am informed of any changes to his regime and am absolutely sure that no decision is made that is not in his best interests." Applications for DoLS had been made to the local authority for everyone living at the service. This was because people required continuous staff support and supervision to ensure their safety.

People's needs were comprehensively assessed before they moved to the service. This was to ensure the dynamics of the service were not disrupted and staff understood them as individuals and were able to support them effectively.

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare and specialists services. For example the bladder and bowel service. People had up to date healthcare records, which showed they had regular health checks, for example 'well women' checks for breast and cervical screening. Each person had a 'health passport' which contained important information for healthcare professionals such as people's support and communication needs. Parents confirmed people's health needs were monitored well and any concerns or changes were reported without delay. One parent explained, "(Person) had been over sedated at the last service but Forge House reviewed this. Staff are meeting his needs very well..." One person was losing weight; this was being closely monitored by the service in liaison with the GP and parent. Their parent said, "A considerable effort has gone into checking teeth and blood to attempt to see what is causing it... I am happy it is being monitored..."

People were supported to eat and drink and maintain a healthy diet in accordance with their individual requirements. The main focus was to provide people with a varied and nutritious diet. All meals were home

cooked with fresh ingredients. Where people had specific dietary requirements, these had been identified and were being met. One parent explained, "Forge's diet ethos has improved greatly over the last few years and is in keeping with my own views. (Person) cannot be given a free reign with food but he is steered towards a sensible diet while meeting his general preferences." Mealtimes were sociable and meals were attractively presented. People's preferred meals were documented, which helped to inform the menu.

The registered manager explained people maintained a healthy weight, reducing the health risks associated with obesity. For one person this had resulted in a reduction in their diabetic medication and for two others it had reduced their risk of developing diabetes. They felt the healthy and varied foods offered had played a part in reducing anxieties and extreme behaviours.

People were supported by staff who were knowledgeable about their needs and how they should be supported. People did not comment directly on whether they thought staff were well trained. However, we observed people were happy with the staff supporting them and staff understood each individual well. Parents expressed their confidence in staff's ability to support people. One reported, "Forge House is by far the best we have ever had for (person)". One health professional described how additional training and support around specific topics had increased staff's confidence and competence.

Staff had completed a range of training relevant to the needs of people using the service as well as core training to help them work safely. New staff received an induction to ensure they had the skills and knowledge needed to undertake their role. Where they had not worked in a care setting before, the induction was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care that social care and health workers that should be covered as part of induction training of new care workers. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff reported they had the necessary training and support to do their job effectively.

The provider has taken steps to provide care in an environment that was suitably designed and adequately maintained. Decoration and furnishings were contemporary in style and appropriate for the people who lived there. There was an environmental improvement plan in place to ensure the premises provided a pleasant and safe place to live. Some areas of the internal environment were worn and tatty, especially skirting boards; walls and doors along the main corridor. This had been recognised by the provider and refurbishment and redecoration was planned. A parent said, "A plan of refurbishment is in progress and I hope will continue until the building fabric looks more presentable. It is not the most important aspect, care is the most important, but I would like the house to be as attractive as possible..."

Is the service caring?

Our findings

The service continued to be caring.

People received support from a staff team that were compassionate and caring. Staff were kind and thoughtful in their interactions with people. Their approach was friendly and they addressed people respectfully and by name. Staff smiled and laughed and joked with people; they were tactile and touched people's hands to reassure them. People responded to this by smiling; by holding a hand and by seeking staff out.

Relatives confirmed the staff team were very caring. Comments included, "Absolutely. 100 per cent." A professional reported, "Staff have their heart in the right place and genuinely want to look after people..."

Staff demonstrated the values of person centred care in their attitude and behaviour. There were positive interaction throughout the inspection between people using this service and staff. Staff had a very good knowledge of people's individual needs and their particular likes, dislikes and preferred routines. There was plenty of good humoured chatter. Staff were observant to people's changing moods and responded appropriately. If people became distressed, staff recognised this and took time to reassure them. Staff ensured people were aware of any plans for the day, such as appointments or activities. A parent said, "My sole object is to ensure that my son is happy, and as you can see, I believe that object is being achieved by the staff at Forge House. Long may it continue."

Staff were mindful of people's privacy and dignity and gently reminded them to close doors when using the bathrooms or lavatory. Staff spoke with people discreetly and ensured any support was carried out in private.

The service used a 'key worker' system to ensure each person had a designated member of staff to act as an advocate for them in their choices and to ensure their wishes were met. Key workers took a particular interest in an individual and helped to develop opportunities for social interests and activities. They supported the person to take part in the development and review of their care and support plan. People also had access to independent advocates to support them with significant decisions. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

Staff supported people to live their lives as independently as possible and according to their individual abilities. Staff demonstrated a good awareness of individual needs and the best way to support them and encourage their independence. People made decisions about their care and support with staff offering choices and options to promote independence. For example, people had a choice of who supported them with their personal care. Some people had aids and equipment to support their independence. For example, one person used a wheel chair to independently move around the service. Another person had adapted plates and cutlery to promote their independence at mealtimes.

Staff were aware of people's life and family history. They understood the relationships which were important to them. People were supported to maintain important relationships and friendships such as keeping in touch with and spending time with their families. One relative explained they often visited unannounced and always received a warm welcome. They added, "We are absolutely happy with the care (person) has." Family and friends were invited to attend various functions or celebrations, such as Christmas parties; bar-b-ques and the Summer fayre. During the inspection arrangements were being made for staff to escort one person on a home visit. The staff ensured the person was fully informed of the time of the visit and what they would have to eat, as this was very important to them. The registered manager told us how four staff members had supported one person to attend a family funeral in London. The person requested that two staff in particular supported them, which they did even though it was during their days off. Staff gave their time willingly to support the person. One person was supported to renew relationships with their family. Another was supported to attend a family wedding.

People had been encouraged and supported to furnish and decorate their bedrooms in a style that reflected their individual tastes and interests. One person's bedroom contained pictures; artefacts and objects of reference relating to their cultural heritage. A conservatory had been built to accommodate one person's extensive record collection.

Is the service responsive?

Our findings

The service remained responsive.

People received personalised care and support specific to their needs, preferences and diversity. Care and support plans were detailed and reflected people's health and social care needs. Individual plans included information about healthcare; emotion and psychological needs; communication; personal care; mobility and social activities. Information was easy to find. Pictures and symbols were used within the care and support plans to help people understand sections of the care plan.

Relevant assessments were completed and up-to-date; from initial planning through to detailed on-going monthly reviews of care. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. Staff confirmed care and support plans contained up-to-date information, which enabled them to support people effectively in line with their likes, dislikes and preferences.

There was a core group of stable staff, many had worked at the service for a number of years and had built up a good rapport with each person. They demonstrated a good understanding of individual needs and preferences.

Staff kept daily records of how people had spent their day and how they were feeling and shared information about changes at the shift handover meetings. Parents said they were up-dated regularly about their loved one's progress or changing needs. One said, "I have regular contact with (the care manager) and they ring if any there are concerns or changes." Another told us, "I get a weekly report on (person's) well-being..."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People's diverse needs were recognised. People using this service had a learning disability and varying communication abilities. Staff were skilled at understanding people's complex communication needs. They were familiar with the various methods of communication people used, for example finger spelling and some Makaton (use of signs and symbols to help people communicate). Staff were able to interpret what people wanted or did not want from signs, gestures and noises. One person had been referred to a specialist for an assessment of communication aids to improve their opportunities to express themselves. A health professional commented, "Staff communicate well with people. They use finger spelling well and they interpret for us..."

People engaged in variety of activities and were supported to spend time in the local community or visiting places of interest. For example, swimming; visits to cafes; shopping, farm visits and trips to the beach. These

activities were provided on an individual and group basis. Two people had their own adapted vehicles. The service also had an adapted vehicle. This enabled people to get out frequently, safely and comfortably.

There were ad hoc as well as planned activities. An external 'creative' arts and crafts person provided a weekly session and the impressive works of art by people using the service adorned the walls. Four musicians visit the service in the course of a month. People are encouraged to sing and play musical instruments. Staff said these were lively sessions. 'Therapy ponies' visited the service bi-monthly which provided people an opportunity to lead the ponies around the premises or around the gardens. They were also given the opportunity to groom the ponies. This was described as a very popular activity, which people enjoyed. One relative reported, "The staff are looking for new things to engage him with. They really do their best for (person)."

People were supported to pursue their interests and hobbies. One person attended a weekly DJ session, which resulted in their live podcast being broadcast. Another person enjoyed art and had their own art table with all the necessary equipment for them to engage with as and when they wanted to. Another person enjoyed horse riding. Every year people are supported to enjoy a holiday; holidays were planned according to the person's wishes and interests. A relative commented, " (Person) has a tremendous rapport with (staff name) who has taken him on a couple of individual five day holidays because he responds much better to 1on1 breaks." One person was funded by the providers for their holiday as their funding did not stretch to a holiday.

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. Parents reported they could speak with the registered manager or care manager at any time should they have any concerns or complaints. They reported that any concerns or 'niggles' raised were dealt with immediately and effectively. Comments included, "Any minor concerns are addressed immediately" and "I cannot recall an occasion on which I have voiced a complaint as such." The service had not received any complaints in the past 12 months.

At the time of the inspection the service was not providing end of life care.

Is the service well-led?

Our findings

The service remained well-led. Good management and leadership continued to be demonstrated.

There was an experienced and suitably qualified registered manager in post at the service. Parents, staff and professionals expressed confidence in the registered manager and provider. It was clear from the interactions with people they knew the registered manager and felt free and confident to approach her. Comments from parents included, "Yes I am fully conversant with the manager, liaise frequently with her. Very efficient and pleasant to deal with. Also the owner..." and "Yes, indeed the service is well managed. It is a business we understand...but their hearts in the right place..." A professional said, "They are always willing to share and provide information to us...we work well together..."

The service was well supported by the management structures in place. The registered manager was supported by a very able 'care manager', who was involved in the day to day running of the service; reviewing people's care and support plans; monitoring accidents and incidents and liaising with professionals. One professional explained the care manager was very knowledgeable and willing to work with them. A team leader led each shift and allocated tasks, and supervised and supported staff. Staff said they were well supported and the team worked well together. Comments included, "We are a happy team, well managed by (the registered manager and care manager). They have an open door policy so they are easy to talk to..." and "It is a good place to work, I enjoy and come in with a big smile on my face. We have brilliant support from (the registered manager and care manager).

The provider and registered manager valued the staff team, and members of the team were recognised at annual staff awards. The registered manager explained, "Bonuses were awarded to the whole staff team for their willingness to go that little bit further for the residents. More recently staff that had battled against the snow storms to get in were also awarded a snow bonus..." The registered manager reported that all staff on the rota during the recent snow disruption had managed to get in to work.

People's equality, diversity and human rights were respected. The service's aims and objectives, and 'clients charter' was centred on the people they supported and promoted their rights' independence, privacy, dignity and choice. Staff demonstrated a good understanding of these principles, comments included, "I am here to make their quality of life better..." and "If I can bring a smile to their face it makes the job worthwhile..." During the inspection we saw staff worked to these principles and focused on people's individual needs.

People's views and suggestions were taken into account to improve the service. For example, people had key workers who regularly spent one to one time with them to talk about the care and support provided; to address any issues and to plan activities. The care manager regularly reviewed care and support plans to ensure they remained relevant and accurate and reflective of people's needs and preferences. The registered manager also ensured they spent time with people on a regular basis. Parents and family members were frequently asked for feedback and had regular contact with the registered manager and staff. Feedback from parents was very positive and all were happy with the care and support their loved one

received.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Healthcare professional confirmed the service worked well with them and took on board their recommendations.

Quality assurance systems were in place to monitor the quality of service. This included regular audits relating to medicines, health and safety issues, and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. The registered manager had a matrix for staff training and supervision which they used to monitor that staff were up to date with supervision and training.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and support. The service was both responsive and proactive in dealing with incidents which affected people.

Records were complete and up to date. Confidential information, such as people's care records were kept securely.

The service displayed the current Care Quality Commission (CQC) rating prominently within the service. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided