Bupa Care Homes (CFChomes) Limited

Forest Court Care Home

Inspection report

Bradley Court Road
Mitcheldean
Gloucestershire
GL17 0DR

Tel: 01989750775

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27 September 2016
28 September 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place on the 27 and 28 September 2016 and was unannounced. The home was last inspected on 24 October 2013 and met all the legal requirements assessed at that time.

This service specialises in dementia care and can provide this to a maximum of 40 people.

Forest Court Care Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from health and social care professionals, such as "I have seen them deliver some very good person centred dementia care which has enhanced the lives of the residents over the years that I have been visiting".

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not always being applied. Medicines were generally managed safely although attention had not been given to some aspects of medicine storage.

Sufficient staffing levels were maintained and staff were supported through training and supervision to maintain their skills and knowledge to care for people living with dementia. Risks to people's safety were identified, assessed and appropriate action taken. People had positive relationships with the staff team.

People were treated with respect and kindness and their privacy and dignity was upheld, they were supported to maintain their independence as much as possible. People and their representatives were involved in the planning and review of their care and people took part in a range of activities.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. The registered manager was accessible to people using the service and staff. Systems were in place to check the quality of the service provided including surveys to gain the views of people and their relatives.

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 as safe as it could be.

People were not always protected by robust staff recruitment practices.

Medicines were generally managed safely although attention had not been given to some aspects of medicine storage.

People were safeguarded from the risk of abuse and from risks from receiving care.

People were supported by sufficient numbers of staff.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their role

People were supported to eat a varied diet.

People's rights were protected by the use of the Mental Capacity Act (2005).

People were supported through access to and liaison with healthcare professionals.

Is the service caring?

Good

The service was caring.

People benefitted from positive relationships with the staff.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and
respected by staff.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support.

People were enabled to engage in activities and social events.

There were arrangements to respond to any concerns and complaints by
people using the service or their representatives.

Is the service well-led?

Good

The service was well-led.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

The service set out and followed its aims and values for providing care to people.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of support and accommodation provided.

Forest Court Care 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 inspection took place on 27 and 28 September 2016 and was unannounced. The inspection was carried out by one inspector joined on the second day by an inspection manager. We spoke with the registered manager, the chef and six members of staff. We spoke with one person using the service, however other people were unable to communicate with us due to their needs. We saw how staff interacted with these people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four relatives of people using the service and a GP. In addition we reviewed records for six people using the service, toured the premises and checked records relating to the management of the service. We also received information from two social care professionals.

Before the inspection in March 2016, the provider completed a provider information return (PIR). The PIR 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. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always being applied. We examined six staff recruitment files. All of the staff had previously been employed in providing care and support to people. References from previous employment were consistently sought and obtained in line with the registered provider's staff recruitment policy. However three of these staff had been employed without checks on their conduct during their previous employment or verification of their reasons for leaving previous employment which involved providing care and support to people. In one instance information had been sought and received about an applicant's conduct and reason for leaving employment not involved with providing care and support to people. An opportunity to obtain information from more relevant previous employment had been overlooked. Another applicant had given two referees from the same organisation and information had been sought from these. There had been no contact made with three other organisations where they had worked providing care and support to people. A third applicant had worked for four organisations where they were employed providing care and support to people. Information about their conduct and verification of their reasons for leaving had only been sought and received from two of these.

We recommend that the service consider current legislation on the safe recruitment of staff.

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Identity and health checks had also been undertaken before staff started work. Checks were in place to ensure nurses held current registration with the Nursing and Midwifery
Council.

Medicines were generally managed safely although attention had not been given to some aspects of medicine storage. Medicines were stored securely and records showed correct storage temperatures had been maintained. However we discussed with the registered manager the practice of recording storage temperatures in the morning whereas a temperature check in the afternoon may be more useful particularly in warm weather. The registered manager reported this practice had been amended by the second day of our inspection visit. Bottles of liquid medicine were dated on opening as a guide to the expiry date. However we saw some bottles where dates had not been recorded this included medicines for epilepsy, pain relief and to relieve anxiety. There was a risk that some people may receive medicines that were past the expiry date and so may be ineffective. This was brought to the attention of one of the registered nurses and the registered manager.

Registered nurses were responsible for administering medicines and had received appropriate training and competency checks and demonstrated their knowledge of the medicine systems they worked with. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. The importance of completing medicine charts correctly was emphasised by written reminders for nurses in the MAR folder. In addition a peer audit took place where nurses would check the MAR from a previous shift to ensure they were completed correctly. Our

examination of MAR charts and feedback from nursing staff showed this was an effective audit tool. To ensure accuracy hand-written directions for giving people their medicines had been checked and signed by two members of staff.

Individual protocols were in place for medicines prescribed to be given to people as necessary, for example for pain relief or to relieve anxiety. We saw nursing staff discussing a person's medicine at shift handover, a decision was made to refer to the GP for an adjustment of the frequency for when the medicine would be given to better suit the person's current needs. Where errors had occurred with people's medicines, appropriate action was taken to investigate and remedy the situation. People's GPs where made aware of any errors in case of any medical issues. The registered manger told us the majority of errors were made by agency staff, where this was the case the errors were reported to the agency with follow up to determine any actions taken. A person's relative was positive about how their medicines were managed by the nursing staff.

People were supported by sufficient staffing levels. Apart from when short-notice staff absence occurred, staff confirmed there were sufficient staff for people's needs. They described how nursing staff and housekeepers would help in the event of a shortage of care staff. On the first day of our inspection visit a member of care staff had not arrived for work. This was quickly investigated and while waiting for a staff member to arrive a suitably experienced member of domestic staff took over care duties.

People were protected from abuse by staff with the knowledge of how to act to safeguard them. Information given to us at the inspection showed all members of staff had received training in safeguarding adults. Staff were aware of different types of abuse that people could experience. They were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Policies and procedures including contact details for reporting safeguarding concerns to the local authority were readily available for reference. Staff were confident any allegation of abuse raised with the management would be properly investigated. We had received notifications about incidents between people living with dementia using the service, these showed the correct procedures had been followed.

People had individual risk assessments in place. For example there were risk assessments for moving and handling and pressure relief. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. One person required the use of pressure relieving equipment; we checked and the equipment was in use on their bed set at the correct level indicated in the care plan. Risk assessments had been reviewed on a regular basis. People also had personal emergency evacuation plans using a colour coded system to indicate people's levels of mobility. These were updated on a weekly basis noting any changes in people's mobility. People's safety in relation to the premises and equipment had been managed with action taken to minimise risks from such hazards as legionella, fire and electrical appliances and systems.

People were protected from risk of infection through action taken following audits. The cleanliness of the premises had been maintained and an inspection of food hygiene by the local authority in August 2016 had resulted in the maximum possible score of five stars being awarded. Hand washing facilities were available at suitable points throughout the home and we observed staff making use of these. The laundry was maintained in a tidy state however plaster was missing from some areas on the wall near one of the machines. This would not have provided a readily cleanable surface. We pointed this out to the registered manager who arranged for temporary remedial work to take place and confirmed this had been completed two days after our inspection visit.

Good

Is the service effective?

Our findings

People using the service were supported by staff who had received training suitable for their role. Records showed staff had received training in such subjects as infection control, nutrition and hydration, moving and handling and bedside rails. Staff also received training specific to the needs of people using the service such as dementia and managing behaviour that challenges. They told us they felt the training provided by the service was enough for their role and received regular training updates. One member of staff told us how they had requested training in dealing with challenging behaviour and this was arranged for them. One nurse described the training as "Really good". Nurses were very positive about the support they had received from the registered provider to prepare them for revalidation of their registration with the Nursing and Midwifery Council. Staff were also supported through individual or group meetings with a manager or senior staff member called supervision sessions. Annual performance appraisals were also carried out. New staff completed a five day induction., The provider information return (PIR) stated, "All staff undertake induction training when they first take up post. This includes the completion of mandatory training in relevant areas, shadowing more experienced staff and completion of a probationary period to ensure staff have the appropriate knowledge and skills to carry out their role effectively".

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Assessments had been completed of people's capacity to consent to receive care and support such as personal care and support with taking medicines. These assessments were kept under regular review. Applications for authorisation to deprive people of their liberty had been made. We checked the conditions relating to the authorisation of these applications and they were being met. Staff had received training in the MCA and demonstrated their knowledge of the subject. One member of staff showed us a small booklet they carried with them with information about the Mental Capacity Act 2005. A DoLS assessor visiting the home during our inspection spoke positively about the approach to decision making at the care home in people's best interests. They also praised the work undertaken by the staff to meet any conditions associated with DoLS authorisations.

People were supported to eat a varied diet suitable for their needs. One person's preference for food from their country of origin was recorded in the appropriate care plan. The person's relative confirmed staff were aware of their food preferences. The chef had been with the service for 30 years and obviously knew the people really well. He showed us how information was obtained from people about their food preferences and any special diets they were on. For example he told us about one person who enjoyed eating with their hands and so they considered this when designing their menu. The kitchen staff were able to refer to a file

that listed people's requirements such as pureed food or a diabetic diet. The menu was changed twice a year but options for alternatives to the menu such as soup, poached eggs and sandwiches were available for people.

At meal times people were given a verbal choice of two options at the beginning of the meal. Most people appeared to be able to make a decision about what they wanted. We asked the registered manager why picture menus weren't used, (we saw they were available in the kitchen). The registered manager explained that she felt they weren't that helpful but they were used if staff thought it would assist people in making choices.
Most people ate in the main dining room which was laid out nicely with linen tablecloths, napkins and flowers on each table. People started to be supported to move to the dining room at 1pm however we did note that some people were then waiting a significant time to be served, for two people this was 40 minutes. Because of this wait some people became agitated and wanted to leave. We also observed that people who needed feeding assistance were served first. This meant that not everyone at each table was eating at the same time. We discussed these issues with the registered manager who said that they recognised that some people found it challenging to sit and wait for their food and so they had brought in 'cheesy bread' slices so that everyone had something to eat as soon as they sat down. We did see people enjoying this. The registered manager also explained that each table should be served at the same time.
The food looked appetizing and we saw people enjoying it. There was positive feedback about the food from people and their relatives. One person said "I like it a lot". A relative told us "the food here is excellent. They have as much as they want and there is always drinks and snacks". Where people needed assistance with eating we saw staff doing it in a dignified way, sitting with people and engaging with them.
People's healthcare needs were met through regular healthcare appointments and liaison with healthcare professionals. A GP from the local practice visited on a regular basis they described good working relationships with the staff promoting positive outcomes for people in relation to their health needs, stating "I can't think of a single thing I have asked for that has not been done."
People also attended hearing appointments and received visits from specialist nurses.

Aspects of the environment had been adapted for the needs of people with dementia. Items such as tactile wall items and themed areas with seating such as a bus stop at points around the ground floor. Memory boxes had been placed outside people's rooms containing items relevant to their life or interests. These provided a visual reminder for staff to initiate conversations about areas of interest. A recent review of the environment by a specialist dementia nurse had recommend the use of black toilet seats to make them more recognisable to people. A room had also been set up with items from the past to stimulate reminiscence. Also changes to doors to people's rooms were planed in line with current thinking on how these should be presented for people living with dementia.

Good

Is the service caring?

Our findings

People had developed positive caring relationships with staff. The provider information return (PIR) stated, "The home has a key worker system in place which provides residents and their relatives with a familiar point of contact in the home to support good communication". One person's relative told us how the person enjoyed the company of the staff. Throughout the inspection we observed staff communicating with people in a respectful and caring way and responding to people's requests and needs. We observed staff supporting people in a communal area on the morning of the first day of the inspection and during lunch time on the second day. One person had moved into the service the previous evening and we witnessed staff using a warm reassuring approach to the person when checking on their needs and bringing them a drink. Staff interacted with people appropriately speaking to them respectfully and checking on their well-being.

Peoples' preferred names were recorded for staff reference. In addition information was available in care plans about people's preferences and personal histories for staff to understand the people they provided care to. The PIR stated, "This enables the staff team to gain further insight and understanding of each resident's background and interests and ensures the care and support they receive meets their cultural and spiritual needs and lifestyle preferences are met".

Feedback we received from the relative of one person stated, "The staff are professional, caring and very engaged with the well-being of the residents." Another relative described staff as "lovely" and "very helpful". Other comments we heard were "I can't fault it. The staff are caring and kind", "They are so attentive. I can come in any time of the day and my dad looks clean and cared for" and "They are excellent. They really care".

A relative told us that she felt very involved in any decision making around the care her father received. She told us that they have regular review meetings and a newsletter telling them what's going on with the home. Another relative said that they telephone them whenever there is a change to the person's care and support needs, for example changes in medicines. Some people had used the services of statutory advocates in relation to decision making processes. Advocates are people who provide a service to support people to get their views and wishes heard.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered, doors were closed and other people did not enter the room. We observed staff knocking on doors before entering people's rooms. People's preferences for the gender of staff providing support with personal care were recorded for staff reference in people's care plans. People were supported to maintain some independence. We saw one member of staff ensuring a cup was placed correctly to enable a person to drink independently. Another member of staff told us "We encourage residents to be mobile and not use wheelchairs." They also described the importance of offering people choice "even with little things".

Care was provided to people in their final days. Some aspects of the care provided to people was based on information provided by people's relatives recorded on a form for 'end of life wishes'. We saw compliments

from relatives and heard positive feedback from the visiting GP about the care provided to a person in their final days.

Good

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. The provider information return (PIR) stated, "All residents have personalised care plans which document how their needs should be met, and any risks to their health and safety effectively managed". People's care plans described actions staff should take to meet people's individual care needs such as "She likes a dim light on at night to feel safe". One relative told us about how staff had responded to and managed the person's distress and agitation so that now they were more settled and relaxed meaning that their medicine could be decreased. They did this through using a variety of personalised techniques including changing the time they went to bed and utilising doll therapy. A health care professional commenting on the staff team told us, "I have seen them deliver some very good person centred dementia care which has enhanced the lives of the residents over the years that I have been visiting".

One of the nursing staff described how information collected for caring for people in their final days had recently been improved to make this more personalised for example the form included a question about people's choices of music they may wish to be played in their final days. They reported positive feedback from people's relatives about this new approach. "We are as person-centred as we possibly can be". Also described an example of how the use of a blackboard for a person who used to be a teacher was found to be effective when the person showed signs of being distressed. Staff received training in person-centred care. One member of staff described this as "putting the person first".

People took part in a range of appropriate activities. A dedicated activities room was available as well as another room suitable for reminiscence work. A wall display showed how people had recently visited a garden centre. A fete had been held at the home during the summer. One person's relative was particularly pleased to discover the person was able to listen to classical music which was appropriate to their preferences. Music therapy was an area identified for development by the registered manager through work with a local music charity. An enclosed garden was available for people and their relatives to use. The registered manager described plans for further development of the garden to provide areas for people to grow vegetables and herbs.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was available in the entrance of the care home. The complaint procedure correctly referred complainants unhappy with the response from the registered provider to the local government ombudsman. Records showed, complaints were recorded, investigated
and responses provided to complainants. Where relevant remedial action was taken as a result of a complaint or concern. Relatives we spoke with confirmed that they knew how to make a complaint and would feel comfortable approaching the registered manager with any concerns and confident that it would be actioned. Residents and relatives meetings enabled people and their representatives to raise any issues about the service. Minutes of the June 2016 meeting recorded a relative had raised an issue at the last meeting about an odour. The recorded response was a plan to lay new flooring in the affected area in July and August 2016. This had been completed by the time of our inspection visit.

Good

Is the service well-led?

Our findings

The home had a registered manager who had been registered as manager of Forest Court Care Home since October 2010. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The provider had a clear direction which set out the aims for the organisation as a whole. The registered provider's statement of purpose (SOP) described the values, aims and objectives of the service. The values included "We provide a safe, secure environment that allows our residents as much independence as possible while supporting a range of care needs". For Forest Court Care Home the SOP described a number of aims including "to treat our residents as individuals, supporting independence and lifestyle choices, encouraging full participation in decisions about their care support and in the running of the home". In addition a resident's charter had been drawn up through consultation with people and their relatives. This formed the basis of what people could expect from the care home (such as being involved in the planning and evaluation of their care) and what the care home could expect in return (such as giving feedback to staff when they did a good job).

We heard positive views about the management of Forest Court Care Home. Staff confirmed the registered manager was approachable, with one commenting,"Any issue, she knows the answer". When asked if they thought the care home was well-led, one member of staff said
"I personally feel so otherwise I wouldn't have stayed here so long". Another described the registered manager as "Easy to talk to". A health care professional commented the registered manager was "an excellent leader and expects high standards from her staff team", they also told us the manager was "approachable".

Staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. The registered provider had introduced a whistleblowing initiative called 'Speak up' this included a dedicated telephone number for staff to report any concerns. We did find not all staff we spoke with were aware of this and discussed this with the registered manager.

Daily meetings were held by the registered manger with heads of departments within the care home in order to ensure the effective operation of the service on a daily basis.

The registered manager described the current challenges of running the service such as recruiting enough nursing staff particularly given the rural setting of the care home. A plan was in place to develop the role of team leader to support the existing team of nursing staff. The PIR described this as "The team leader will be

trained from our existing senior carers and will undergo medication management training and will be able to work alongside a registered nurse, dispensing prescribed medications thus enabling continuity of care and reducing the need for agency nursing staff". In addition maintaining the decoration of the environment was also a challenge. The registered manager showed us some areas where chipped paintwork on doors needed some attention.

People benefitted from checks to ensure a consistent service was being provided. A range of audits were carried out such health and safety and infection control. We noted the latest infection control audit completed in June 2016 did not include the laundry area. We discussed this with the registered manager who agreed to look into this. Monthly reviews were completed through reviews by a regional director, these included talking to people and their, relatives and any visiting health or social care professionals to seek their views on the service provided.

Other quality checks were in place. An internal unannounced inspection had been completed by the registered provider's inspection and quality team. This took place twice a year and a copy of the findings of the latest inspection were with the registered manager. A customer satisfaction survey had been completed in 2015 following surveys sent to people's relatives. The results of the survey for 2015 showed an overall satisfaction for 100%. Some areas for improvement were noted. In the entrance hall of the home a poster recorded the feedback from people's representatives about improving the garden. Improvements made were described along with plans for further developments such as plots for growing vegetables and herbs. A 'Resident of the day' check ensured regular a review of people's needs to ensure these were being met. Clinical review meetings also took place to examine any relevant clinical issues such as people's weight gain and loss.