

Lady Forester Hospital Trust

Lady Forester Residential & Day Care Centre

Inspection report

Lady Forester Residential and Day Care Centre
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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 inspection was unannounced and took place on 5 October 2016.

Lady Forester Residential and Day Care Centre provide accommodation and personal care for up to 14 older people and also offers a respite service. On the day of our inspection the home was fully occupied.

The home had a registered manager who was present for the 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.

People were supported by staff who knew how to protect them from the risk of abuse and care practices reduced the risk of accidents. People were supported by sufficient numbers of staff who had the skills to support them to take their prescribed medicines.

People received care and support from staff who were trained and who received regular one to one [supervision] sessions. People's human rights were protected because staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and people's decisions were respected. People were provided with a choice of suitable meals and had access to drinks at all times. Staff assisted people to access relevant healthcare services when needed.

People were treated with kindness and compassion by staff who were aware of their care and support needs. People were actively involved in planning their care and their privacy and dignity was respected by staff.

People's involvement in their care assessment ensured they received a service that met their needs. They had access to a variety of social activities and were supported by staff to do the things they enjoyed. People felt confident to share any concerns they had with staff.

People were encouraged to have a say in how the home was run. People and staff felt supported by the managers and the provider's governance systems were effective to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse and staff knew how to reduce the risk of accidents. People were cared for by sufficient numbers of staff and were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were skilled and who receive regular one to one [supervision] sessions. Staff's understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards ensured people's human rights were respected. People had access to a variety of suitable meals and drinks. People were supported to access relevant healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff who were aware of their care and support needs. People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment of their care needs and staff supported them to pursue their interests. People were able to share their concerns with staff and systems were in place to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to have a say in how the home was run. People and staff were supported by the managers and the

provider's governance systems were effective to drive improvements.

Lady Forester Residential & Day Care Centre

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 5 October 2016 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with five people who used the service, three care staff, the chef, one visitor, the deputy manager and the registered manager. We looked at one care plan and a risk assessment, medication administration records, accident reports and quality audits.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel safe here because there is always someone to call on." Another person said, "I feel safe because I don't have anything to worry about."

Staff were aware of various forms of abuse and how to protect people from this. The staff we spoke with said they would report any concerns of abuse or poor care practices to the registered manager or the person in charge of the shift. They were also aware of other external agencies they could share their concerns with to protect people from the risk of further harm.

The registered manager said staff had received safeguarding training to support their understanding about abuse and how to avoid this happening. Staff confirmed they had received this training. The registered manager was aware of their responsibilities to inform the local authority when abuse had occurred to protect people.

One person informed us of a recent accident where they fell from their bed. They said a staff member had discussed the option of them having a bed fitted with rails to reduce the risk of this happening again. They told us, "I used to have one staff assist me with my mobility but since my fall I have two staff to help me in and out of bed." The person was satisfied with the action taken to reduce the risk of them falling again. The registered manager said all accidents were recorded and monitored for trends. They told us they had recently attended falls prevention training to enhance their understanding about how to reduce the risk of falls. The skills learnt helped them to analyse accidents within the home and to identify what action was required to reduce the risk of a reoccurrence.

Staff told us they had access to risk assessments that supported their understanding about how to reduce the risk to people. A staff member said a risk assessment provided them with information about how to support people with their mobility and the equipment required to assist them safely. We spoke with another staff member who told us they always ensured the environment was clear from clutter to avoid the risk of trips and falls. They said visual checks were always carried out before using lifting equipment to ensure it was safe to use.

The people we spoke with confirmed there were always enough staff on duty to assist them when needed. One person said, "When I buzz [activate the call bell] staff come quickly." We heard a person call for assistance and saw staff respond to them straight away. We saw that staff were available to help people when needed. The registered manager said staffing levels were determined by people's care and support needs and they were confident there were enough staff to meet people's needs.

People were cared for by staff who had gone through the appropriate safety checks before they started to work in the home. Staff confirmed that before they were employed a request was made for references and a Disclosure Barring Service [DBS] check was carried out. The DBS helps the provider make safer recruitment decisions to ensure people are suitable to work in the home.

People told us their medicines were managed by staff and they received them as directed by the prescriber. One person said, "Staff give me my painkillers when I need them." They said they required cream to be applied each evening and staff always supported them to do this. Two people said they would prefer to manage their medicines and we shared this information with the registered manager. The registered manager said prior to people moving into the home they were given the option to manage their medicines. They assured us that this would be reviewed with the people concerned.

We saw medicines were stored securely and medication administration records were signed by staff to show when medicines had been given to people. Staff who were responsible for the management of medicines had received medication training. Staff told us this training gave them a better understanding about how to support people to take their medicines safely.

Is the service effective?

Our findings

People were supported by staff who were trained and who received regular one to one [supervision] sessions. One person said, "Staff appear skilled, they certainly know what they are doing." A staff member said access to routine training provided them with the skills and confidence to care for people properly. They said one to one [supervision] sessions gave them the opportunity to look at their performance and development and how this could be improved to ensure people's care needs are met. The registered manager carried out routine observations of staff's working practices to ensure skills learnt were put into practice.

We looked at how new staff were supported in their role. The registered manager said all new staff were provided with an induction and this was confirmed by staff. A staff member said their induction provided them with an understanding of people's care needs and how best to support them. They said during their induction they had the opportunity to read the provider's policies and procedures and undertook training to enhance their skills.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the people we spoke with said they were able to make their own decisions. One person told us, "I can do what I like and staff always respect any decisions I make." The registered manager and staff confirmed everyone who lived in the home were capable of making their own decisions.

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. 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). One person said, "There are no restrictions and I can come and go as I please." The registered manager said everyone in the home was able to make a decisions about their care and treatment. They informed us that there were no restrictions imposed on people and a DoLS was not required for anyone. The registered manager was aware of when to apply for a DoLS authorisation to protect people's human rights.

People were supported to eat and drink sufficient amounts and were provided with a choice of meals. One person said they had a health condition and required a special diet. They said, "The cook is very good and they know the foods I can and can't eat." They told us they were provided with a variety of suitable meals. Another person said they had access to drinks at all times. They told us, "We all have a jug of water which is changed regularly." We saw that drinks were available to people throughout the day.

Staff informed us that during people's care assessment information relating to the meals they liked and disliked was obtained. We spoke with the chef who said they had access to information about suitable

meals for the individual. A visitor told us their relative required a special diet due to their health condition. They had discussions with the cook about suitable meals. They confirmed meals provided to their relative were good and they enjoyed them. One person told us they required vegetarian meals and said, "The meals provided were suitable and tasty."

Staff said some people needed support to eat and drink sufficient amounts. Where concerns were identified about the amount a person ate and drank this was recorded and monitored. Staff supported people to access a dietician or a speech and language therapist where concerns were identified. These specialists provided advice and support about suitable meals and drinks to promote people's health.

A person told us staff supported them to access their GP when needed and said they had recently registered with a dentist. Another person told us after sustaining a fall the staff promptly called an ambulance for them to receive immediate medical treatment. The people we spoke with confirmed staff always assisted them to attend their medical appointments. We spoke with a visitor who said a district nurse visited their relative on a regular basis to support them with their health condition. The registered manager said, "We have a good relationship with healthcare professionals."

Is the service caring?

Our findings

A person told us, "The staff look after us and they are very caring." Another person said, "The staff are very pleasant and they speak to me nicely." Discussions with another person confirmed, "The staff are lovely, they do so much for me." We saw staff were caring and attentive to people's needs. They took the time to sit and talk with people and acknowledged them when they entered the room. A staff member said, "I love my job, I do it for the people not the money." One person said, "When I returned home from a hospital visit the registered manager greeted me at the door and was very caring."

People were cared for by staff who had a good understanding of their care and support needs. For example, one person had a health condition and staff knew how to support them and when to seek advice and support from the GP. Staff said they had access to the person's care plan that provided them with information about how to care for them. The person this care plan related to said they were happy with the care and support they received.

Discussions with people identified there was a 'person centred' approach and staff were aware of people's personal history and their specific needs. For example, one person told us they needed support with their personal care needs. They said, "I like to have a shower regularly and the staff help me to do this." The staff we spoke with were aware of the person's preference and the support they needed.

People we spoke with said staff always asked them about the care and support they required. People confirmed they were happy with the service and described the staff team as caring and professional. We spoke with a visitor who said they were involved in planning their relative's care. They said, "Staff always inform me if there are any changes with [relative's] health care needs."

The people we spoke with told us staff always respected their privacy and dignity. One person said staff always closed the door when they supported them with their personal care needs. A staff member said, "I always encourage people to do as much as possible for themselves to promote their independence and dignity." We observed staff knock on people's door before entering their bedroom. One person told us they preferred to stay in their bedroom and staff respected their choice. Staff told us people had access to a quiet lounge where they could meet their guests in private.

Is the service responsive?

Our findings

People told us they were actively involved in their assessment of their care needs. We spoke with a person who said an assessment was carried out before they moved into the home. They said they were asked questions about their health history and the support they required. We spoke with another person who said the registered manager had visited them before they moved into the home. They said they were involved in an in depth assessment to find out what support they needed. The person was impressed that the registered manager had made arrangements for their personal possessions to be in their bedroom before they moved into the home. They said, "It was nice to see my bedroom with all my things in and it felt so homely."

People and staff confirmed the service provided was 'person centred' to reflect the individual's preference. For example, one person said they were delighted they were able to bring their pet into the home. They told us about music sessions within the day centre and said they enjoyed this and having the opportunity to chat with others. Another person told us how thrilled they were about their bedroom. They told us they had a bedroom upstairs but due to their reduced mobility they requested to move downstairs. One person told us about their interests and said staff supported them to pursue this. They said staff supported them to go into the garden in warmer months which they enjoyed. Another person told us they enjoyed attending the local church. They said they were happy and felt privileged they had been offered a bedroom with a view of the church. They said staff had recently informed them about arrangements for Christmas shopping and a day out to the safari park.

People told us they had access to a variety of social activities but staff also respected their choice if they did not want to engage in these activities. One person told us they enjoyed reading the newspaper and this was provided for them daily. They said, "I enjoy chatting with people who live here and I get involved in activities within the day centre." We saw the atmosphere within the home was relaxed and people were able to pursue their interests. Staff told us some people were able to go out on their own and they often went to the local shop to do their shopping.

All the people we spoke with said they never had any complaints about the service they receive. They said if they were unhappy they would share their concerns with the registered manager or a staff member. One person said, "If I am unhappy I would tell the staff and they would sort it out." The registered manager had received one complaint and this was investigated by a senior manager and responded to. There were systems in place to manage complaints.

Is the service well-led?

Our findings

People informed us of their involvement in running the home. One person told us meetings were carried out to tell them about any changes to the service, forthcoming events and to find out if they were happy with the service. The registered manager said during a meeting people had requested a day out to the safari park and this had been arranged. They found some people were unsure how to make a complaint and this was discussed with them during the meeting.

The registered manager said themed staff meetings were regularly carried out and staff confirmed this. During these meetings discussions were held about how to prevent pressure sores, how to support people to manage their continence and infection, prevention and control. Staff told us information gathered in these meetings enhanced their knowledge on these topics. The registered manager said no one in the home had pressure sores and they had achieved a gold rating for infection, prevention and control.

One person told us they had been provided with a quality assurance questionnaire and this asked about their views on the service they receive. They said, "I don't think you can better the service." The registered manager said information collated from these questionnaires was fed back to the individual if concerns had been identified. We saw comments from these questionnaires were positive. One person told us, "I would recommend living here because everything is so easy going." The registered manager described the culture within the home as "Open and relaxed." One staff member said, "This is home from home."

People and staff we spoke with said the registered manager and deputy manager were approachable and always took the time to listen to them. We found that the managers had a good understanding of people's care and support needs and were enthusiastic in providing them with a good service. They said, "We do our best to make sure people have all the things they need." One person said, "I would recommend living here because you have everything you need."

The registered manager said they received annual appraisals from the provider and had the opportunity to do further training. They said they had achieved the registered manager's award, National Vocational Qualification [NVQ] in care management and the NVQ assessor's award. They felt this training gave them the skills to manage the home effectively.

We spoke with the registered manager about the provider's governance. The registered manager informed us that the provider carried out routine quality checks which entailed talking with people about their experience of living in the home. We saw that routine audits were carried out to ensure the safe management of medicines. The registered manager had nominated a member of staff to monitor the cleanliness of the home and practices to promote good hygiene to standards. Audits were also carried out to ensure staff had access to up to date information relating to people's care and support needs and to drive improvements.