

Clarendon Care Group Limited

# Foresters Nursing Home

## Inspection report

Walton Pool  
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Stourbridge  
West Midlands  
DY9 9RP

Tel: 01562883068

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Foresters Nursing Home is a care home providing accommodation and nursing care for up to 30 people living with dementia and people living with a physical disability. The care home is a two storey building with en-suite bedrooms and communal facilities. At the time of the inspection 27 people were receiving care.

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

The service was not always well- led. The provider's governance systems were not consistently effective to identify shortfalls, maintain continuous improvement and ensure compliance with regulations.

The provider was not able to evidence they were always responsive to the risks associated with the COVID-19 pandemic. Regular checking of people's temperatures could not be evidenced. Staff practices in wearing of masks and recording their temperatures needed to be improved. During and following the inspection we were given assurances by the provider of action to be taken and how improvements in these areas would be implemented. We have written to the provider to emphasise the concerns and the improvements required, We will monitor their action plan to be assured of the improvements made.

Medicines were not always managed safely with people not always receiving their medicines as prescribed.

Care plans were not always up to date and did not therefore always contain accurate information about people's care and support needs. Records to evidence the care and support provided were not always in place or maintained to evidence how staff had supported people to have their individual needs met.

The management were aware of shortfalls in staff training. Recent training had been impacted due to the COVID-19 pandemic. Improvement was needed where a member of staff who led shifts had shortfalls in their training over a longer period time.

Staffing levels were sufficient to meet people' needs.

People felt safe living at the home and staff were aware of their responsibility to keep people safe.

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

### Rating at last inspection

The last rating for this service was good (published 26 September 2019).

### Why we inspected

We received concerns in relation to the management of medicines, infection control and the meeting of people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

the inspection, we received further information of concern regarding the care provided to people. We took this additional information into account as part of the inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Foresters Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

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

We have identified breaches in relation to keeping people safe and ensuring good governance of the service at this inspection.

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

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Foresters Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced on the first day. We announced the second day to ensure relevant people were able to be present.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with ten members of staff including the operations director, operations manager, deputy manager, two nurses, three care workers (including one agency staff member) one domestic and one maintenance person.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We viewed records sent to us by the operations manager as requested. We spoke with four relatives about their experience of the care although due to COVID-19 restrictions their contact with their relative and the service had been reduced.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection; Assessing risk, safety monitoring and management; Using medicines safely;

- We identified and brought to the attention of senior staff members and the provider concerns in relation to the monitoring and recording of people's and staff temperatures at the time of the inspection in relation to the COVID-19 pandemic.
- Although staff were signing into the home when commencing their shift their temperature was not always recorded as taken or the record of the temperature was not clear. This meant the management could not be confident all staff entering the building were not demonstrating a symptom of COVID-19. Government guidelines state staff safety remains the employer's responsibility. The provider introduced new signing in sheets which were clearer prior to our second visit. Staff members were receiving regular testing for COVID-19.
- Gaps in people's care records evidenced staff were either not always taking people's temperatures on a regular basis (twice daily) or not recording the results. Government guidelines states the importance of access people's temperatures twice a day. This meant the provider could not always evidence people were not demonstrating one of the common symptoms of COVID-19 therefore leaving people at potential risk. We were assured by the provider improvements would be made. People were receiving regular COVID-19 tests in line with guidelines
- We were not assured staff were using PPE (personal protective equipment) effectively and safely.
- Although staff were mainly wearing PPE, some staff were not wearing face masks to ensure proper protection. For example, under their chin, or fallen below their nose. Our findings were brought to the operation manager's attention, who took immediate action with the staff members and contacted the staff agency to make them aware where relevant.
- We saw a person being cared for in their own room because they were new at the home and therefore needed to isolate as a prevention against COVID-19. Additional PPE was available, as required, for staff to use prior to entering the persons bedroom. However, staff members entered the bedroom without always following best practice which placed staff and the person at risk. We were assured this practice would be addressed without delay.
- Staff training had taken place but had not included all staff members employed. This included a staff member who would be in charge of a shift and therefore directing staff and monitoring their practices. We were assured staff would have a timeframe to complete their training and was underway following our inspection'
- Checks on the cleaning of toilets were not always completed. These had not been identified by the manager's own checking procedures. This was acknowledged by the operations manager who agreed better

monitoring and auditing of these records was required and assured us improvement would be made. The toilets viewed were seen to be clean at the time of the inspection.

- Risks had not always been identified regarding people's care and support needs. For example, we saw one person stood on a pressure mat. This was to alert staff when the person was on the move. However, we observed the alarm had not activated. The cable to the mat was across the bedroom floor creating a potential trip hazard. We were sent a risk assessment regarding these elements however this was not undertaken until after we had highlighted them.
- Monitoring records, care records and risk assessments to evidence the care and support provided were not always in place or an accurate account of people's needs. Records of people's weight were inconsistently maintained in line with the frequency set and charts to record fluid and food intake were incomplete.
- Regular tests were undertaken of the fire systems. However, where something was identified and recorded as needing action to ensure good fire safety, for example a fire door not closing properly, this was not always brought to the manager's attention.
- Checks of the fire alarm were not always carried out in sequential order as stipulated in the provider's own policy.
- Medicines were not always managed safely and recorded accurately. People could not be assured they would always receive their medicines as prescribed. This placed people at risk of not having their health care needs met.
- Protocols for the administration of medicines prescribed on an as and when basis were not always in place. This meant information was not readily available for nursing staff and any other healthcare professionals to refer to. We were assured these would be completed immediately.
- The record regarding the administration of household remedies did not balance. The nurse was unable to account for an error and two missing tablets. The most recent medication audit had not identified this error. When people were administered these medicines their personal medicine, records did not reflect this. This could have resulted in potential errors if nursing staff had solely relied on the personal record. The error within the homely remedies record was addressed once this was brought to the operation manager's attention.
- Nursing staff were recording the number of tablets remaining following administration however these were not always correct and the use of coding when medicines were not given were not completed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. We were given assurances improvements would be made and maintained.
- On the second day of our inspection we saw the provider had introduced new signing in sheets which were clearer.
- Assurances were given by the management team they would highlight to staff the need to wear face coverings as required. In addition, assurance was given regarding the need to ensure separate slings for use with the hoist would be obtained as well as make improvements in the recording of care and support provided.
- Pressure relieving cushions were in place on some chairs within the communal lounges. Prior to people coming into the lounge we saw these were positioned correctly.
- We were assured that the provider was preventing visitors from catching and spreading infections. Facilities were available to enable relatives to see and speak with their loved ones. The availability of this



facility was known to and been used by people's relatives.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Staffing and recruitment

- There were enough staff on duty at the time of the inspection to meet the needs of people living there. On most occasions, the rota evidenced six care workers and one nurse to be on duty
- The operations manager was aware of significant shortfalls within the training undertaken by some staff. These shortfalls such as fire safety, infection control and moving and handling included staff who were in charge of shifts and staff who had worked for the provider for a considerable period of time. This meant these shortfalls were in place prior to the current COVID-19 pandemic and the restrictions imposed. We will review progress made in this shortfall as part of a future inspection.
- Staff confirmed the provider checked their background prior to them commencing work.

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

- Staff told us they would report any concerns they had regarding the safety of people and in the event of them witnessing any abuse. All the staff we spoke with told us they had not witnessed anything which had given them cause for concern.
- The majority of comments from people's family members were positive and we were informed they felt confident in the standard of care provided and how people were looked after. One relative told us, "I trust them (staff)" while another told us they were, "Happy with the carers (staff)".

#### Learning lessons when things go wrong

- Audits of accident and incidents were in place to learn from previous events as a means of reducing the likelihood of them reoccurring.

# Is the service well-led?

## Our findings

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

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

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

- At the time of our inspection there was no registered manager in post. The provider had appointed a manager however they had not applied to the Care Quality Commission (CQC) for registration and was not available during our inspection. The operations manager was previously registered as the manager with CQC. As a result of our findings we were informed it was their intention to reapply for registration and commenced working regularly at the home.
- A relative told us they had found the service provided at the home to have lacked consistency due to the management changes and communication shortfalls.
- Care plans and risk assessments were reviewed to check they were up to date and contained the correct information to support staff and ensure people received safe and effective care. Despite these reviews we found conflicting and incorrect information was recorded. Shortfalls in the recording and therefore confidence regarding people's needs such as fluid intake and oral care were not identified.
- The provider had audit processes in place as well as action plans and regular meetings with managers. However, these had not identified the concerns we highlighted throughout the inspection. Management systems had not identified shortfalls we brought to the providers attention. For example, gaps in recording of temperatures of people and staff members when this is known to be a symptom of COVID-19. Action was taken by the provider at the time of the inspection or following the inspection such as in relation to staff failing to wear a mask appropriately and reassurances were given to ensure these shortfalls were not repeated. We have written to the provider regarding the shortfalls and the need to ensure improvement was made and sustained.
- Confidential records were found within the hairdressing room which was unlocked and therefore accessible to staff and people.

Systems in place were not sufficiently robust to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

- People's relatives told us they had confidence in the operations manager who was previously registered as manager. One relative told us they, "Couldn't fault" this person while another told us they had a, "Good relationship" with them.

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

- Management at the home during our inspection were open and honest in relation to areas of improvement. They took on board areas brought to their attention following information from whistle blowers and provided reassurances in these areas.
- The provider had displayed, as required, the ratings given by the Care Quality Commission [CQC] following the previous inspection.

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

- Staff members were positive about the management of the service and the support they had received especially during the current COVID-19 pandemic. One member of staff described the management throughout the pandemic as, "Brilliant."

Working in partnership with others

- Management spoke how they had worked with other agencies such as when they experienced a COVID-19 outbreak within the home in order to reduce transmissions.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure people received care and support in a safe way.</p> <p>Regulation 12 (1), (2) (a), (b) (c), (e), (g), (h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have effective governance systems in place to assess and monitor the quality of the service to identify shortfalls and ensure compliance with regulations.</p> <p>Regulation 17 (1) (2) (a),(b),(c)</p>