

Lady Forester Hospital Trust

Lady Forester Residential & Day Care Centre

Inspection report

Lady Forester Residential and Day Care Centre
Church Street
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Shropshire
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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

About the service:

Lady Forester Residential and Day Care Centre is a care home is registered to provide regulated activities to 14 people aged 65 and over. The home is in Broseley near Telford. At the time of the inspection 13 people were receiving regulated activities at the home.

People's experience of using this service:

People and relatives told us safety was always considered. The service had an established process for reporting and responding to abuse. Although people felt safe, we noted we found some aspects of the service were not always safe. We saw good practice was not always considered and implemented to promote safety. We have made recommendations about managing environmental risk and deployment of staffing.

People, relatives, and professionals said they considered the service to be well-led. They said they were assured staff were experienced and appropriately trained. The registered manager understood their roles and responsibilities. We saw evidence of partnership working to develop and maintained a high quality, person-centred service. During the inspection visit we identified some areas for improvement to ensure the service was consistently well-led. We have made recommendations in regard to ensuring paperwork and policies and procedures were accurate and up to date.

We observed activities taking place within the home to keep people occupied and active. The registered manager worked proactively to ensure individual concerns were identified and acted upon before they became a complaint. were confident any complaints would be dealt with effectively and professionally. People told us they were able to make choices about their care and support and said they received care tailored to their needs. Although care was person centred, we found records did not always contain the required information to promote continuity of care and individualised support. We have made a recommendation about this.

People, relatives and a visiting health professional told us people's health was monitored and said good health was promoted through multi-disciplinary working. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw processes were in place to ensure consent was achieved before providing care and support, but these were not consistent. We have made a recommendation about this.

People and relatives considered all staff kind and caring. We saw independence, privacy and dignity were promoted and maintained by staff. Staff understood the importance of protecting people's human rights.

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

Rating at last inspection:

At the last inspection the service was rated good (published 06 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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 dropped to requires improvement

Details are in our Safe findings below.

Is the service effective?

Good 

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good 

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Good 

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Good 

The service remained good.

Details are in our Well-Led findings below.

Lady Forester Residential & Day Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection visit was carried out by one adult social care inspector.

Service and service type:

Lady Forester Residential and Day Care Centre is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The first day of inspection was unannounced.

What we did:

We reviewed information we held about the service. This included previous inspection reports and notifications submitted by the provider related to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home. We also spoke with Shropshire local authority contracts and commissioning team, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. This allowed us to gain information related to the quality and safety of service being provided.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information submitted by the provider to plan and guide our inspection. We used our planning tool to collate and analyse this information to help us plan our inspection visit.

During the inspection, we spoke with six people and two relatives. We spoke with the administrator, the cook, two members of care staff, the deputy manager and the registered manager. Additionally, we spoke with one visiting health professional about their experiences of working with the provider.

To gather information, we looked at a variety of records. This included care records related to three people. We also looked at other information related to the management of the service. We did this to ensure the provider had oversight of the service and to ensure the service was appropriately managed.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

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.

Assessing risk, safety monitoring and management

- People and relatives told us safety was always considered. One relative said, "[Relative] is safe here."
- From records viewed, we saw individual risk had been assessed and plans implemented to keep people safe. For example, moving and handling risk assessments were completed when people required support to move.
- Although individual risk had been considered, we found environmental risks were not always appropriately addressed and managed in line with good practice. On the first day of inspection we found good practice guidance relating to the safe usage of bed rails had not been consistently implemented. We highlighted this to the registered manager who took immediate action and implemented a system to ensure good practice was consistently followed. Additionally, we found risk of falls from height was not always consistently addressed. For example, one window was fitted with a restrictor to prevent people from falling from height. The restrictor had been unlocked and there was no risk assessment in place to show risk had been assessed and appropriately managed. We discussed the highlighted concerns with the registered manager, who took immediate action to ensure good practice was consistently applied to manage risk.

We recommend the registered manager ensures good practice guidance in relation to health and safety within the home is consistently implemented in a timely manner.

Staffing and recruitment

- People we spoke with told us at present they had no concerns about staffing levels within the home. They told us they weren't rushed and said staff had time to sit and chat with them. We reviewed call bell response times during our visit and noted call bells were answered in a timely manner.
- Two relatives expressed concerns about staff deployment in communal areas. They told us they had witnessed times when staff had not been present in lounges and said people could not always seek help. They told us there were limited call bells in the lounge for people to summon help. During the inspection we saw this was the case. For example, on one occasion we had to go and seek help as one person who was at risk of falls needed assistance. The person was placing themselves at risk of harm as they attempted to leave their seat without assistance from staff.
- We raised these concerns with the registered manager who told us oversight of the communal areas was not consistent on the days of inspection as several people were receiving care and support in their bedrooms due to them being ill. They said one person residing in the lounge always had access to a call bell, so they could summon help on behalf of other people. This system had however failed on this occasion. The registered manager agreed to take immediate action to review this system. This included looking at ordering additional call bells which could be provided to people spending time in communal areas.

We recommend the registered manager reviews deployment of staffing within the home to ensure responses for assistance are acted upon in a timely manner.

Using medicines safely

- People told us they were happy with the support they received with their medicines. They said they could choose to manage their own medicines, if they were able, and were supported to do so.
- We observed staff administering medicines and saw staff were respectful and patient when administering them. Staff were aware of good practice procedures to ensure medicines were safely managed.
- Staff who administered medicines said they had received appropriate training. In addition, they told us a member of the management team regularly carried out observations to ensure they were following good practice guidelines when giving people their medicines.
- Although good practice was followed, records maintained did not always meet good practice guidelines. Information recorded upon people's medicines administration records (MARs) was not always completed in line with good practice guidance. For example, MARs did not always have people's allergies recorded upon them. We raised these concerns with the registered manager who advised there had been some problems with the supplier of medicines and the pharmacist supplying the medicines had changed at short notice. The registered manager was aware good practice had not been followed and confirmed they were in the process of reviewing this.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to protect people from the risk of harm of abuse. The provider had a safeguarding policy which was available to all staff. In addition, the registered manager had access to the local authority safeguarding policy which gave direction and advice on reporting concerns to the appropriate bodies.
- Staff were aware of the policy and the importance of reporting any safeguarding concerns. When asked, staff could tell us procedures they would follow should they suspect abuse was taking place within the service.

Preventing and controlling infection

- The provider had processes to protect people from risk of harm from infection. Cleaning staff were employed to carry out cleaning duties within the home.
- Staff told us they had received infection control training and confirmed there was enough personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control. We observed staff used personal protective equipment in line with good practice guidance.

Learning lessons when things go wrong

- The provider understood the importance reflecting on incidents within the service to look at where things had gone wrong, so action could be taken to reduce the risk of them happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team jointly assessed people's needs before offering a service. They did this to ensure the service could meet the person's individual needs. This included liaising with health and social care professionals whenever appropriate.
- Care plans detailed individual care needs and reflected people's wishes and preferences. The provider understood the importance of regularly reviewing and updating care plans when people's needs changed.
- The management team understood the importance of delivering care in line with standards and guidance. We saw evidence of good practice guidance being considered when assessing people's needs and implementing plans of care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We reviewed care records and noted there was a multi-disciplinary approach to meeting people's individual needs. For example, we saw evidence of input from doctors, district nurses and podiatrists. Records were maintained for each visit, so staff could be aware of what support had been given by each visiting health care professional.
- People we spoke with and relatives told us they were happy with the arrangements in place to meet their health needs. One relative told us, "Any concerns and they get the GP or nurse out straight away."
- We spoke with a visiting health professional, they said had no concerns and offered reassurances people received consistent, effective and timely care. They told us they had seen improvements in people's health since they had been supported by staff at the service and praised staff commitment at meeting people's health care needs. They told us one person who lived at the home no longer required medicine to treat their medical condition as staff suitably managed this condition.

Supporting people to eat and drink enough to maintain a balanced diet

- We received positive feedback about the quality and availability of food at the home. Feedback included, "The food is good here, always two choices and if you don't like any of them they will make you something else."
- We observed support provided over a mealtime. People were not rushed with their meals and independence and dignity was promoted. When people required support with meals this was provided in a discrete way.
- We spoke with the cook who confirmed they had suitable training to meet the nutritional needs of people. The cook understood people's allergies and how to promote safety.

Ensuring consent to care and treatment in line with law and guidance

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The registered manager advised that no person was currently being deprived of their liberty. However, the registered manager and staff had a good understanding the principles of the MCA and how to apply this within the service. Staff had been provided with MCA training and were able to explain the process they were to follow when a person lacked capacity and were unable to make decisions for themselves.
- People told us staff routinely sought consent before they provided any care and treatment. Records had been maintained to show initial care plans had been discussed with people and consent had been sought. Although processes were in place to ensure consent was sought at the outset of care being delivered, we saw this process was not always consistently applied. For example, one person's plan of care had changed but signed consent had not been received to indicate the person was happy with this.

We recommend the registered manager reviews systems and processes to ensure consent is consistently sought and recorded.

Staff support: induction, training, skills and experience

- People, relatives and visiting health professionals told us they considered the staff team to be appropriately trained and skilled.
- All staff we spoke with told us they were happy with the training provided. They told us they were provided with training opportunities to meet the needs of the people they supported.
- The registered manager maintained a record of all staff training so they could be assured staff had the necessary skills. We noted not all staff training was up to date. The registered manager provided us with assurances this was being suitably managed.
- Staff told us they were supported to develop key skills and experiences at the start of their employment through an induction period. This included completing training and shadowing more experienced members of staff. Staff said they felt suitably prepared for work after the induction period had finished.
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. Staff praised the supportive relationship provided by the management team and told us they could be contacted at any time for advice and guidance.

Adapting service, design, decoration to meet people's needs

- The service was based in an older style property and had not been purpose built. The management team had considered people's needs and ability to access all areas of the building. For example, a lift was present to assist people upstairs and the home had recently fitted a new wet room for people to access. Equipment was available throughout the home to promote people's independence. The service had recently installed a new call bell system with portable call bells using Wi-Fi.
- The home had a garden area, which was pleasantly decorated with plants. We were told people could access this space whenever they wished. However, due to several people recovering from illness staff

advised people were not being encouraged to use this space at the time of our inspection visit.

- Consideration had been taken within the environment to promote people's independence. We saw dementia friendly signage was used in areas to act as visual cues for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives repeatedly told us they were treated well by staff at the home. Feedback included, "The carers are very good. I've been elsewhere, and they have not been so good."
- We saw there was a light-hearted atmosphere in the home. Staff laughed and joked with people and this was welcomed. We overheard one person saying, "You make us laugh." One person said, "Staff are real here. They make it good."
- The registered manager confirmed staff had received equality and diversity training and could, when asked, describe the importance of protecting and promoting equal rights for people who lived at the home.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of respecting people's different and diverse needs.
- The service had carefully considered people's human rights and supported people to maintain their individuality.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to express their views and be involved in making decisions about their care. When appropriate, relatives had been consulted with and were encouraged to also express their opinions on the care being provided to their family member. One relative confirmed they had made a suggestion to the management team regarding the care being provided to their family member. They told us their views were taken seriously and changes made to improve their family members experience of care.

Respecting and promoting people's privacy, dignity and independence

- People told us the provider continued to encourage and promote independence. Observations made during the inspection process confirmed this was the case. We observed people going about their daily tasks without interference from staff when appropriate. We saw staff acted promptly when people's dignity had been compromised.
- Staff understood the importance of respecting people's privacy. We observed staff knocking on doors before entering people's personal space and asking for permission to enter rooms.
- The registered manager was aware of the accessible information standard and had resources available to help them meet this standard. For example, we saw there were a number of information leaflets available for people in easy read formats.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by a staff team who knew them well. For example, staff could tell us about people's likes and dislikes.
- People told us they received personalised care that was responsive to their needs. Feedback included, "I can get up when I like." And, "I get to choose when I go to bed."
- Although people told us they received personalised care, we noted care records were not always consistently personalised to promote continuity of care. For example, when a person required equipment to reduce the risk of skin damage, information was not contained within the record to direct staff about settings for the equipment, so staff could be assured it was correct. Additionally, another person had a specific night time routine which they followed to reduce anxiety. This was not documented within the care record.
- Care records did not include information about people's life histories. It is important staff know and understand a person's life history as their experiences have shaped the person and can have an effect upon behaviours displayed. We discussed the importance of understanding people's life histories. The registered manager said, at present people could tell you their life history when asked. They agreed however, to look at care records to make improvements within the quality of information recorded.

We recommend the registered manager consults with best practice guidance and implements processes to ensure person-centred care is consistently delivered.

- During the inspection, we observed organised activities taking place. We observed one staff member encouraged people to complete exercises. One person thoroughly enjoyed this and was showing other people how they could do the can-can. We also observed people playing bingo with a volunteer.
- When organised activities weren't taking place, people were encouraged to keep themselves busy. For example, people were offered the opportunity to complete art work or read a book. We saw activities were located within communal areas for people to access if they required.
- People told us the service sometimes organised trips out. A trip had been organised for the day of our inspection visit but it was cancelled at last minute due to several people who were planning to go on the trip being unwell.

End of life care and support

- The registered manager understood the importance of providing high-quality care at the end of people's lives. They told us they would work in partnership with the necessary health professionals to ensure people experienced a dignified death that was as painless as possible.
- From care records viewed, we saw provisions for care after a person had passed away had been discussed and recorded. However, there was no information within the care record to show discussions had taken

place as to how people wanted to be cared for at the end of their life. For example, whether a person would like access to spiritual support. We raised these concerns with the registered manager. They agreed to look at ways of opening communication with people, so person centred plans could be developed to support people at the end of their life.

Improving care quality in response to complaints or concerns

- Apart from concerns in relation to the deployment of staffing, no other concerns were raised as part of the inspection process. Feedback included, "I've no reason to complain, the care is good." And, "My relative wouldn't complain. Its not something they would do. I think they are happy here. I would be able to tell if they weren't happy."
- We saw people and relatives had access to a complaints policy which detailed the process to follow should individuals have a complaint.
- The registered manager worked proactively in managing concerns. Any concerns were acted upon immediately before concerns escalated to official complaints. We saw evidence to show the complaints process was taken seriously and complaints were investigated in a timely manner.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found the service had clear lines of responsibility and accountability. The management team and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were clear about everyone's role within the service and praised the way all staff worked effectively together.
- The registered manager was aware of their role and their regulatory requirements. We saw notifications had been submitted to CQC in a timely manner and the performance certificate was on display as required.
- The registered manager understood the importance of ensuring quality within the service. We saw evidence of various audits taking place on a regular basis. These included infection prevention and maintenance audits.
- Although audits took place, we noted there were some gaps within records that had not been picked up and acted upon. For example, daily checks on people's skin had not been consistently recorded and one person's DNAR had not been reviewed within a timely manner. We fed this back to the registered manager, so action could be taken.

We recommend the registered manager reviews systems to ensure paperwork and records are appropriately maintained, accurate and up to date.

- Although systems were in place to ensure to ensure quality performance we found policies and procedures which underpin good practice were not always up to date and in line with guidance. For example, the registered provider's policies for confidentiality and safeguarding of vulnerable adults had not been updated in line with new regulations. Similarly, the registered provider did not have a policy around the Deprivation of Liberty Safeguards. We discussed these concerns with the registered manager. They said this was out of their remit as the charity trustees were responsible for ensuring policies and procedures for the service were up to date.

We recommend the registered provider reviews all policies and procedures to ensure good governance of the service can be consistently achieved.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Working in partnership with others

- People, relatives, staff and health professionals said they were satisfied with the way in which Lady Forester Day Residential and Day Care Centre was managed. One person said, "It's fantastic here. I have lived in other places that haven't been as good." And, "I think the service is well-led."

- The management team promoted person-centred care through continuity of staff. We were informed staff turnover at the home was low and morale was good. Staff said they were supported in their role by managers and said the manager had an open-door policy.
- The management team recognised the importance of partnership working. The registered manager told us they attended local authority provider meetings for advice and guidance. We saw information shared within the meetings had been implemented within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives confirmed there was regular communication between themselves and the service.
- The service understood the importance of reviewing and improving care experiences at the home. We saw the management team consulted with people, relatives and staff to develop and enhance the service. The registered manager had also consulted with relevant professionals for advice and guidance when they had identified risks within processes at the home.
- Regular staff meetings were held; various work practice topics had been raised and discussed. Staff said they could voice their opinions and make suggestions for improvement.
- Staff had been provided with training to increase awareness of the importance of equality and diversity within the service.

Continuous learning and improving care

- The provider understood and was committed to continuous learning and improving care. This was achieved through consulting with people and relatives to understand their experiences of care; and through networking with other health professionals for advice and guidance.