HC-One Oval Limited

Forest Court Care Home

Inspection report

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Date of inspection visit:
24 January 2018
25 January 2018
30 January 2018

Date of publication:
20 March 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24, 25 and 30 January 2018. It was unannounced and was carried out by one inspector and an expert by experience.

Forest Court Care Home provides nursing and residential care for up to 40 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Forest Court specialised in the care of older people who lived with dementia or had mental health needs. At the time of this inspection 36 people were living there.

Accommodation at Forest Court is provided over two floors with bedrooms located on the ground and first floors. Both floors were wheelchair accessible, the first floor being accessed via lift or stairs. Most bedrooms had en-suite facilities and adapted communal bathrooms were available to all. The three lounges on the ground floor gave people a choice of a more stimulating or quieter environment to spend time with others. The garden was landscaped and fully wheelchair accessible and people could enjoy the views over the surrounding countryside.

Forest Court Care Home was registered under a new legal entity on 31 January 2017 and this is the first inspection of the home since then. Forest Court was sold on 15 December 2017 when the provider name changed to HC-One Oval Limited. Staff and the registered manager at Forest Court transferred across to the new owner, remaining in post at the home. At the time of this inspection, the home was beginning the transition toward operating within the HC One infrastructure. For example, the systems and policies in use had yet to changeover, so belonged to the previous owner. The changeover process was expected to be completed within six months.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run. The registered manager was re-registered with CQC in January 2017 when the legal entity changed. They had been in post as manager of the home since 2009.

People benefitted from a service where their needs were put first and their safety maintained. There were enough suitable staff to meet people's needs and they followed best practice guidelines to minimise risks to people, including when managing their medicines. When accidents or incidents occurred, the care people received was reviewed and lessons were learned to prevent a similar incident from occurring in future.

People were supported by skilled and experienced staff who understood their needs. In particular, the impact dementia may have on them and how to support them to minimise this. Staff were supported in their roles, they felt valued and worked as a team to meet people's diverse needs. People were supported to

eat and drink a nutritious diet and maintain their health and well-being through appropriate access to health care and social activities. People were encouraged to make their own decisions about the care they received wherever possible. Deprivation of liberty safeguards were in place where people were restricted of their liberty. Facilities at Forest Court were adapted to meet the needs of the people living there.

People received support from caring staff who valued and knew them. 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. People's privacy was respected and they were treated with dignity, kindness and compassion. People were supported to maintain relationships with others who were important to them. They received personalised and responsive care which enabled them to live as full a life as possible. People could raise concerns about the service and have their complaints listened to.

Strong, open and consistent leadership at Forest Court provided stability and direction which had a positive impact on all involved. Leaders acted as role models to staff and were open to feedback from people, their relatives, staff and visiting care professionals. Feedback was taken into account to improve and develop the service provided. The registered manager maintained and updated their knowledge through local provider networks and with reference to local and national policies. Systems in place ensured key messages were communicated and the quality of the service was closely monitored.

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 safeguarded from the risk of being supported by unsuitable staff because robust recruitment checks were completed and staff performance was monitored effectively.

People were protected against health and well-being related risks and there were enough suitable staff to meet their support needs.

People's medicines were managed appropriately to reduce risks to them.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the skills and knowledge to meet their needs. Staff were suitably trained and supported to carry out their roles.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with.

People's health and nutritional needs were met and they had access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring, engaging and supportive.

People were treated with respect, kindness and compassion. People and their close relatives were listened to and were involved in decisions about their care.

Staff communicated with people in ways they could understand

and participate in.

People's dignity and privacy was maintained and their independence in daily activities was promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care and were routinely consulted about the support they received.

Staff knew people well and worked flexibly to help them follow their interests and hobbies. People were enabled to maintain relationships with those who mattered to them.

People were able to raise complaints and these were responded to.

People's end of life wishes were explored with them.

Is the service well-led?

Good

The service was well led.

People benefitted from an inclusive service where they were valued as individuals.

The provider and management team worked openly and transparently with others, seeking their feedback, to improve the service.

Robust systems were in place to monitor and make improvements to the service.

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 24, 25 and 30 January 2018. The inspection was unannounced and was carried out by one inspector with an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia and mental health care.

Before the inspection, we reviewed information we held about the service including notifications. A notification is a report about important events which the service is required to send us by law. We used information the registered manager sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We spoke with commissioners and read their 'annual review visit report' from August 2017. Commissioners also shared a 'self-assessment' completed by the registered manager of Forest Court Care Home in June 2017.

Throughout the inspection we observed the support being provided to people. We also 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 spoke with seven people who use the service and six relatives. We reviewed four people's care files which included pre-admission assessments, care plans, risk assessments and documents relating to assessment of mental capacity and Deprivation of Liberty Safeguards (DoLS). We checked medicines records for four people and observed a staff member administering medicines. We reviewed the processes in place for managing medicines, including the use of 'as required' medicines and medicines with additional storage and recording requirements.

We spoke with the provider's area operations director, area quality director, the registered manager and their deputy. We also spoke with four nurses, two of whom were 'bank' nurses, two team leaders and another member of the care staff team, the head chef, head of maintenance, head housekeeper and the

activities co-ordinator. We sought the views of six health and social care professionals, receiving received feedback from five of them. We looked at recruitment records for six staff, staff training records and rotas, complaints, accident and incident records, maintenance records and reviewed provider policies and quality assurance systems. We sat in on staff handover, a clinical risk meeting and the daily interdepartmental meeting.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse as staff understood their role in protecting people and followed the processes in place to safeguard them. The registered manager responded appropriately to any concerns or incidents, including involving external agencies and reviewing the measures in place to safeguard people. Staff were mindful of people's whereabouts in the home, for example, when people spent more time in their room, staff were aware they were vulnerable to others going in. Staff were careful to seat people with others they would be compatible with to avoid unnecessary altercations between people. A person, also speaking on behalf of two friends they had made while living at Forest Court, said, "We all feel safe, it's the security and the staff here." An external professional said, "I have no concerns about the home."

Risk assessments and related care plans were in place and reviewed regularly, in response to people's changing needs. 72 hours after admission, an audit was undertaken, to check "all essential" risk assessments and care plans were in place. This included people admitted for respite care. A 'resident of the day' was identified each day, so all staff had an opportunity to note changes to the person's care needs, to inform the review and update of care plans. A 'clinical review meeting' was held each week, led by a senior member of the staff team. Risks to people were discussed, with updates on progress and evaluation of the measures in place. For example, the condition of people's 'pressure areas' were reported on and compared with the previous week. All pressure relieving mattresses were checked, after the meeting, to ensure they were set correctly for the person's weight, as measured that week.

People were able to walk freely around the home, including using the stairs. Care plans were in place for people who may climb stairs and location checks were conducted at agreed intervals for people at risk of falls. Staff were vigilant in monitoring people's whereabouts and acted to reduce risks to people: when a staff member saw a person on the stairs, although they were assessed as able to climb stairs "reasonably safely", they immediately supported the person to go upstairs safely. A general risk assessment was in place, which outlined how environmental risks to people moving around the home, such as the stairs and flooring were managed.

Feedback from health and social care professionals included, "Forest Court accepts, when they can, service users who other homes have started to find unmanageable. The home enjoys a good reputation within this office and I would say that there is a high level of confidence in their ability to provide a safe environment and effective care" and "Any recommendations that I make are acted upon." A staff member said, "The care staff are excellent… they know the person, they are able to spot what's outside the norm for them."

The safety of equipment and the home environment was monitored. Regular checks protected people against risks associated with fire, legionella, gas and electrical equipment. Health and safety audits were completed quarterly and these were reviewed by the provider. Action had been taken in response to any potential health and safety concerns. As people could walk freely around the home, staff were mindful that people may move or tamper with emergency equipment. The Head of Maintenance said, "We check fire equipment every day. It's a dementia home…"

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. All required checks were completed before new staff were employed to support people. A six month probation period allowed for a final decision to be made about the suitability of a new staff member. Some of the staff team were highly experienced in caring for people with dementia and they supported less experienced staff to gain appropriate skills. Staff could access support from managers at all times. A proactive approach to staffing was taken. As Forest Court is in a rural location, drivers were employed to transport staff, who did not drive, to and from work.

Staffing needs were calculated by the registered manager, based on the number of people living at the home and their support needs. A flexible approach was taken, so if a person needed one to one support, numbers would be increased temporarily to accommodate this. Whenever possible, staff who were regularly employed at Forest Court covered shifts, rather than get agency staff in. This included offering a pay incentive to staff to work additional hours. A health professional said,
"Like lots of nursing homes, Forest Court has used a number of locum staff. These are often regular. The hand over/records that the home uses are of a sufficient quality for these nurses to be able to do the ward round and for it to be a meaningful experience for the residents." Staff had time for people and their needs were met at a pace that suited them. People said, "We have a call bell in our rooms and they come as soon as they can" and "I have a bath every other day."

People's medicines were managed safely. The systems in place reduced potential risks to people and medicines were ordered, stored and disposed of in line with current guidance and legislation. Regular checks meant appropriate stock levels and storage temperatures were maintained. Protocols were in place for 'as required' medicines. Staff understood when these medicines should be given and this was detailed in people's care plans. This included medicines for managing anxiety and distress, which were only given if other methods had been ineffective. Staff told us people were often admitted on "high doses" of medicines used to treat behavioural and psychological symptoms in dementia, where side effects included sleepiness and increased risk of falls. In line with best practice, staff, "encouraged the GP to review people's medicines after they had settled at Forest Court." An example given was a person whose medicine was, over time, reduced to an eighth of the dose they were admitted on. The staff member added, "It's because we learn about the person, how they communicate their needs and their pattern."

Following the GP's weekly visit, all Medicines Administration Records were reviewed by a senior staff member, to ensure changes to people's medicines had been documented and implemented. When medicines were given 'covertly', in food or drinks, specific instructions from a pharmacist were followed, to ensure the medicine remained safe and effective.

People were protected against the risk of infection. Staff followed the infection control measures in place and demonstrated appropriate knowledge to manage various scenarios they may face. For example, using different products and equipment for different types of spillages. Staff completed training in infection control and food hygiene and said personal protective equipment was always available for use. Comprehensive cleaning and maintenance routines were followed to ensure the service was clean and well maintained. An infection control audit was carried out every three months and records demonstrated actions needed were completed in a timely manner. There had been no recent outbreaks of infectious diseases at the home. Comments included, "The rooms are very good, and we have a cleaner comes in every day and the home is always nice and clean."

Accidents and incidents were analysed for trends to identify new risks to people. After a significant incident between two people, reported to us in August 2017, staff met to discuss how they could avoid a similar situation in future. This resulted in improvements we saw in action at Forest Court, including staff being

mindful of people's whereabouts and proactive action to avoid agitation in people living with dementia. This included relocating people to more suitable environments within the home, such as moving them to a downstairs bedroom, or to a lounge where they could be more closely observed.

Good

Is the service effective?

Our findings

People's needs were assessed by a member of the senior team before a place at Forest Court was offered to them. Assessments took into account recommendations by health and social care professionals and the wishes of the person and their close relatives or advocate. People's diverse needs and any adjustments needed in the delivery of their care were considered. A visit to Forest Court could be arranged to help people decide whether the home was right for them.

All staff completed training in equality and diversity. Information relating to people's protected characteristics, such as their religion and any disabilities including sight or hearing loss, was discussed when planning to meet people's needs. For example, staff noted how people practised their faith and the arrangements needed to assist them to do this. People's care and support was developed in line with nationally recognised evidence based guidance (NICE - Supporting People with Dementia to deliver person-centred care.) For example, the 'Abbey Pain Scale' was used by staff to assess people's pain when they were unable to tell staff about this verbally.

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.

When people were able to consent to care and treatment staff supported them to do so. Aspects of each person's life they were able to make decisions about, such as their personal care and food choices and how they communicated their choices, were documented in their care record. Staff routinely sought consent before giving care. For example, asking; "Can I check your blood sugar? Now, I'm going to have to prick your finger, ok? You ready?" After each question, the staff member waited for the person to demonstrate they understood and were happy to proceed. MCA assessments had been completed for aspects of care people were unable to consent to and care plans had been agreed in line with best interests principles. This included use of 'covert medicines'; medicines which can, on occasion, be given to a person without their knowledge or consent. Our observations showed staff only gave medicines covertly when this was appropriate and in line with people's best interest decisions and agreed care plans.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for authorisation to deprive people of their liberty had been approved or were in progress for each person living at Forest Court. When conditions had been specified in the DoLS authorisation, these were complied with. For example, a regular review of the arrangements in place for giving medicines covertly was carried out.

All new staff completed the provider's induction process, to equip them with knowledge the provider

considered essential for their job role. New staff worked alongside existing staff in the home while they became familiar with people's needs, processes and policies. Staff worked a six month probationary period. Their performance and learning needs were assessed during and at the end of this period and regularly thereafter. If staff needed additional support after induction a "mentor" was assigned to them. Staff had regular one to one meetings (supervision) with a senior staff member, enabling them to discuss their development and training needs and to receive individual support. Staff comments included, "There is a lot of staff support. The onus is on everyone to help a new starter and make them welcome." One said about their supervisor, "They show so much empathy. You couldn't get a better person; so understanding."

Nurses, including 'bank' staff, received additional training to enable them to meet their professional registration requirements. This included training provided by the NHS, such as the use of specialist medical equipment. All staff completed training in the care of people with dementia, 'behaviour that challenges', the MCA and DoLS. Some staff had completed advanced training in dementia and were highly experienced in dementia care: Four staff were identified as 'Dementia Champions' within the home and were available to advise and be a "focus point" for other staff. Dementia Link Worker's (DLW) attended meetings to share knowledge and ideas with other DLWs working in Gloucestershire. Comments from professionals included, "They [staff] were able to explain the quite intensive care regime they are required to undertake due to the service users [people] with advanced dementias" and "The residents are well cared for, they are a difficult group of patients because of the behavioural aspects of the dementia. The carers are kind, patient and are able to display various behavioural techniques." The relative of a person with severe dementia said, "They [staff] know about how to treat dementia residents."

The registered manager met with the heads of each staff group within the home each morning, so they could communicate changes and report on progress with ongoing work at Forest Court. This short meeting was effective in ensuring any changes and improvements needed were addressed in a timely and coordinated approach, with each department contributing as indicated and working together. Staff at Forest Court identified themselves as "a team", this extended to all staff working at the home. A staff member said, "There are a lot of team players" and described how care, kitchen and maintenance staff had recently rallied together, when access to the home was limited due to heavy snow. They added, "We coped; people [staff] take a sense of pride".

Handovers between care staff shifts were informative and included reference to the staff diary. This contained information about arrangements for the day and any requests or changes staff needed to act upon. Health and social care professionals we spoke with were positive about the way staff worked together and their relationships with them. One said, "I believe I have a good relationship with the home. Any recommendations that I make are acted upon."

People's height and weight were measured on their admission to Forest Court, to enable staff to assess risk using the Malnutrition Universal Screening Tool (MUST). Their weight was then monitored monthly, or weekly, depending on the assessed level of risk. During the 'weekly clinical risk meeting', any significant weight changes were discussed and a plan put in place. For example, one person had lost 2.5kg; their weight monitoring was increased to weekly and the chef was informed, so a fortified diet could be provided. Staff were asked to maintain a record of this person's food and fluid intake and a diary entry was made to review this plan with the GP two weeks later.

Meals were prepared using fresh and frozen ingredients, according to a set menu designed to provide a choice of nutritionally balanced meals. A vegetarian option was always available and sandwiches or an omelette could be made upon request. The head chef took note of feedback about the menu and adapted it accordingly. Snacks and biscuits were always available and home baked cakes were served with mid-

afternoon drinks. Everyone we spoke with was highly complementary about the quality of the food and said there was plenty. Comments included, "The food is very good we get a choice and if you don't like what's on the menu you can have something else and no none of us get hungry at night" and "Residents are well fed."

There were enough staff available at mealtimes to assist people to eat at their own pace. Staff knew which people had difficulty with swallowing and how their food and drinks should be provided to reduce risks to them. The systems in place ensured the chef oversaw meals provided to people at risk of choking. When indicated, plate guards and adapted cutlery was used to assist people to maintain their independence while eating. Staff sat down while assisting people to eat and drink and chatted discreetly and respectfully with them, checking they had what they wanted.

People received an annual health check and their medicines were reviewed every six months. Health care professionals, including the dentist, optician and chiropodist, visited the home to enable people to receive preventative health care. This enabled people living with dementia to be assessed and treated within an environment that was familiar to them, avoiding unnecessary distress or anxiety which could otherwise impact on their ability to access care. The GP attended the home weekly to review people's changing health needs and saw anyone who was "poorly" more urgently. They said, "Referrals to me are appropriate and timely. I cannot think of someone I had wished that they had phoned me earlier about." People were supported to maintain a healthy weight and had regular access to a suitable exercise programme, provided by a visiting specialist service.

People were able to walk freely about the home and had access to a number of communal areas that provided different options for them. This included a quieter area, typical of a lounge in many older people's private homes, areas to socialise and do activities in and another room to watch TV or play piano. In line with best practice, seen in 'Dementia Villages' in the Netherlands, a number of "destination areas" had been created within the home, including a sweet shop, bus stop and a telephone box. Discussions were in progress for additional improvements, in line with the dementia village approach; for example, painting bedroom doors to resemble the person's front door and giving corridors street names. Carpets and floors were plain and colour contrasts were used to help people recognise objects and different areas within their environment.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and sensitive to their needs. When staff passed a person in the corridor, they gave a friendly and cheerful "hello", referring to the person by name. When interacting with people, staff slowed down to the person's pace and made eye contact with them, crouching or sitting next to the person to be at their level. When people were asleep or withdrawn from their environment, staff spoke softly and used gentle touch when they needed to wake them to give care. Staff knew what was important to people and were aware of the impact dementia and different situations in their everyday lives may have on them. For example, when people became confused or distressed, staff consistently responded with compassion, saying, "Do you want to come and sit with me?" and "Come on, we'll go together. Together you and me".

When a person expressed worry that people may be talking about them, as they felt embarrassed about something they had done, a staff member quickly reassured them with a hug and a smile. Information about people's emotional and environmental needs was included in handover, so staff could anticipate their need for additional support, or a quiet environment. A relative said, "The staff are very good and caring and meet all my [relative's] needs." Staff varied their approach to avoid causing unnecessary distress to people. For example, a staff member told us that each time they went into a person's room to assist them with their personal care; they greeted the person who was happy to see them. After a short time the person began showing signs of distress, at which point the staff member left the room. After five minutes they returned, repeated their cheerful greeting and gave more care, repeating this pattern until the person was ready for their day.

People's support plans guided staff in how to communicate effectively with them. For example, noting if they could only respond to closed questions which needed simpler answers. Staff knew that a person, whose first language was not English, may substitute one word for another when asking for what they wanted. Staff assisted people to orientate themselves to the time of day, or to completing an activity, using prompts, when offering choices or assistance. For example, asking people, "Are you getting up for lunch?", "Are you managing with your cutlery?" and "Do you need any help, or are you ok?" A staff member said about helping people to express their views and make decisions about their care, "It's knowing who you are looking after. The more information you have [about them] the better."

'Resident and Relative' meetings were held regularly, to give people information about changes and events happening at Forest Court, including responses to matters people had raised. For example, the visiting music therapist told us they had spoken at these meetings, to let people know what 'music therapy' was and when this was available to them. Records demonstrated staff answered questions about how staff managed risks to people and they felt informed. A relative told us, "I come to the resident's meetings and we have chance to get involved and they do listen to us."

People's privacy and dignity were maintained. All personal care was given in private behind closed doors. Comments included, "They close my door and the curtains when they're doing anything for me." When a person became hot and began to remove their clothing in the dining room, staff responded by closing the

door and supporting the person to dress again. Staff then found them a lightweight top and helped them put this on. People's dignity was maintained through helping them to care for their appearance, as they would have when they were able to do this independently. A relative said, "[Person's] always clean and tidy and always smells nice." People were able to spend time privately in their room if they wished to be alone, or to have private time with their friends or family. Visitors were welcomed warmly at any time, including being offered refreshments on arrival. However, they were asked to avoid visiting at meal times when staff were assisting people to eat. Nobody we spoke with expressed any dissatisfaction with this arrangement. Handover and clinical meetings were held in the 'nurse's room,' behind closed doors, to maintain people's confidentiality. People's records were stored securely.

Good

Is the service responsive?

Our findings

People's life histories and things that were important to them had been recorded. Staff described their approach as "person centred" and "people first". A senior staff member said, "We look at people's histories a lot and use this information to develop activities." People's support plans noted when they were able to make decisions about their care. For example, one person's plan said, "More than able to make decisions when [person] is settled and not feeling anxious or elevated in mood." A staff member told us about a person who could "become very withdrawn" when their mood was low. This person would "engage" with them, but they had to "persevere" to make this happen: the person had been a teacher and staff found if they guided them to the blackboard in the corridor, they became animated, laughed and tried to write the date.

People's preference for male or female staff to support them with personal care was respected. Their religious beliefs were noted and different groups visited the home to give people opportunities to practise their faith, to socialise, exercise and be entertained. People's comments included, "We have a church service here once a month and we have holy communion and we all come to that", "I like exercising and we have nice singers come in and good acts."

A visiting therapist said about staff, "They are very tuned in. They buy into therapy and are aware of the difference between entertainment and music therapy." They explained that people were referred by staff for "interaction, communication and well-being, rather than because they appear to like music." We observed a person who was withdrawn, open their eyes and start to sing in a group therapy session. Staff routinely used touch and eye contact to reassure people and to help them access what was happening around them. For example, by gently tapping out the rhythm on their hand. The therapist said "people can be validated and be heard". We observed staff reassuring a person with sight loss when they became tearful. They said, "[Name], here's some tissue for you" as they put this into their hand. They maintained physical contact using light touch to let the person know they were there. They listened to their concern about developing a cold and reassured them saying, "We'll have to keep an eye on that won't we." The person looked visibly better and started to join in with singing again.

Technology was used to ensure people received timely support. When people were able to use them, call bells were left within reach so they could seek help. Door and mattress sensors were used when people were unable to use a call bell, but may be at risk of falls, or walking into another person's room, while trying to get where they wanted to be. Another person's care plan specified that staff were to assist them with dialling numbers when they wished to make a phone call.

Since registration in January 2017, two verbal concerns and two written complaints had been logged. Records demonstrated these had been resolved, to the complainant's satisfaction, within a maximum of three days from being raised: immediate action was taken to address concerns and improve the service provided and an apology was always given. A relative said, "We spoke to the manager and it never happened again, yes, she acted on it straight away and I think she is doing a good job, as it must be a very hard job to do." People told us they felt comfortable with raising concerns to the registered manager. When asked if

they had ever made a complaint and who would they speak with, people's responses included, "No never, none of us have had no reason to and if we did it would be to the manager."

In the same time period, 53 compliments had been received. Compliments included, "We didn't really get involved with 'the family' that is Forest Court but when we were busy with our lives you folk were our saviours and looked after [relative] with great care and compassion. I thank everyone for that kindness." Reoccurring themes were staff kindness, "amazing" care and patience.

People's wishes and preferences for the end of their lives had been discussed with them and people who were close to them. People's end of life plans included their religious or spiritual beliefs and wishes, preferences for where they wanted to die, type of service and place of rest. Contact information for people they wanted to be present in their last days and hours were recorded, along with things they found comforting or pleasurable. For example, the presence of their pet, music, "favourite scents" and familiar items, such as a soft toy or photographs. A staff member told us one person recently had "really wanted panpipes" to be played; the music therapist had been at Forest Court at the time and "played that for us" in the person's room. Another person's family had brought their dog in to be with them. Support for families did not end when a person died: a staff member said, "Our door stays open, for as long as people need."

Staff worked closely with the GP to ensure people had a dignified and comfortable death. This included clear identification of people for whom a 'do not attempt cardiopulmonary resuscitation' decision had been made. National guidelines for 'end of life care' were followed. This included regular reviews of people's medicines to ensure they only received medicines that would be beneficial to them in their remaining days: Anticipatory medicines were prescribed and available in the home for people who were identified as frail and reaching the end of their life. These medicines were prescribed by the GP to be given as and when needed to control any pain or discomfort. Some staff had completed specialist training in end of life care and nurses received an annual update in the use of specialist equipment used to deliver some anticipatory medicines.

Feedback about end of life care from families included, "You all eased some of my guilt that I couldn't look after him myself. I couldn't have wished for a better place for him to end his days" and "Mum and I spent a deeply touching last few hours with [name] and thank you all for this."

Good

Is the service well-led?

Our findings

People benefited from a person centred approach with a strong focus on maintaining people's safety and well-being. Forest Court changed ownership on 15 December 2017. While the managerial and staff team at the home had not changed, the process of moving to new ways of working had begun. For example, the new owner's values and philosophy were displayed in the home's entrance: Their website stated, "Each HC-One resident will receive help and support tailored to his or her needs, delivered with kindness and humanity." Our findings were consistent with this ethos. Comments included, "We like it, it's very good, well managed and the staff are very good", "My experience has always been positive and I think that would be true for most people in this team. In general, I think the home enjoys a better reputation here than any other local home" and "I have been working with [registered manager] and the team at Forest Court for several years and this has always been a positive experience."

Everyone spoke highly of the registered manager, who provided stable and assured leadership at Forest Court. Comments included, "We're lucky to have [registered manager] as a manager. She's for everyone; she puts people first. She's warm and shows a lot of compassion", "We have talked to [registered manager] all the time and yes she's doing a good job." Our observations and feedback demonstrated the registered manager was open and transparent in their approach and knew exactly what was happening with their staff, the people living at Forest Court and in the day to day running of the home.

Staff and managers were clear about their roles and responsibilities. They followed the systems and processes in place which enabled them to maintain and monitor the quality of the service. A health and safety audit of the home was being undertaken by the new owners and representatives of the provider attended the inspection to inform us and the registered manager about their governance and support systems and hear our feedback. This information and feedback about processes, followed through the new owner thus far, indicated robust and timely support systems were already in place. For example, approval for building maintenance works at Forest Court and improved fire risk assessments and fire drills to be completed. Legal requirements were understood and met consistently by the registered manager, who had been registered to manage Forest Court since 2009.

People's views were sought through regular meetings, participation in national 'Care Home Open Days', seasonal events at the home and an annual survey. The survey had been completed for 2017 and the registered manager was awaiting feedback from this. In the previous survey, people had asked for improvements to the garden. In response, the garden had been landscaped and new garden furniture provided. A touchscreen electronic device was to be installed to replace the 'suggestion box', which allowed all visitors to the home to give feedback. Staff contributed through staff meetings and individual discussions with the registered manager. A staff member said, "Ideas are always welcome; they are always taken on board. We're always up to listen."

The registered manager and relevant staff attended meetings for registered managers, dementia leads and activity coordinators within the county. Staff followed best practice guidance in dementia care and other national guidelines. For example, NICE recommendations for medicines management in care homes. A pilot

scheme, exploring practical opportunities to support people with challenging behaviour, caused by advanced dementia, was hosted by Forest Court in 2017. This involved dementia care mappers coming into the home to observe music therapists while working with people, to assess the impact on their well-being. The music therapist said, "It was potentially a little bit challenging to host this in the home. They had a lot to accommodate but they did and [they] supported every bit of it. We were bowled over by them." A representative of the provider told us a leading authority in dementia care had recently been employed by the provider. They would be working on a pilot project, exploring better ways of supporting people with dementia and Forest Court was being considered to participate in this.

Staff and managers worked cooperatively and openly with other agencies. Information was shared appropriately and in a timely manner. Comments included, "I tend to have more contact with [registered manager], and I can say that I have always found her to be very friendly, approachable and accessible. She generally arranges to see someone to assess them in a timely way when we ask her to do so." "The home is well led by [registered manger] and her deputy [name]. [Registered manager] is visible within the home. She is approachable if I have any concerns."