

Nadeem Diwan

Forest Drive Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected Forest Drive Residential Home on 15 and 18 June 2015. This was an unannounced inspection. At the last inspection in April 2014 the service was found to be meeting the regulations we looked at.

Forest Drive Residential Home provides accommodation for up to 19 older people who have dementia care needs. There were 13 people living at the service when we visited.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The culture was not always open and transparent. There was a registered manager in post and a clear management structure. This included a

Summary of findings

deputy manager. Some staff we spoke with felt the registered manager was not always open and transparent with themselves or other staff. We made a recommendation about this.

We found the provider had not sent us any statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS). During the course of this inspection we found that 12 people had been authorised for DoLS and CQC had not been sent notifications of this.

Risks were identified and plans in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. Medicines were stored and administered safely. People's personal care needs were well attended to, but there was less emphasis on meeting people's social and emotional needs. This was particularly important for those living with dementia. We made a recommendation about this.

Staff undertook training and received one to one supervision to help support them to provide effective care. The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA

and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People told us they liked the food provided and we saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely. People were given their prescribed medicines safely.

There were enough staff working to meet people's needs. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Good



Is the service effective?

The service was not always effective. We found the provider had not sent us any statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS).

Staff undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to applying for Deprivation of Liberty Safeguards (DoLS).

People had choice over what they ate and drank and the service sought support from relevant health care professionals where people were at risk of dehydration and malnutrition.

People had access to health care professionals as appropriate.

Requires improvement



Is the service caring?

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Good



Summary of findings

Is the service responsive?

The service was not always responsive. People's care plans were not person-centred. People's personal care needs were well attended to, but there was less emphasis on meeting people's social and emotional needs. We have made a recommendation about responding to the social and emotional needs of people living with dementia.

People and their relatives knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Requires improvement



Is the service well-led?

The service was not always well led. The culture was not always open and transparent. There was a registered manager in post and a clear management structure. Some staff we spoke with felt the registered manager was not always open and transparent with themselves or other staff. We have made a recommendation the service seek support and training, for the management team, about motivation and team building.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Requires improvement



Forest Drive Residential 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.

Before our inspection we reviewed the information we held about the service. This included the last inspection report for 25 April 2014. We contacted the local authority contracts and commissioning team that had placements at the home. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority.

This was an unannounced inspection. We visited the home on 15 and 18 June 2015 and spoke with four people living

at the home and four relatives. We also spoke with the registered manager, the deputy manager, four carers and the cook. We observed care and support in communal areas and also looked at some people's bedrooms and bathrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at nine care files, staff duty rosters, a range of audits, complaints folder, minutes for various meetings, staff training matrix, accidents and incidents book, safeguarding folder, six staff files, activities timetable, five medicine records, health and safety folder, food menus, and policies and procedures for the home.

The inspection team consisted of two inspectors, a dementia specialist and an expert by experience, who had experience with older people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the service. No one that we spoke with raised any concerns about their safety.

The service had safeguarding policies and procedures in place to guide practice. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, “I wouldn’t tolerate it. I would tell the manager.” Another staff member said, “If the manager did nothing I would tell someone higher like the CQC.” The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

We looked at the care files people and saw they each contained a set of risk assessments, which were up to date, detailed and reviewed regularly. These assessments identified the risks that people faced and the support they needed to prevent or appropriately manage these risks. Risk assessments included falls, skin integrity, behaviours that challenge, communication, eating and drinking, personal care, hearing and speech, sexuality, toileting, sleeping, spiritual beliefs, pain management and medicines. We also saw personalised evacuation plans in the event of a fire in the care files we reviewed.

We saw there were arrangements in place to record and review accidents and incidents and undertake any necessary action. Incidents had been recorded in people’s care files and in a separate accident and incident log. For example, a person had a fall and the home had recorded this and completed various risk assessments. The home had informed the GP and a referral was made to a physiotherapist.

Medicines were stored safely. There was an effective ordering system for medicines, to ensure that medicines were always available for people. We checked medicine records and found the amount held in stock tallied with the amounts recorded as being in stock. Each person had a

medicines care plan. There were effective arrangements in place for pain-relieving medicines, so that people received these medicines when they needed them. Up-to-date and fully completed records were kept of medicines received, administered and disposed of. These records provided evidence that people were consistently receiving their medicines as prescribed. Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an ‘as required’ (PRN) basis.

People who used the service and their relatives told us there was always staff available to help them. We observed that staff appeared to be able to work in an unhurried manner during our visit and responded to the needs of people in a prompt manner. One relative told us, “There is enough staff. They are always nearby asking people if they are alright.” One staff member told us, “[At night] someone always sleeping and awake here.” Another staff member said, “At the moment we can cope. [The registered manager] would put in more staff if needed.” Staff rotas confirmed two carers on duty in the morning and the afternoon with a waking and sleeping staff member at night. Agency staff were used to cover when permanent staff were not available. The registered manager told us that staffing levels were based on how many people are living in the service and would be reviewed when more people moved in.

Staff files showed there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to check that newly recruited staff were suitable to work with people.

The premises were well maintained and the registered manager had completed a range of safety checks and audits. We saw that fire safety checks, fire equipment testing and drills were done regularly. Twice daily fridge and freezer temperature checks, emergency lighting, call bell checks, water temperature testing, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people’s safety.

Is the service effective?

Our findings

In preparing for this inspection we looked at the information we already held about the service. We found the provider had not sent us any statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS). During the course of this inspection we found that 12 people had been authorised for DoLS and CQC had not been sent notifications of this. We discussed this with the registered manager who said they were not aware that such incidents needed to be notified to CQC. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People told us they were happy with the level of care and support they received. One person said, "Staff are very nice. I've known them for many years." Another person commented, "Staff are very good." A relative said, "[Relative] likes the staff here. Couldn't find a better place." Another relative told us, "Staff go out of their way."

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) in regard to making an application. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The manager knew how to make an application for consideration to deprive a person of their liberty. We saw applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the manager was able to explain the process they followed in ensuring best interest meetings were held involving relatives and other health and social care professionals.

Staff files showed what training had been completed for each member of staff and future dates for training to be completed. The training included medicine administration, challenging behaviour, manual handling, first aid, dementia, fire safety, safeguarding adults, health and safety, nutrition and infection control. The staff files showed that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the service. Records showed and the registered manager told us agency staff also completed an induction programme before they

provided care to people. Records showed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training was out of date for the care staff. We spoke to the registered manager about this and were told staff would receive this training September 2015.

Staff told us they received regular training to support them do their job. One staff member told us, "Every year we get training to keep updated." Another staff member said, "I have done lots of training." Staff received monthly formal supervision and we saw records to confirm this. Topics included concerns, services users, workload, and development. One staff member said, "I get supervision monthly. I feel free to say what I want." Another staff member told us, "Once a month we do supervision." All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

The home had a fortnightly menu with an extra '24 hour menu' that people could ask for things from whenever they wanted. The menu offered a choice of two hot meals at lunchtime with a variety of soup and sandwiches for dinner. People were offered a range of breakfast foods and we saw people eating toast, porridge and toasted buns. The cook told us and we saw records of people being asked what food choices they wanted for the next day. We saw people were asked again at the meal time by being shown the choice of two meals. Throughout the day we saw people being offered fruit.

Most people did not require support with eating and drinking. Daily logs showed meals that people had eaten. When people were at risk of malnutrition we saw systems in place which included referrals to the GP and dietician. People had their weight recorded monthly and the service used a risk-based tool to identify people at risk of malnutrition. For example, one person had been assessed as having a low appetite. We saw the person had been referred to a dietician for a review and a new eating plan was implemented.

People we spoke with were complimentary about the quality of the food. One person told us, "The food is lovely." Another person said, "I get more than enough food and enough to drink." A relative told us, "The dinner here is very nice. Food is very varied."

People were supported to maintain good health and to access healthcare services when required. Care records showed people received visits from a range of healthcare

Is the service effective?

professionals such as GPs, district nurses, podiatrists, dentists, chiropodists, opticians and dieticians. One person had been treated for leg ulcers. Records showed the district nurse was involved with bandaging the person's leg and the home was in regular contact with the district nurse.

Is the service caring?

Our findings

People who used the service had positive views about the care provided. One person told us, "Can't do better. The staff are kind." Another person said, "I like it because the staff are nice."

The relatives we spoke with during the inspection were positive about their family member's experience. One relative said, "The carers are pretty good. I have never had a problem." Another relative said, "[Relative] always looks well cared for and clean shaved."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. We observed staff interacting with people in a positive and caring manner. For example, one person was getting their hair washed by a visiting hairdresser. The person got upset when they had hair rollers put in their hair. We saw the carer go over to the person and hold their hand and rub their back reassuringly while stating, "You will be fine." The carer also took the person for a walk until they calmed down and was able to have the hair rollers removed. Staff members were able to describe how they developed relationships with the people which included talking to the people to gather information on their life history and likes and dislikes. One staff member told us, "I sit with them and talk with them."

We found that people's privacy and dignity was promoted. All the staff we spoke with were able to give us examples on

how they promoted privacy and dignity in everyday practice. One staff member told us, "I respect their space and give them choices." Another staff member said, "I don't mention anything about work in my private life." A relative told us, "They always ask my [relative] before [staff] do something." Another relative said, "Staff respect what people want to do."

We looked at three bedrooms with the permission of people and their relatives. The bedrooms had on display personal possessions including photos and were decorated to people's taste. One relative told us, "They had her room decorated for her. They asked her what colour she wanted it." The registered manager told us people's bedrooms were always decorated to their taste when they moved into the service.

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing access to cultural and religious activities. One staff member told us they were from the same ethnicity as the person they were the key worker for. The staff member told us, "We speak the same language and I sing traditional songs which brings back memories for her." We saw recorded in one person's care plans they liked a culturally specific food. The cook described how this person liked this food and cooked it for them when they wanted.

Is the service responsive?

Our findings

We looked at the care records for people using the service. All of the care records we looked at showed that people's needs were assessed before they had moved in. All the care plans had been reviewed recently and people using the service and relatives had been involved. One relative told us, "Staff discuss the care plan and go through it in the office." One staff member said, "Care plans are done with the family. I sit with people and talk through the care plan in a monthly review."

Care plans were not always personalised. The care files contained a section called "resident's life history" which included details of each person's preferences and life histories. The quality of the information contained in this section varied. Some information was well completed giving a good picture of the person's life whereas others contained limited or no details of the person's life before arriving at the home. The care plans identified actions for staff to support people. Some of the areas that were considered were mobility, behaviours that challenge, skin integrity, mental capacity, eating and drinking, toileting, personal care, sleeping and medicines. Assessments of need and associated care plans were in place for people who used the service and they covered personal care, however there was little emphasis on social and emotional care and the documents were written mainly for staff use rather than being person centred. However staff we spoke with knew people's likes and dislikes and personal history. The service had a memory book which detailed conversations with each resident about their family and life history.

There was an activities timetable on the wall however this did not correspond with the daily logs we viewed. We saw that very few activities were recorded in the daily logs, with one person having five activities recorded in a three week period. One person said, "Time hangs heavy." Another person said, "I have enough to do." On the first day of the inspection we observed a carer throwing a beach ball to people. The activity did not last long as people were not

responsive. On the second day we saw people playing a bowling game. We saw people sitting in the garden and playing the piano in the communal area. For those living with dementia, there was insufficient support available to help people to interact with others and to engage in meaningful activities. However, relatives we spoke with were positive about the activities they had observed when visiting the home. One relative told us, "They are always doing something. Every time I walk in they are playing skittles or playing games." The service had displayed in the communal areas photographs of people who lived there taking part in various activities which helped to produce promote a homely environment.

Residents meetings were held on a monthly basis to provide and seek feedback on the service. We saw from minutes of meetings topics discussed included the food menu, drinks, activities, quality assurance and introducing new staff. We saw people's views were listened too. For example, the home asked people what sort of flowers they would like in the garden.

People and their relatives we spoke with told us they knew how to make a complaint. They told us they would talk to the registered manager. One relative told us, "I've had no complaints but I would see [registered manager] first." Another relative said, "If you had a concern they would definitely listen." The service had a complaints procedure and this was displayed in the communal area. The complaints procedure contained details of who people could complain to if they were not satisfied with the response from the service and timescales for complaints to be dealt with. We saw the records of complaints and found the service was listening to people's and their relatives' problems and concerns. We found the complaints were investigated appropriately and the service aimed to provide resolution for every complaint in a timely manner.

We recommend that the provider seeks advice to help them to provide personalised care that is responsive to the social and emotional needs of people living with dementia.

Is the service well-led?

Our findings

The culture was not always open and transparent. There was a registered manager in post and a clear management structure. This included a deputy manager. Some staff we spoke with felt the registered manager was not always open and transparent with them or other staff. One staff member said, "I feel bullied. He doesn't have the highest regard for people." Another staff member told us, "I think they could be more professional when they confront staff." The same staff member said, "He is very caring and considerate and sometimes the pressure gets to him. He has never been rude to me." However another staff member told us, "The manager is very supportive. He always listens and I am not bullied at all." The service had done a staff survey in October 2014 and it was a common theme that team work could be improved. We spoke to the registered manager about the concerns raised by staff. The registered manager recognised that more positive, open and inclusive culture was needed to help improve team work and described what steps they had started to address this which included talking about bullying at work at a recent staff meeting.

Relatives we spoke with were very positive about the management at the home. One relative told us, "The manager is always here if any problems. The deputy is very on the ball." Another relative said, "The manager is very good and listens. Puts you at ease."

Staff told us that the service had regular staff meetings. We saw the minutes from these meetings which included topics on handover, privacy and dignity, infection control, policies and procedures, key working, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), activities, and care planning. One staff member told us, "We have a team meeting once a month. We can bring up agenda items and concerns." Another staff member said, "We have a meeting to discuss issues and residents."

Satisfaction surveys were undertaken regularly for people who used the service and relatives. The last survey for people using the service was conducted in November 2014. Twenty three surveys had been returned. The survey

covered standard of facilities, food, laundry, staff, activities, complaints, access to health professionals and cleanliness. Overall the results were positive. Feedback comments on the survey included, "we can look at mum's notes anytime", "everyone is kind, tactful and welcoming to us all", and "staff deal with such things with grace and kindness". The home produces a summary of results for the survey and this was displayed in the communal area. The summary of the results showed actions taken where people did have concerns. For example, one person commented "more choice in sandwiches". The action showed the cook had been informed to update the menu with more choices.

Systems were in place to monitor and improve the quality of the service. We saw records to show that the registered manager carried out a monthly quality assurance audit to assess whether the home was running as it should be. The last audit was completed June 2015. The monthly audit looked at medicines, care plans, complaints, accidents and incidents, safeguarding, infection control, recruitment, supervision, training, health and safety and premises. These audits were evaluated and, where required, action plans were in place to drive improvements. We saw where any deficiency or improvement was required, prompt action was taken. For example, all staff wearing identification had been identified as an action to be completed and we saw that this had now been addressed. Records showed and the registered manager told us they did monthly night checks at the service to check staff were performing allocated tasks and people were safe.

The service employed an external company to carry out an audit of the service which involved surveys with people and their relatives and staff. Records showed the report was presented to the service March 2015. We saw issues identified had been addressed. For example, the audit had identified people wanted additional activities in the evening and we saw a movie club had started. Also the audit identified the complaints procedure was not on display in the communal areas and this had been actioned.

We recommend that the service seek support and training, for the management team, about motivation and team building.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person did not notify the Commission statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS). Regulation 18(4)(a)</p>