UK Healthcare Group Limited

# Forge House Services Limited

**Inspection report**

Forge House
60 Higher Street
Cullompton
Devon
EX15 1AJ
Tel: 01884 32818

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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 |

## Overall summary

This unannounced inspection took place on 7 January 2016. We returned on 8 and 11 January 2016 as arranged with the registered manager. This inspection was brought forward in response to receiving information of concern about moving and handling practices, failure to report incidences to the local authority safeguarding team, a lack of training for staff to enable them to support someone effectively and people not having a choice of food. We were unable to substantiate these concerns during our inspection, apart from one occasion when poor moving and handling had been adopted by staff and one incident which should have been reported to the local authority. Our last inspection in June 2014 found the service to be meeting all of the Health and Social Care Act 2008 regulations inspected.

Forge House provides accommodation with personal care for up to 11 people with learning disabilities. Some adaptations on the ground floor have been made to meet

# Summary of findings

the needs of people who may also have a physical disability. The home is situated close to the centre of Cullompton. At the time of our inspection there were 10 people living at Forge House.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One incident had not been referred to the local authority safeguarding team. At the time of the incident, appropriate measures had been put in place, including the person being checked for injury. Other incidents had been appropriately reported to the local authority in the past.

Poor moving and handling practices had been adopted by staff on one occasion. This was an isolated incident.

People were safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were strong, caring and supportive. Staff were motivated to offer care that was kind and compassionate.

There were effective staff recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

# 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?**

**Requires improvement**

The service was mainly safe.

One incident had not been referred to the local authority safeguarding team. At the time of the incident, appropriate measures had been put in place, including the person being checked for injury. Other incidents had been appropriately reported to the local authority in the past.

Poor moving and handling practices had been adopted by staff on one occasion. This was an isolated incident.

People were safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were safely managed.

**Is the service effective?**

**Good**

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

**Is the service caring?**

**Good**

The service was caring.

Staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

People and those acting on their behalf were able to express their views and be actively involved in making decisions about their care, treatment and support.

**Is the service responsive?**

**Good**

The service was responsive.

# Summary of findings

Care files were personalised to reflect people's personal preferences, which were met with staff support.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

**Is the service well-led?**

Good 

The service was well-led.

Staff spoke positively about communication and how the registered manager worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

# Forge House Services Limited

**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 unannounced inspection took place on 7 January 2016. We returned on 8 and 11 January 2016 as arranged with the registered manager.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with five people receiving a service, one relative and nine members of staff, which included the registered manager.

People who used the service at Forge House had a learning disability and were unable to tell us about their experiences. To help us to understand their experiences we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences.

We reviewed five people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from one health professional.

Requires improvement

# Is the service safe?

## Our findings

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed. However, there was one incident which had occurred in September 2015 involving a person pushing another person out of their wheelchair. This had not been referred to the local authority safeguarding team. At the time of the incident, appropriate measures had been put in place, including the person being checked for injury and a staff member spoken to about leaving the lounge unattended despite being asked to remain there. Other incidents had been reported appropriately to the local authority in the past.

Poor moving and handling practices had been adopted by staff on one occasion. This was an isolated incident where a person had slipped to the floor and was unable to get up despite two hours of encouragement by staff. At the time, staff were concerned they had been on the floor for two hours and therefore used a duvet to assist them to get up onto their lowered bed. This manoeuvre required four staff to hold the corners of the duvet. No one was injured at the time, but this did present risk to the person and the staff. The person who actioned the use of the duvet had not contacted the manager on-call who confirmed they would have advised contacting the emergency services. Staff were spoken to after the event and correct moving and handling practices emphasised in future in line with the training staff had received. No further incidents had occurred. The use of the duvet was used with good intention due to concern the person had been on the floor for a long period of time.

People living at the home were not able to comment directly on whether they felt safe so we spent time in communal areas and spoke with staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. One person was able to give us the 'thumbs up' to say they felt safe living at Forge House. A relative commented: "I have no concerns. X is well looked after." A health professional who worked closely with the service commented: "I have no concerns about the service. The staff always call if they are concerned about anything."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management, medicines, epilepsy and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging.

Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community.

A member of the management team explained that during the daytime there were a minimum of between five and seven staff members on duty. At night there were two waking night staff. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular, bank and agency staff would cover the shortfall, so people's needs could be met by the staff members that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition,

Requires improvement

# Is the service safe?

pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines recording records were appropriately signed by staff when administering a person's medicines.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Good

# Is the service effective?

## Our findings

People did not comment directly on whether they thought staff were well trained. However, people were observed to be happy with the staff who supported them. A health professional commented: "The staff always seek advice and take on board everything suggested."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when a person was feeling anxious.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP, psychiatrist, learning disability practitioners and occupational therapist. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. A healthcare professional commented that staff were very good at contacting relevant professionals when they recognised changes in people's needs.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service. The service was also in the process of implementing the new care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Employers are expected to implement the care certificate for all applicable new starters from April 2015.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), behaviour management, epilepsy, moving and handling and first aid. Staff had also completed varying levels of nationally recognised qualifications in health and social care. One staff member commented: "The training helps me to do my job properly."

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally

Good

# Is the service effective?

authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Nine people were awaiting assessment for DoLS at the time of our visit.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, best interest discussions had taken place about people's placements at Forge House and their need for care and treatment. A health professional commented: "The staff always act in people's best interests."

People were supported to maintain a balanced diet. A health professional told us about the work the service had done to ensure people were receiving a varied and healthy diet. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Alternative food choices were always available to people. For example, certain people had chosen to have a takeaway once a week and a pie on another day. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. Staff had also received training on the principles of diet and nutrition. People's weights were monitored on a consistent basis to ensure their general well-being. People had been assessed by the speech and language therapist team in the past. Speech and language therapists work closely with people who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties.

Good

# Is the service caring?

## Our findings

We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. Staff involved people in their care and supported them to make decisions. A relative commented: "All very good. The staff telephone me to give me updates on how X is, which is really good."

Staff treated people with dignity and respect when helping them with daily living tasks. We observed this during our inspection when people were being supported with personal care and arranging activities. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care. Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them; this provided them with reassurance.

Staff were involving people in their care through the use of individual cues, and looking for a person's facial expressions, body language, spoken word and objects of reference. Staff used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, pictures boards to communicate activity choices. We saw the pictures enabled people to make choices about how they wanted to spend their day and what activities they wanted to do.

Staff gave information to people, such as when activities were due to take place. We observed that staff communicated with people in a respectful way. Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. Staff explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general wellbeing. We saw when a person was feeling anxious, staff spoke to them in a calm manner and used distractions to make them feel better, such as encouraging them to engage in an activity they enjoyed.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people living at Forge House and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. Staff comments included: "There is a family environment here and people are encouraged to be as independent as possible" and "It's about helping people to live meaningful and fulfilled lives."

Good

# Is the service responsive?

## Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, swimming, shopping, the farm and beach. These activities were provided on an individual and group basis. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. One person communicated how they liked swimming and another person showed us pictures of them disc jockeying on Sunday's.

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People and their relatives were made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Good

# Is the service well-led?

## Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff commented: "The support is fantastic"; "I love it here. I would recommend it to anyone" and "The management team have made some great changes here."

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via team meetings, memos and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. For example, people had key workers which regularly spent one to one time with them to address any arising issues and to plan new activities they were interested in doing. The registered manager also ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices. The service also produced a newsletter which was shared with family members. This set out the events and activities which had taken place over the previous months. In addition, surveys had been completed by relatives on behalf of the people living at Forge House. The surveys asked specific questions about the standard of the service and the support it gave people. All comments received about the care provided were positive. Where comments had been raised about the décor of the home these had been addressed. For example, the maintenance man was currently working through an action plan to redecorate particular areas of the home. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service had received several compliments. These included: 'Always made very welcome and I feel at ease with all the staff" and "Staff are switched on to parental anxieties at times and show compassion and understanding, which is reassuring."

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisations philosophy was embedded in Forge House.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and psychiatrist. Regular medical reviews took place to ensure people's current and changing needs were being met. A healthcare professional confirmed that the service worked well with them and took on board things requested.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed. The service was also in the process of implementing a 24 hour reporting template to help inform reviews and audits to ensure nothing is missed, such as any specific incidents.