

St. Giles Homes Limited

Forest Home

Inspection report

58 Swan Street
Sible Hedingham
Halstead
Essex
CO9 3HT

Tel: 01787460361

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Forest Home is a residential care home providing personal care and accommodation for up to 39 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 36 people using the service in 1 adapted building, with 1 wing specialised in providing care to people living with dementia.

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

There was a lack of robust management oversight in some areas of the home. Some quality assurance monitoring was undertaken however, this was not always effective as the shortfalls found at inspection had not been identified through this monitoring. Medicine management was not always robust, however, concerns identified at the inspection were addressed by the manager immediately with support from the GP.

People's care records, care plans and risk assessments would benefit from further detail to help and support staff to provide personalised and consistent care. Some practice in the home did not always promote people's dignity and privacy, we have made a recommendation about promoting and respecting people's dignity.

Some areas of the home were tired and in need of refurbishment. The manager advised this was taking place gradually. The home lacked dedicated storage facilities and consequently easily became cluttered and therefore harder to maintain good Infection Prevention Control (IPC) practice. Some staff training was not up to date or in place. For example, diabetes awareness and some refresher training, whilst it had been booked, was overdue. The manager demonstrated this training had now been booked prompted by the inspection.

People told us they felt safe and staff said they knew how to report concerns. People, relatives and staff said there were enough staff deployed to meet people's needs. People's relatives told us, and we saw in records and through our observations, that changes to people's health were identified and managed. People had access to food, drink and call bells throughout our inspection. We saw there were records kept of fluids consumed, these checked daily by the manager to satisfy themselves people were receiving adequate hydration.

People and relatives said they were treated with care, kindness, dignity, and respect. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. The relationship between staff and people using the service was positive.

The provider had a complaints policy and procedure in place. People, and those important to them, could raise any concerns and complaints easily. People and relatives said they felt the service was able to meet people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 08 July 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to medicines management and monitoring and oversight of the service at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Forest Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

Forest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Forest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A manager had been in post for 1 year and had applied to register with CQC. At the time of writing this report CQC had rejected this application as some documentation provided was out of date.

Notice of inspection

This inspection was unannounced. Inspection activity started on 02 August 2023 and ended on 30 August

2023. We visited the care home on 16 and 29 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We 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 5 people who used the service and 7 people's relatives about their experience of the care and support provided. We spoke with the manager, the provider, a senior care worker, 2 members of catering team, 3 members of care staff and an activity co-ordinator.

We reviewed a range of records. This included 3 people's care plans and a staff personnel file to review the provider's recruitment practices, including induction arrangements. We undertook a physical count of a random selection of medicines and reviewed 5 people's medicine records. We also looked at the provider's staff training records and supervision arrangements. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.



Is the service safe?

Our findings

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

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

Using medicines safely

- Staff who administered medicines were trained and had their competency assessed to ensure they remained competent to undertake this task safely. However, we found the physical count of a random selection of medicines held in the home did not always tally with records held. This meant we could not be assured people received their medicines as prescribed. The manager undertook regular audits of the medication but this had not identified the shortfalls found at inspection.
- We found examples where people were prescribed pain relief to be given at regular intervals during the day. However, some staff treated these as 'as needed' (PRN) medications and administered them as and when needed and not in accordance with the prescriber's instructions. Other staff however were administering them as instructed, there was no consistency. We raised this with the manager during the inspection.

People's medicines were not consistently and safely managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine rounds were evenly spaced out throughout the day to help ensure people did not receive their medicine doses too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- The manager advised, "We are going to be doing new medication audits which seniors will be allocated and will be doing counts every Friday on all medication to make sure this is always correct. This will be overseen and audited by myself."
- As a result of the inspection findings the manager arranged with the GP surgery to review all medications and ensure people's medicines were appropriately prescribed and administered.

Assessing risk, safety monitoring and management

- People had care plans setting out their care wishes and requirements. Within the care plans were assessments of risk to enable the staff team to mitigate any risks to people's health, safety and welfare. The care plans and risk assessments covered all areas of risk but lacked the detail of how staff were to promote people's safety and lacked sufficient detail to ensure consistent care and support could be delivered. The manager undertook to review all care plans and risk assessments and update them accordingly with greater detail.
- The fire alarm system had been replaced since the previous inspection and the provider was continuing work to upgrade to current fire regulations. Staff said they had attended fire drills and the manager told us a full evacuation drill was planned imminently.

- Relatives told us, and we saw in records and through our observations, that changes to people's health were identified and managed. The service worked closely with the local GP; any concerns were flagged immediately for attention. District nurses visited the home daily, the manager reported they were always willing to support where they could. A relative told us, "[Person] is happy there, the staff look after them well, I have no concerns for [person's] safety at all."
- People had access to their call bells or sensor mats were in place to help alert staff to their need for assistance.
- People were recorded as being supported to change their position regularly. There was equipment in place to help prevent pressure ulcers developing. The manager told us the district nurses checked the pressure mattresses when they visited. Since the inspection the manager had introduced a system where staff checked the pressure mattresses were working and set correctly. when they helped people into bed each day.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had received training to give them the understanding about what constitutes abuse and their responsibilities in safeguarding vulnerable people. The manager's training matrix indicated 9 of the 30 care staff had up to date training at the time of the inspection. However, during the inspection we noted the remaining 21 staff had been booked to attend this training.
- All staff we spoke with assured us they would escalate any concerns about a person's safety to the management team and external agencies, such as the local authority and said they would not hesitate to raise a safeguarding alert if they suspected abuse.
- The registered manager was aware of their responsibility to notify us and the local authority of any allegations or incidents of abuse at the earliest opportunity.
- After the first inspection visit the manager advised handbooks had been printed and distributed through the staff team. Staff had signed to say they had received and understood the details of what they needed to know regarding safeguarding vulnerable people.
- People and relatives said staff delivered safe care for people. A person told us, "I don't feel unsafe I can't think of anything to make it better than it is. I think it is quite well run." A relative said they felt their family member was safe at Forest Home and said, "The staff make it so."

Preventing and controlling infection

- We were not always assured the provider was promoting safety through the layout and hygiene practices of the premises to ensure infection outbreaks can be effectively prevented or managed. The home lacked storage facilities and consequently easily became cluttered and therefore harder to maintain good IPC practice. The manager's IPC audit had not identified a rusty shower chair which was no longer able to be 'wipe clean'. This shower chair was removed from the home at the inspection.
- We were assured the provider was preventing visitors from catching and spreading infections and was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely. Staff confirmed they always had enough supplies of PPE. Staff were observed to put on, take off and dispose of used PPE in line with guidance.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- People and relatives told us staff were kind, and there were enough staff available to meet people's needs.

- The manager told us in their Provider Information Return (PIR) dated July 2023, "At this time we are fully staffed and we have no issues with recruitment. Being fully staffed has made a difference as we have been able to spend more quality time with residents and been able to give them a more one to one time which they are enjoying." In event of a last-minute staff shortage the manager and/or head of care stepped into a hands-on role to provide support.
- Staff told us there was no concern with staffing levels at the home. They advised they were a tight team and happily covered shifts for each other as needed.
- A newly employed staff member described the process undertaken when they were employed to work at the home. The staff member stated they had not been able to start working with people until satisfactory references and a completed criminal record check had been received. The manager advised new staff were paired up with senior care worker or established staff member to shadow for a 2-week period.

Visiting in care homes

- Relatives were able to visit family members without any restrictions imposed and in line with current government guidance. During the inspection, we observed a steady flow of visitors to Forest Home.

Learning lessons when things go wrong

- Suitable arrangements were in place to learn when things went wrong. For example, where safeguarding concerns and complaints were raised, a review was undertaken with the management team to help ensure lessons were learned to support future improvement.
- Accident and incidents were logged and analysed to identify potential trends and themes. This was to mitigate risks and ensure people's safety and wellbeing needs were met.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt most staff were well trained and knowledgeable for their role.
- We found although training had been completed in many of the basic core areas, such as moving and handling, dementia awareness, safeguarding and infection control and fire safety, some staff were overdue for refresher training. Staff had not been trained about some health conditions, such as diabetes and Parkinson's disease. The manager assured us refresher training had been arranged to bring the whole staff team up to date with their training.
- The manager advised that all care staff who had not already achieved the National Vocational Qualification in care (NVQ) either had done the Care Certificate, were part way through or were registered to do it. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervision to help ensure that they had a clear understanding of their role and to help ensure they felt supported.

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

- People's needs were assessed before they moved into the home. Assessments included people's individual needs, risks and preferences. However, these assessments would benefit from more detail. This would mean staff would have better understanding of the person's needs when they first moved into the home.
- People and relatives said they felt the service was able to meet people's individual needs. A relative said "[Person] was quite poorly when first admitted to Forest Home but now, has never looked so well."
- There were monthly reviews of people's needs. These were discussed at regular meetings and shared with all staff providing care and support.

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

- There were some areas of the home that were tired and in need of refurbishment. The manager advised there was a programme of refurbishment underway and we noted contractors at the service during the inspection. The manager said, "We have the decorators in regularly and rooms are always refreshed before a new resident moves in."
- In some areas of the home carpets were being replaced with washable flooring to help ensure people lived in a fresh environment.

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

- People had access to health or social care professionals as needed. The manager reported the GP was responsive and the district nursing team were supportive.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff asked for consent when supporting them. We heard staff asking people before supporting them during the inspection.
- People had mental capacity assessments completed in some cases. The assessments reflected where a best interest decision had been made. Where a DoLS application had been made, a tracker was in place to monitor its progress.
- Staff received training in the Mental Capacity Act.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The manager's office was not always secured when staff left the room which meant people's personal information and items including sets of keys were not securely stored. The manager arranged for a keypad lock to be fitted to this door immediately, and when we revisited the home on 29 the August, we noted the office door was always locked when staff were not present.
- Some aspects of recording in the home did not serve to promote people's dignity. For example, some language used in daily records. The manager made staff aware of appropriate terminology on reports sheets immediately, however, they had not identified this through their routine monitoring.
- A person's care plan stated they enjoyed a glass of wine with their meal. At lunch, the person asked for a glass of wine and was told there was none available. Staff said some people enjoyed a drink now and again but they couldn't allow it because of the medications people were prescribed. The manager advised there was wine available. It depended on which staff were on duty whether the person could enjoy a glass of wine with their lunch. The manager addressed this matter immediately with the team and the person was now able to enjoy a glass of wine with their meal when they wished.

We recommend the provider seek support and training, for the staff and management team, about promoting and respecting people's dignity.

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

- People received kind and compassionate care from staff who went calmly about their day attentive to people's needs. Staff were friendly and attentive towards people and created a warm and inclusive atmosphere. A relative told us, "The home is a bit tired in places and could do with some refurbishment but the staff are very good and [person] is very well cared for."
- People were comfortable in the company of staff and we heard laughter around the home. A staff member told us, "Residents are loved that is the most important thing." A relative told us, "Staff are very caring and compassionate. [Person] always looks lovely, they eat well and their needs are met."

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

- People, and their relatives where appropriate, were involved in decisions about their care. They told us they were kept informed about any changes. The manager was considering introducing a 'resident of the day' system where full reviews of care needs, reviews of medication, deep clean of rooms and time spent with each individual to ascertain if their needs were being met and what else could be provided for them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans covered their care needs but lacked some detail necessary to help ensure staff could deliver consistent personalised care. After the inspection the manager advised, "All staff have been informed that they must document every detail in the report sheets. We are going through each resident's care plan individually to add more detail and update as appropriate."
- A relative said, "They (staff) are very good at communicating with me and I know from what they tell me that they are keeping a close eye on [person's] health and welfare." The relative told us they had peace of mind because they had confidence in the home.
- People were dressed appropriately for the weather conditions. Care notes indicated care was delivered when needed. However, we noted the lack of specific detail in care plans meant that staff sometimes interpreted them differently. This meant people did not always receive consistent care and support, this was dependent on which staff were on duty.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider's PIR stated, "We ask the individuals and families if they have any information or communication needs, we record their needs in a set way by highlighting them in their care plans clearly stating how their needs will be met." Pre-admission assessments viewed confirmed this was addressed with people and their families at admission to the home.
- The manager told us they could access information in different formats if this was needed for any individual. This included translation services and large print documents for example.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with family and friends. Relatives told us that they were supported to keep in touch with their family members.
- Forest Home had a dedicated activity co-ordinator to help engage people and remove the risk of isolation and lack of stimulation. The activity provision was due to expand with the addition of a second co-ordinator to enable more 1 to 1 time for people who chose to remain in their rooms away from the communal areas.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People, and those important to them, could raise any concerns and complaints easily.
- The manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team. One complaint had been received by the manager in the last year. They shared with us the actions taken and outcome which showed an appropriate approach had been taken with the complainant satisfied with the outcome.

End of life care and support

- The service did support people at the end of life if it was their choice to remain in their home. All staff had training workbooks for end of life care to complete and specific face to face training was arranged for all staff in October 2023. The manager has recently introduced end of life care plans and was rolling these out gradually throughout the home.
- The manager reported good support from local district nursing team, the GP and external professionals as needed.

Is the service well-led?

Our findings

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

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

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

- The management team was newly created and was developing whilst in post with external support from the local authority and by accessing external resources such as Skills for Care. The manager was an experienced care worker and dedicated but lacked management experience, they were undertaking a management qualification at the time of this inspection. The manager reported good support from the provider and said, "I have had continued support from the provider since I have taken this role on. I can ring the provider with any concerns or for advice any time."
- The manager was very responsive to the inspection process and demonstrated a keenness to learn what was expected of them in the role. However, other than enrolling and starting a management qualification the manager had not received support or guidance around their role and responsibilities as a home manager.
- The manager had continued to use the basic core quality assurance systems in place from the previous registered manager however, these had not been effective in identifying shortfalls identified at this inspection. For example, the provider's quality monitoring processes had failed to identify shortfalls in medicine management, IPC, people's mealtime experiences and where the support provided impacted on people's dignity. The local authority had agreed to support the manager in routine audits but this had not yet commenced.
- Assessment of risks and care plans did not always include sufficient detail to guide the staff team to provide consistent care and support. The provider's quality monitoring systems had failed to identify this.
- The manager had submitted an application to register with CQC, however, at the time of writing this report CQC had rejected this application as some documentation provided was out of date.

Systems and processes were ineffective and not sufficiently robust to maintain effective oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives told us they were comfortable to approach the manager for any concerns at all and they had confidence their views and opinions were listened to. Some relatives shared examples where they had raised suggestions with the manager and these had been considered and acted upon. A relative said,

"The management team are all very approachable, easy to talk to and responsive."

- The manager was open and transparent throughout the inspection process and people's relatives told us they also appreciated the manager's honesty and candour towards them.
- Staff told us they felt supported in their roles and valued by the manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives told us the manager was always approachable and they were confident they could go to the manager with any concerns or suggestions they may have. The manager said, "My door is always open and if anyone has any problems they can come in and talk to me."
- No surveys had been undertaken in the time the manager had been in post. However, when we visited on 29 August 2023, we found the manager had developed and was in the process of distributing quality assurance surveys to people, their relatives and staff. The manager had tailored these surveys to be personal to Forest Home and the life people experienced there so that any improvements suggested would have a direct and positive impact on people.

Working in partnership with others

- External professionals from the local authority reported the manager was responsive to their suggestions for improvements at the home and we found the manager had implemented improvements suggested by local authority representatives.
- The manager reported a positive working relationship with health and social care professionals including GP, social workers and community nursing teams.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not operate robust processes to monitor and safely manage people's medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust processes to monitor the quality and safety of the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>