

UK Healthcare Group Limited

Forge House Services Limited

Inspection report

Forge House
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Cullompton
Devon
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Tel: 0188432818

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26 May 2022

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Ratings

Overall rating for this service

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Summary of findings

Overall summary

About the service

Forge House Services is a residential care home. It is registered to provide personal care and accommodation to up to 11 people. The home specialises in the care of people who have a learning disability. At the time of our inspection there were nine people living at the home.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. This was a targeted inspection, so our judgements are based solely on issues regarding consent to care and treatment and how people receive personalised care that is responsive to their needs.

Right Support

People were usually supported to have maximum choice and control of their lives and staff usually supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people were unable to make decisions, the staff acted in their best interests.

Staff supported people in accordance with their known likes and dislikes. However, there were limited opportunities for people to try new things or set goals. The acting manager had started to introduce new activities to the home. They gave assurances these could be tailored to individuals.

Right Care

People could take part in activities at the home and in the local area. The staff did not always give people opportunities to try new activities that enhanced and enriched their lives.

People were not always fully involved in planning their care and support. Staff regularly reviewed care plans and created daily activity plans but did not always involve people who lived at the home or their representatives.

Right Culture

The new acting manager was committed to creating a more person-centred approach to care to make sure everyone received support which met their individual needs and wishes.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

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 19 May 2018)

Why we inspected

We undertook this targeted inspection to check on specific concerns we had about how people gave their consent to care and treatment and how person-centred care was provided. The overall rating for the service has not changed following this targeted inspection and remains Good.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, we noted that some improvements could be made to person centred care and how people are supported to make choices. Please see the Effective and Responsive sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Forge House Services Limited on our website at www.cqc.org.uk.

Follow up

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 effective?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Forge House Services Limited

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.

This was a targeted inspection to check on a concern we had about how people gave consent to care and treatment and to make sure they received person centred care.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Forge House Services Limited 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The manager at the home had applied to register with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received about and from the home since the last inspection. We sought feedback from a local professional who works with the home.

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.

We used all this information to plan our inspection.

During the inspection

We met everyone who lived at the home. People were unable to fully express their views to us. We therefore spent time observing support provided to people in communal areas. 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 five members of staff including the acting manager. We looked at two care and support plans.

Is the service effective?

Our findings

At our last inspection this key question was rated Good. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

The purpose of this inspection was to check a concern we had about how people give consent. We will assess the whole key question at the next comprehensive inspection of the service.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people were being cared for under DoLS. The manager was aware of conditions on these authorisations such as making sure medicines were reviewed on a regular basis. These conditions were being met.
- Some people had been unable to make decisions about aspects of their care and support. In these instances, assessments of capacity had been undertaken and decisions had been made and recorded in the person's best interests.
- Staff knew people well and told us they knew the things people liked and disliked. They also said that when people couldn't make a decision, they discussed this with family members to seek their views on what would be in the person's best interests.
- It was not always clear how everyone was supported to make choices. One person was able to make choices about what they did each day using pictures. Another person was able to verbally express their wishes. However, there was limited information about how choices were offered to people who needed additional support to express their views. We discussed this with the manager who gave assurances that they were committed to making improvements for people.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the responsive key question at this inspection.

The purpose of this inspection was to check a concern we had about how people received person centred care. We will assess the whole key question at the next comprehensive inspection of the service.

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

- People had care plans which set out their daily routines. This gave staff some information about how people preferred to be cared for.
- Each person had a care plan which set out basic likes and dislikes. However, care plans focussed on people's needs rather than their strengths and abilities. There was no information about people's goals or aspirations. This meant that people did not always have opportunities to try new challenges or learn new skills.
- People were supported by a stable and established staff team who knew them well. At the beginning of each shift the shift leader created a daily plan for care and activities. However, there was no evidence that people were involved in this plan, so it was based on the staff member's knowledge of the person. It did not take account of the possibility that people may want to try something new or different.
- People were supported by staff to take part in activities in accordance with known likes and interests. On the day of the inspection one person went out for a drive and some other people walked to a local coffee shop. We heard that one person attended church each week.
- Staff told us they had recently been trialling new activities at the home to see what people enjoyed doing. Activities had included interacting with animals and arts and craft sessions. We were assured that if people showed an interest then these activities would be individually tailored to them.
- People were not always involved in decisions which affected them. Staff told us they reviewed care plans regularly but did not involve people who lived at the home. There was a three-week rolling menu, but people had not been involved in choosing meals or shopping.
- The routines and practices in the home were not always personalised to individual people. For example, we saw that everyone used plastic mugs and bowls at lunch time. When we asked staff about this, we were told that this was to meet the needs of one person. Other people had not been given a choice about this practice.
- Each person had a bedroom which they could decorate and furnish in accordance with their preferences and interests.