

BRIJ Care Limited

# Forest Brow Care Home

## Inspection report

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Hampshire  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Forest Brow is a residential care home providing personal care to 32 people aged 65 and over at the time of the inspection. The service can support up to 32 people. The care home accommodates people in one adapted building on three floors.

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

People and relatives told us they felt the service was safe. The risks to people were assessed and minimised and people were protected from the risk of abuse. People were supported to take their medicines as required and there were suitable systems for ensuring the home was clean and equipment was safe for use.

Systems around assessing, monitoring and minimising risk were evident. People's care records contained risk assessments and care plans reflected these risks. Staff were aware of safeguarding issues and how to report concerns. People were supported by staff who had been safely recruited and subject to checks. Medicines were managed in line with national guidance. The home was maintained in a clean and tidy manner.

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.

Quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

People, relatives and staff were happy and felt the home was being well run. People were supported by a team of staff who were happy in their jobs and well-supported by their managers.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. (Report published 22 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Forest Brow Care 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Forest Brow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with twelve members of staff, the registered manager, care administrator, senior care

workers, care workers and the chef and activities co-ordinator. 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 reviewed a range of records. This included six people's care records and nine medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Forest Brow Care Home. One person said, "Oh definitely. The carers are always around to help us. It's very good." People's facial expressions and body language told us that they felt safe and comfortable with the staff. A relative told us, "Definitely yes. People are well looked after and happy in here."
- Systems were in place to protect people from abuse and avoidable harm. Staff continued to understand what to look out for and who they should report any concerns to.

Assessing risk, safety monitoring and management

- There were risk assessments in place to guide staff in providing safe support for people. These contained clear measures to manage the risk. For example, for a person who was at risk of falls guidance was in place about the type of walking aids they required.
- One person said, "The place is very safe they would never leave you unattended in the bathroom and seem to know when you need help without being over protective, I like the way they leave me to be independent but remain close by in case I need help."
- Any activities that took place outside the home were risk assessed so they could be carried out safely.
- People had personal evacuation plans in place so there were clear instructions on how to support them if there was a fire or other emergency in the home.

Staffing and recruitment

- A relative said, "The staff here work very well together, they work as a team, I visit regularly and there always seems to be plenty of staff on duty."
- Staff told us that staffing levels worked well and there were sufficient numbers of staff to meet people's needs, we observed staff responding to call bells promptly.
- The registered manager told us that staffing levels were flexible according the needs of people at any particular time.
- There were procedures in place to ensure recruitment procedures were as safe as possible. This included gathering references and a Disclosure and Barring Service check (DBS).

Using medicines safely

- There were suitable arrangements in place for the storage of medicines. These were stored securely and only accessible to staff who were authorised to do so. There was additional security for those medicines requiring it. For example, controlled drugs were checked and signed by two care staff.
- Regular checks took place to ensure stock levels were as they should be. Arrangements were in place to

return unused medicines to the pharmacy.

- There were instructions in place in relation to topical creams. These are creams applied to the skin.
- Medicine administration was recorded on electronic records; the system ensured people received medicines at the right time.
- The registered manager was aware of best practice guidance in relation to medicines being administered from their original packaging. At the time of our inspection we observed staff dispensing medicines from their original packages.
- Medicines not on the computer system for example antibiotics were checked and signed by two members of staff, we observed this practise during the medicines round at lunchtime.

#### Preventing and controlling infection

- The home was clean and well maintained, one relative said, "I visit at different times of the day and the home is always clean and tidy."
- Cleaning schedules were completed each day which showed that cleaning had been completed.
- People told us they were happy with how clean their rooms were kept, one person said, "The lady comes to clean my room every day and we have a chat and she always asks before she moves my things."

#### Learning lessons when things go wrong

- Staff recorded any incidents and accidents and the registered manager regularly met with the provider to discuss any accidents or incidents to look for any trends or patterns. This information then informed any action needed to be taken to reduce the risk of recurrence.
- Staff meetings gave staff the opportunity to discuss any safety issues or investigations from their own and other organisations, to learn from them and to change their practice if needed.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person's needs were fully assessed in line with current good practice guidance before they were offered a place at the service. This initial assessment formed the basis of the person's care plan.
- Care plans contained information about people's needs and it was evident that staff knew people extremely well, we asked staff about people's care needs and staff corroborated information in the care plans.

Staff support: induction, training, skills and experience

- Staff confirmed they received the training they needed to perform their role. An ongoing training matrix was in place outlining topics which were relevant to the needs of people and safe practice. For example, first aid, moving and handling, infection control and dementia.
- New staff completed an induction which included training and shadowing another staff member until they were competent and confident to deliver care.
- We spoke to the training company delivering training in the home, they told us the registered manager plans the training throughout the year and when there is a new training requirement she gets in touch. For example, recent training has been completed in oral hygiene after guidance from CQC was published.
- Staff told us they were supported by the management team. Staff told us they received one to one sessions to discuss any work-related issues. Staff welcomed team meetings which they told us they were very much involved with.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the choices of food they received. Their comments included, "Food is good, you get a choice," "you never go short on food or drink here," and, "we get a good variety of food and it is hot."
- People's dietary needs continued to be assessed and met. Where risks were identified, such as choking or weight loss, referrals to health professionals were made and guidance followed. Staff understood people's specific dietary needs, such as if they required softer or fortified food.
- We spoke with a member of the catering staff about people who required a diet suitable for people living with diabetes. They told us they made deserts suitable for this diet. One person who used the service told us, "Food is fantastic, they make really good cakes which I enjoy."
- People were provided with choices of hot and cold drinks to reduce the risks of dehydration. One person said, "We have tea and coffee whenever we want, and at meal times I like a glass of white wine." This was confirmed by our observations.
- Lunch was a leisurely and social time for people. People who required assistance were supported at their

own pace by staff. Where people required encouragement to eat, staff provided this. We observed a staff member saying to a person, "If you don't want to have pudding in the dining room I will bring it to the lounge or your bedroom, the person responded that they would like it in the lounge, we saw the person eating in the lounge, the person told us that they sometimes likes to eat away from other people.

Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's health needs and knew how to access additional support if this was needed.
- People were supported to access health care professionals. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs. Records of professional healthcare visits were recorded in detail in people's care plans.
- People's changing needs were communicated to their relatives.

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

- The environment met people's needs. Areas of the service provided stimulation for people living with dementia, activity boards had been put up in the corridors, we observed a person interacting with the boards. Dementia friendly signage was used to support people.
- The service had a lift and a stair lift. People could choose which to use. One person said that she sometimes comes down stairs in the lift and sometimes on the chair lift
- A large patio area in the rear garden provided a level area for people to sit, a person said, "I love to get in the garden on sunny days, we have parties and activities in the garden, sometimes I just like to sit and relax and watch the birds."

Supporting people to live healthier lives, access healthcare services and support

- People were supported by having access to a wide range of health and social care professionals. There was evidence of people attending hospital appointments, being seen and assessed by health professionals and being reviewed by their GP. During the inspection we observed staff arranging for GP visits to take place.
- People confirmed staff supported them to access GP appointments. One person described the action staff had taken when they had been acutely ill, they told us, "The staff knew I was unwell and quickly sent for the doctor, I was sent to hospital for a few days, I am feeling a lot better thanks to the staff."
- A relative said, "My relative was unwell recently the management telephoned me to let me know and throughout the day updated me on my relatives' condition, staff always let me know if they have any concerns about my relative."

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People's capacity to make their decisions was clearly documented in their care records. People had signed records to show they had consented to their planned care.
- There were 10 people using the service who had an active DoLS in place. The registered manager understood how and when they should make referrals.
- Staff had received training in the MCA and DoLS.
- We observed staff asking for people's consent before they provided any support. This included asking people if they needed any assistance with their meals, such as cutting up their food.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them with kindness and respect. One person said, "They are all as good as one another, all of them talk to you. I have never had any trouble with any of them." Another person commented "Staff are very good, and they make a fuss of me."
- A person's relative commented on the friendly atmosphere, "I said they could book me in, it has a nice atmosphere."
- We observed staff were caring, reassuring and compassionate in their interactions with people. Care provided was person centred and not task led.
- We heard the interactions between a staff member and a person who used the service, in their bedroom. The staff member explained what they were doing and checked that the person was happy and comfortable.
- Staff communicated effectively with people, this included positioning themselves at people's eye level and using reassuring touch, when led by people.
- Our conversations with staff and the registered manager showed people were protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
  - Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

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

- Staff continued to support people to make decisions about their care. Peoples decisions were recorded in the care plans such as when they wanted to get up and when they wished to go to bed. One person told us, "If I want to stay in my room, they say okay. I can get up late if I want. I can choose."
- Staff signposted people and their relatives to sources of advice and support or advocacy support.
- A residents representative has been introduced into the home to give people another way to express their view, we spoke to the representative during the inspection and they told us they have a relative in the home and felt it was important for people in the home to have an independent person to speak with, part of the role involved welcoming new people and relatives to the home and to listen to relatives worries about having their relative in care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect. Staff used terms of endearment such as 'sweetheart' and it was clear that people enjoyed this, by smiling and laughing in response. Staff were aware that there may be people who would prefer not to be addressed in this way.
- We observed staff knocking on bedroom doors and waiting for a response before entering people's rooms.
- One person told us, "The staff know our names and they have such a natural way about them they would never embarrass you they seem to ask the right questions at the right time." Other people commented, "I have help in the bath all very nice, we have a good laugh."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People told us their needs were met in a personalised way. One person told us, "Yes, my key worker comes and talks to me about my care and I sign the paperwork," and a visitor said, "I can't praise the staff enough. They know all my relatives' little foibles."
- The service is in the process of moving to an electronic care planning and recording system.
- The documentation gave a holistic view of each person. Care plans contained good detail about people as individuals along with their health and support needs. Regular checks were maintained on people's weight, appetite, skin integrity and other important areas.
- People's needs had been assessed prior to them coming to live at the home and reviews of care plans were undertaken regularly and contained detail about any significant events or changes of care needs.
- Care records contained information to support people's choice and control of their care as far as possible, records highlighted people's preferences. For example, food likes and dislikes and any spiritual needs.
- Staff had a good understanding of people as individuals, their preferences and personal choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff did not rush people when speaking with them and gave them time to respond. This supported their communication needs.
- Care plans included information about people's individual communication needs and how these should be met, including the need for spectacles or hearing aids. Care plans also included information about how some people who were unable to speak may express themselves to others.

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 told us their relatives could visit when they wanted. One relative said, "I come in regularly, I come anytime, they always let me know how [family member] is." Another relative commented, "They always welcome us and offer us a cup of tea."
- There were lots of items that people could use for their entertainment. This included an interactive table, one person told us how they enjoyed playing games on the table, we observed two people playing a

competitive game on the table and observed people interacting with other people in the room. There were sensory items particularly for use of people living with dementia, which were things such as telephones, taps, buttons and locks.

- There were activities available for people to participate in. We observed activities are structured and ad hoc as people wanted to do them. This included chatting, playing cards, playing dominoes, music therapy and quizzes.
- During the inspection we observed people were engaged in activities in the communal areas, the activities co-ordinator told us that the activities staff provide one to one activities for people who are not able to attend the communal areas in their own rooms, the registered manager confirmed this and told us they had employed an activities person to specifically provide activities to people who are not able to attend communal activities to ensure they do not become isolated.
- People told us they felt they had enough to keep them occupied during the day. One person said, "We do all sorts of things, bingo, cards and hangman." Another person said, "Staff ask about places we'd like to go, what we'd like to do, I'm never bored."
- The registered manager said they supported people to go into the community. One person said, "We're going out on Thursday to the seaside. Everyone has a turn if they want to go out. Staff don't favour one or two."
- The home had a designated activities co-ordinator who provided a range of events and projects for people, for example, a summer party, visiting alpacas, outside entertainers and excursions.
- The activities co-ordinator told us she had spent time collating the views of people about the sorts of activities they enjoyed and had tried to incorporate as many as possible in the activity framework. People's care records contained information about things they enjoyed doing.
- During the inspection a number of activities took place, including people interacting with a visiting miniature horse, we observed people's positive reaction towards the horse, one person said, "I love it when the animals visit, sometimes it is the donkey and other times it is a horse we have even had alpacas, I love to brush them and give them a cuddle."

#### Improving care quality in response to complaints or concerns

- A complaints system and procedure was in place. The procedure was displayed in the entrance to the home.
- People and visitors said that they felt able to speak to the registered manager at any time. Staff were aware of how to resolve concerns at a lower level if possible. One visitor said, "I've had no complaints. I would go to the registered manager. Everything is always nice and clean."
- The registered manager said that all complaints received would be taken seriously to improve the service.
- No formal complaints had been received in the last year

#### End of life care and support

- Where appropriate, people's end of life care preferences was recorded in their care plan. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life if required.
- At the time of the inspection there was no one being supported with end of life care.
- Information was available if a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) was in place or if an individual had made an advanced decision.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was supported by a deputy manager and a head of care. The management team worked collectively to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- The management team knew people, their needs and their relatives well. Staff told us, "The managers are all really good and very hands on."
- Staff said they felt supported by the registered manager and received regular supervisions and staff meetings to promote their development, we saw supervision records within the staff files.

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

- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; all notifications were submitted in a timely manner.
- A relative said, "when my relative had a fall the manager contacted me soon after, information was given to me on how the injury was caused and what the home had done to prevent it happening again."

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

- The service was well run by the registered manager.
- Staff said there was good teamwork and they were supported by their colleagues and the registered manager. People living at the home described the registered manager as, "great" and, "approachable." A visitor said how helpful the registered manager had been to them and their relative.
- There was an open and friendly culture; people felt welcomed. The registered manager was visible around the home and people knew her and chatted to her; relatives felt able to drop into her office for a chat.
- Relatives commented all staff had a helpful and caring approach, which meant they were kept up to date with their relative or friend's well-being.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked with health and social care professionals to meet people's specific needs. Staff



described a good working relationship with the community nursing team and other health professionals. Care records showed this positive relationship had benefited the people living at the home. For example, guidance and advice being followed.

- The provider worked in partnership with other agencies as needed. We saw evidence within people's care records of communications with health and social care professionals including social workers, district nurses and people's GPs in relation to their care needs.

#### Continuous learning and improving care

People had the opportunity to provide feedback through a questionnaire

- The registered manager had collated the feedback from people and produced an action plan to address comments for example people had said the conservatory was hot on occasions, the home responded by fitting new ceiling blinds to the conservatory roof. A person told us that since the blinds were fitted the conservatory is not so hot."
- Feedback was collected annually from visitors, we saw positive comments about the service such as, "The residents are happy and well looked after," and, "Staff are good with the residents, the standard of the home is good."
- The provider conducted a range of audits within the home to identify areas of improvement and acted in order to rectify these, they were conducted on both a monthly and a quarterly basis. We read monthly audits relating to medicines administration, infection control and health and safety among others. The results of the previous audits that we saw were positive.