

Forge House Care Ltd

Forge House Care

Inspection report

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13 May 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Forge House Care is a supported living service providing personal care to 32 people who had a learning disability and/or autism at the time of the inspection.

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

Right Support

People were not always supported to make decisions following best practice in decision-making. People were not supported appropriately to understand their rights regarding their tenancy and support.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported to do as much as they could themselves, enhancing their independence, while at the same time being supported to stay safe.

The service worked with people to plan for when they experienced periods of distress so that if they had to have restrictions to keep them safe it was only when there was no other alternative.

Staff enabled people to access specialist health and social care support in the community to make sure they could continue to lead a healthy and fulfilling life.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's individual needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood how they communicated.

People's care and support plans reflected their range of needs and this promoted their safety, wellbeing and enjoyment of life.

Right culture

People were not given the opportunity to exercise their right to choose who supports them in their own

home. A supported living service is required to register with CQC to provide 'personal care', not 'accommodation with personal care'. For this to apply there should be separate legal agreements for the accommodation and the personal care. People did not have separate agreements for their care and their housing, both were part of a single package of care, which restricted their right to choose.

People received safe care and support because trained and well supported staff and specialists could meet their needs and wishes.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Why we inspected

We undertook this inspection due to concerns raised about whether people were receiving safe support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. At this inspection, we found people were receiving safe support.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed to requires improvement, we have found evidence that the provider needs to make some improvement. Please see the safe and well-led sections of this report. This is based on the findings at this inspection.

The last rating for this service was Good (published 1 November 2017)

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Forge House Care

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

Two inspectors carried out this inspection.

Service and service type

This service provides care and support to people living in 32 supported living settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements in supported living settings. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support

The service had three managers 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 announced. We gave short notice as we needed to be sure the provider or a registered manager could be available to support the inspection.

Inspection activity started on 11 May 2022 when we visited the office location and ended on 13 May 2022 when we visited people in their homes.

What we did before inspection

We asked for feedback from commissioners of people's care and local authority staff involved in people's care. 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 two people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including two registered managers, the training manager, office staff and six support staff including senior support workers.

We reviewed a range of records. This included five people's care records and five medication records. We looked at six 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.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff could tell us how they would report concerns if they suspected abuse. All staff said they would have no hesitation in raising concerns as there was an open culture. They were confident the management team would act on any concerns brought to them but knew how to report outside of the organisation if this was necessary.
- Staff told us where they had raised concerns with their manager they received feedback once the issue had been investigated. This meant they knew their concerns had been dealt with.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Risks were safely managed by appropriately sharing information with specialist staff and health and social care professionals.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because an electronic recording system was in place that was easy and quick for staff to access. People's records were up to date and accurate, promoting safety. Electronic records were securely stored using a password system.
- Staff assessed people's sensory needs and did their best to meet them, supporting clear communication.

Staffing and recruitment

- The service had enough staff at all times, including to provide the individual support people had been assessed as needing. This included one to one and two to one support for people to be able to live their life within and outside their home, and to take part in activities how and when they wanted.
- Staff recruitment and induction training processes promoted safety. Employment histories were checked, and references had been received and validated. Checks on Disclosure and Barring (DBS) records had been made. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people working with people who use care and support services. Interviews were values based.
- Each person's record contained a clear profile with essential information and how people liked to be supported. This provided new or temporary staff with the guidance to help people to have a good day. Staff knew how to take into account people's individual needs, wishes and goals.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and supported people to have their medicines reviewed regularly by the appropriate healthcare professionals.
- People were supported by staff who had been trained to give them their medicines. Staff training was updated regularly, and they had their competency to administer people's medicines checked by a senior member of staff.
- Staff followed the provider's processes to provide the support people needed to take their medicines safely and effectively. This included where there were difficulties in communicating.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely. The service tested for infection in staff following current guidance. The provider's infection prevention and control policy was up to date.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.

Learning lessons when things go wrong

- People received safe care because managers and staff managed incidents affecting people's safety well. Staff reported incidents appropriately and managers investigated incidents and shared lessons learned.
- The service recorded any use of restrictions on people's freedom, and managers reviewed the use of restrictive practices to look for ways to reduce them and for learning within the staff teams.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 rights under the MCA were not fully met. People had a tenancy agreement for the property they lived in. Some tenancy agreements were not signed and dated by the tenant or the provider/landlord. Where people did not have the capacity to understand the decision to sign the tenancy agreement, a mental capacity assessment and best interest decision making process had not been taken or reflected in the tenancy agreement. Where another person, such as a family member, had signed a tenancy agreement, the capacity in which they were signing was not stated. Such as a deputy appointed by the Court of Protection.
- Most people were deprived of their liberty, as they were prevented from leaving their home when they wished, to keep them safe. Appropriate applications had been made to the Court of Protection by local authority staff. However, people's care plans did not provide specific guidance for staff to set out what this meant for individuals and how their rights must be protected.
- Mental capacity assessments, although decision specific, were not always individual as the same wording was used to describe how decisions were made. People were able to make simple choices and supported to do so.
- Staff had an understanding of the MCA, around simple choice and decision. More emphasis needed to be placed on how this related to their housing and support decisions.

The failure to ensure people's rights are maintained following the principles of the MCA 2005 is breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Plans were reviewed and updated regularly, involving people where possible.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and support needs people with a learning disability and or autistic people may have, mental health needs and positive behaviour support and restrictive interventions.
- Updated training and refresher courses helped staff continuously apply best practice
- If staff had to use restrictive practice, teams held debriefing meetings and reflected on their practice to consider improvements in care.
- Staff told us they were supported well by the provider. All the staff we spoke with were positive about their experience working at Forge House Care.

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

- People were involved in choosing their food, shopping, and planning their meals.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff worked well with other services and professionals to benefit people.

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 now deteriorated 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.

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

- Management and staff were keen to provide good care and put people's needs and wishes at the forefront of what they did. However, the provider was not working within the principles set out in CQC guidance for providers when supporting people with a learning disability or autism; Right Support, Right care, Right Culture. This document sets out what is expected of providers who are providing services.
- In supported living services, CQC expects housing and support arrangements to meet the REACH Standards and the Real Tenancy Test. The provider was not able to demonstrate they met these requirements. A clear separation between people's housing and their support had not been made to make sure they had a choice over who provided their care and support.
- People knew staff well and could tell us about the staff who supported them, and which staff were due in to support them next. People told us about the decisions they made, such as what they wanted for their tea, when they went to bed and where they liked to go when they went out.
- Managers set a culture that valued reflection, learning and improvement. Staff felt respected, supported and valued by senior staff. Comments we received included, "To me it's the best job I have ever had"; "It's the best company I've ever worked for. It's not just in work it's also in our lives we can discuss issues."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 managers had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and had oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in their work.
- Governance processes were effective and helped to hold staff to account, keep people safe, and provide good quality care and support. Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in supporting individual people without having to refer to records. Staff reviewed people's care and support on an ongoing basis as people's needs and wishes changed. One staff member said, "Clients are great - they are a joy to work with."
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. A staff member said, "I feel supported in my role definitely. The morale is very good we work really good as a team and you become friends. It's a really nice place to work."

- The registered managers gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff encouraged people to be involved in the development of the service where they could, by listening, through verbal communication, as well as through people's actions and behaviour. People indicated to us they were comfortable within their home. Staff recognised that one person liked to see lots of different staff through the week. The registered manager changed how staff schedules worked in the person's home to create the environment they preferred.
- Staff meetings were being held where staff could raise concerns but also areas for improvement. Consistency of people's care and support and good communication were included in the agenda items discussed.

Continuous learning and improving care

- The provider invested sufficiently in the service to deliver improvements.
- The provider had a clear vision for the direction of the service with ambition and a desire for people to achieve their goals.
- Where concerns had been raised, the provider had investigated and used the information gathered to cascade learning and improve care.

Working in partnership with others

- The registered managers were involved in local and national networks and events to increase their skills and to benefit the service by developing partnerships.
- The registered managers liaised closely with each other and other managers and held regular meetings. These provided peer support and updates from within the organisation and the health and social care sector.
- The registered managers and staff had worked closely with health and social care professionals, local authority and health staff and mental health teams. They identified when referrals were needed to health and social care professionals in a timely manner.

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
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider and registered managers failed to ensure people's rights were maintained following the principles of the MCA 2005.</p>