

Aspen Village Limited

# Forest Care Village Elstree and Borehamwood

## Inspection report

Forest Care Village  
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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 Care Village Elstree and Borehamwood is a care home registered to provide personal and nursing care for up to 178 people aged 18 and over with a range of complex health and care needs. At the time of our inspection 143 people were using the service.

Accommodation for people is spread over three floors divided in separate units, each of which have separate adapted facilities. Three of the units specialise in providing care to people living with dementia whereas in the remaining four units are for people with nursing needs. There is also a short stay unit for people needing rehabilitation after a stay in hospital.

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

The registered manager effectively used the providers governance systems to identify areas in the service they provided where improvements were needed. These included improving documentation, recording in care plans and improving communication with health and social care professionals as well as relatives. They also identified the need for a clinical lead for the short stay unit. Regular meetings were in place for staff and people to ensure they were contributing their views about the running of the home and lessons were learnt when things went wrong. There was a service improvement plan in place and actions were checked for completion to ensure improvements were made where needed.

People and their relatives felt the care and support people received was safe and met their needs. Staff were proactive in identifying and reporting any concerns to their managers or external safeguarding authorities if there was a need for it. Risk assessments were developed to give staff guidance in how to reduce risks and keep people safe from harm. Staff wore correct personal protective equipment (PPE) and followed safe infection control processes to protect people from Covid-19. People's medicines were managed safely. The registered manager had measures in place to help ensure there were enough staff to support people safely.

People's needs were assessed prior of moving into the home and care plans were developed to ensure their needs were consistently met. Care plans were regularly updated, and people told us they were actively involved in this. People had enough to eat and drink. Staff asked for dietician and other health professionals' input for those at risk of malnutrition. Staff received training and were supported through supervisions, team meetings and competency assessments to understand and carry out their roles effectively.

People were happy with the daily activities and entertainment offered to them by the engagement team. People told us the care and support they received was personalised and met their needs. Not every person living in the home wanted to discuss their end of life care wishes. For people who wanted and expressed their wishes these were included in their care plan and staff were knowledgeable about their 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](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 09 October 2019).

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 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 Care Village Elstree and Borehamwood

## **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 included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 07 December 2021 and ended on 03 February 2022. We visited the service on 25 January 2022.

The Expert by Experience contacted people and Relatives on 07 December 2021 for feedback about the care people received.

#### 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people using the service, seven relatives and nine staff members including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 seven people's care plans and reviewed the safety of medication administration. We also reviewed a range of records such as quality audits, provider policies and procedures.

#### After the inspection

We asked health and social care professionals for feedback about the service people received. We received feedback from two health and social care professionals. We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person said, "Yes, I feel safe. I used to [self-harm], but not anymore as I am well looked after. I do feel that they look after me well. They know me and how to treat me."
- Staff received safeguarding training and were clear about what they monitored and reported. One staff member said, "We [staff] all know what we need to check and report. We report bruising, changes in behaviour and other issues. I know about reporting to safeguarding or CQC if needed."
- Clear safeguarding processes were in place and referrals were made to external agencies when needed. A log was kept with all safeguarding referrals made and the outcomes to ensure lessons could be learnt.
- Staff told us there were meetings where they discussed if things went wrong and what they could do differently to prevent reoccurrence.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place to reduce risks to people's health and well-being. These covered for example, being at risks of falls, pressure ulcers, malnutrition and the use of bedrails. Staff knew people well and were aware of risks and how to lessen these.
- Where needed, external health professionals were involved to reduce risks further for people. For example, speech and language therapist advice was followed by staff for people at risk of choking. Physiotherapist and occupational therapists were involved where needed to assess people's mobility and the equipment people needed.
- People's medicines were managed safely by trained staff whose competency to administer medicines were assessed.

Staffing and recruitment

- People told us they had their needs met in a timely way. One person said, "I have a call bell, and this is answered promptly if I need to use it. They [management] keep on taking on new staff, and there seems to be enough of them."
- Staff told us there were enough care staff to meet people's needs, however they told us at times there was a shortage of nursing staff and nurse assistants had to be deployed which meant there were working under pressure.
- The registered manager acted in up-skilling care staff to nurse assistants, which meant that the nursing staff could delegate certain tasks to nurse assistants after they assessed their competencies.
- The registered manager continued to follow robust recruitment procedures which included obtaining references for candidates, proof of qualifications and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National

Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

- The provider supported visiting and remained up to date with current government guidance. People were enabled to receive visitors and maintained contact with people important to them.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being 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. The rating for this key question has remained good. 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

- People's needs were assessed prior of them moving to the home. The process was overseen by the registered manager to ensure all the information they needed for a safe admission was in place.
- Information gathered in a pre-admission assessment was used to create people's initial care plan.
- After developing the care plans these were reviewed when needed with input from people and their family members if appropriate.

Staff support: induction, training, skills and experience

- Staff told us the training available for them was comprehensive and helped them keep up to date with current best practice.
- The provider employed a full-time trainer who was available for staff on a daily basis. Staff told us they appreciated their support and helped them feel confident in what they were doing.
- Staff told us they received regular supervisions, however they had mixed views about the support they received from their unit managers. The registered manager was aware of these concerns and plans were in place to address these.

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

- People told us there were plenty of choices and had enough to eat and drink. Special diets and diet preferences were catered for. One person said, "I am vegetarian, but I do eat fish. There are choices available for me, and I can choose what I want."
- People received support from staff if they needed help to eat and drink. Staff monitored food and fluid intake for people at risk of malnutrition or dehydration and concerns were reported to nursing staff to ensure additional support from dieticians or a GP could be requested.
- Staff followed nutrition plans developed by health professionals for people who received their food through a tube placed through their skin directly into their stomach (PEG).

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

- Staff involved health professionals in people's care when it was needed. Staff were supported by dieticians, GPs, specialist tissue viability nurses and other health professionals when needed.
- Staff supported people to attend their health appointments if needed.

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

- Forest Care Village Elstree and Borehamwood is a large purpose-built care home. There are wide corridors and adapted facilities for people to use safely.
- There was a continuous maintenance programme in place and areas in the home were improved when needed.

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

- People told us staff always listened to them and they consented to the care they received.
- People who were assessed as lacking capacity to understand and make decisions about their needs were supported by their families or their representative. Best interest decisions were in place for the care and support they needed to stay safe.

# 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. The rating for this key question has remained good. 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

- Every person we spoke with told us staff were caring and respectful. They said staff respected their choices and were non-judgemental. One person said, "They don't ever interfere with what I want to do, unless they have to wake me for things like meals or going to bed. The carers are very respectful. The staff in general are really kind and polite." Another person said, "All the staff are lovely. I like all of them. They always look after people and make sure that they are ok. I am happy with them."
- Relatives told us they found staff being respectful and kind to them as well as people. One relative said, "All of the staff are extremely kind, caring and thoughtful both to [person] and ourselves. They all seem to be very buoyant in spite of the hard work that they do."
- We observed staff being friendly and smiling when they approached people. People called out to staff by name suggesting they developed a long-standing relationship and knew them well.

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

- People told us they were listened to and they felt involved in their care. One person said, "I have always had an involvement with the planning of my care, and this has always been discussed with me. Ever since I came in here, there have been meetings with me to talk about my care." Another person told us, "Yes (supported to express their views and be involved in their care), I was offered another home to go to, but I did not want to move as all my friends are here. They also know how to deal with my medical condition."
- Care plans detailed people, needs and abilities as to how much they could be involved in decisions about the care they received. The care plans also detailed relatives or other representatives the person authorised to be involved and take decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected by staff. One person said, "My privacy and dignity is respected, very much so. I do feel comfortable and we do get a choice of a male or female member of staff to assist with personal care."
- Staff spoke about people with respect. They knocked on bedroom doors before entering and ensured people were presentable before leaving bedroom doors open.

# 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. The rating for this key question has remained good. 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's care plans were developed well and had information about their likes and dislikes as well as guidance for staff about how to meet people's needs effectively.
- People told us the care they received was to their liking. One person said, "Yes the care is provided in the way I want it to be."
- Care plans for people who were only spending a short time in the home following a stay in hospital were not always up to date, accurate or personalised. The registered manager identified this, and plans were in place to develop this side of the service so that people in short stay received a personalised service.

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.

- People and relatives told us communication with them was good. One relative said, "I think they are caring and do personalise the way in which they deal with residents. For example, my [relative] is quite deaf, and they are sensitive to this in the way they communicate with them."
- Care plans detailed people's communication needs and staff used aids like a white board to enable people to communicate their wishes and decisions when they could not express this verbally.

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 happy with the engagement and activities provided at the home. One person said, "There is a pool table, and we have bingo regularly. We play badminton and table tennis. There are exercise and relaxation classes. There is quite a lot that I can do if I want to." Another person said, "Yes, I know what is going on. When I do come out of my bedroom, I look at the board to see what activities are on. However, I do like my own company. They don't pressure me into doing anything that I don't want to as the activities are all optional."
- Activities provided were varied to ensure everyone could choose what they liked to do depending on their interest and abilities to participate. One person said, "I don't take part in sports, but I do get involved with creative activities such as making pottery, painting and sign boards. There is enough going on if I want to get involved."
- Staff spent time with people who chose or were unable to leave their bedrooms. They ensured people

could listen to their favourite music, watch a movie or have a chat if they wanted to.

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

- People and relatives told us they felt comfortable and knew how to raise concerns if they had any. One person said, "If there is a complaint, they have a book which you can write details of your complaint in. This is kept in the unit. I have used this to raise a concern about a broken window, and this was dealt with. I have used it for a multitude of things since, and they have always been sorted out." One relative said, "I will either telephone or email if I have any concerns and I am certainly listened to in this respect. I think that the [staff] have been very good in communicating with us if and when [person] is unwell or taken off to hospital in an ambulance. When incidents have occurred, we have always been kept informed. I can't fault them on that front."
- Complaints were recorded, and a log kept detailing the nature of the complaint raised, the response date and the outcome. The log also detailed if there were any actions needed to improve the service overall not just for the person who raised the concern.

#### End of life care and support

- Care plans included end of life care arrangements for people. Some people were not prepared to discuss their care nearing the end of their life in detail, however details of where they wished to be cared for and also if they had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place were recorded.
- There were also details about any close family members or other representative the person wished to be contacted when they were nearing the end of their life.

# 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. The rating for this key question has remained good. 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

- People and relatives told us the home was well managed and they were happy and content. One person said, "I think that the atmosphere in the home is what makes it. I do think it is well managed. Usually everything is done on time." Another person said, "It is very well run [the home]. I have always thought this. In particular during this Covid -19 period the carers have been under strain, and I think this has been managed well."
- Staff told us at times they felt there could be more of them and they knew about the difficulties of recruiting permanent staff, but all the team pulled together to ensure people received personalised care and support.
- People and relatives told us they would recommend the home to others in need of care and support. One person said, "I would say that the home's approach to relatives and friends is absolutely brilliant. I would recommend the home mainly because of the attitude of the staff." Another person said, "I would recommend it. I think it is homely. My bedroom is lovely and is really nice, and is painted pink which I like."

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 and the provider were aware of their legal responsibilities, including appropriately notifying CQC of any important events.
- Accidents and incidents were closely monitored and the communication with people, professionals and relatives was open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had a good oversight of the quality of the service they provided to people. The effective use of the providers management systems and the regular audits they carried out to assess different parts of the service helped them identify areas where improvements were needed.
- There were some areas the registered manager identified needing improving. For example, they identified the lack of clinical leadership and management on the short stay unit, lack of effective communication in some cases with health professionals and family members and the need to improve record keeping.
- The homes service improvement plan had details about all the completed and planned actions the registered manager identified as needed to further improve the service people received. Actions were clearly detailed and signed off for completion by the registered manager.

- Lessons learnt were shared and involved staff. These were shared through staff meetings, handovers and supervisions. The registered manager developed a quality assurance tool used in regular meetings where they collected information about pressure ulcers people had, falls and other significant events. These were discussed with heads of department and the provider and further improvements were agreed to improve the care people received.

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

- Due to low uptake of residents and relatives meetings as well as Covid-19 restrictions, the registered manager individually asked people for feedback about the care and support they received. One person said, "I have always found [registered manager] very pleasant and affable, and always willing to have a discussion as and when." Another person said, "The [registered manager] is absolutely spot on and is lovely. She listens to you and if there is anything I am worried about, she will put my mind at rest."

Working in partnership with others

- Professionals we spoke with told us they felt staff listened to them and followed their professional advice. One health care professional told us, "I visit on a regular basis. I have long-term patients who reside there, but I also see new patients who may go there for respite. I have found the staff helpful and knowledgeable on their patients' needs. The staff are friendly and helpful and are very appreciative of my input. I have never had any issues with staff not engaging with me and the care unit manager has accompanied me on visits to patient's rooms if the staff are busy. My experience at [the home] is very positive."

- Staff developed good working relationships with different health and social care professional involved in people's care. This ensured people received holistic care from health and social care professionals in a timely way. The registered manager was developing the same approach for the short stay unit they had.