

Forest Lodge Rest Home Limited

Forest Lodge Rest Home

Inspection report

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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 caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Forest Lodge Rest Home is a residential care home providing personal care to 27 people aged 65 and over and some people are living with mental health conditions. The service can support up to 28 people.

The accommodation is a large house set in its own grounds next to the local park. There are two floors accessed by stairs or a lift. The upper floor has bedrooms, toileting and bathing facilities. The downstairs provides two communal lounges, a dining area and a conservatory used as a smoking room. There was an outside space to the front of the home which was secure and available for people to use.

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

The provider had completed audits in relation to the service, however these were not always a true representation of the situation and therefore improvements had not always been identified. There was not always staff available to be responsive to people's needs and some people were unable to request assistance when required. We have made a recommendation the provider empowers people to make choices and encourages them to maintain hobbies and interests.

Staff had received a range of training. In relation to keeping people safe from harm this was understood and the staff knew what areas to report on. However, for some areas the training provided had not always been followed.

There were staff available within the home, however these were not always responsive to people's needs. The required checks had been completed to ensure staff were safe to work with people. Medicine was managed safely. People's risks had been assessed and further work was being developed in this area to ensure long term conditions had been reflected.

People could choose their meal and provision was made for people's dietary or cultural needs. Some people had the facilities within their room to store food and make light snacks of their choice. 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.

Religious needs and cultural respect were embedded within the service. Staff who were able to communicate with people in their chosen language. Other people were supported with different communication methods, for example picture cards or the use of technology.

Staff had established relationships with people. Families were made welcome when they visited, and any relevant information was shared. People's information was stored securely, and their privacy was respected.

There was a complaints policy which had been followed when any concerns had been raised. People's views had been considered and suggestions used to develop some aspects of the environment.

Areas of the home were being refurbished and people had been included in the decision making of the colour schemes. The provider aimed to work with a range of partners to drive improvements or reflect the needs of the individual.

You can see what action we have asked the provider to take at the end of this full report.

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 29 March 2017)

At this inspection we found areas required improvement and some areas where the provider had breached the regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Forest Lodge Rest 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

The inspection team consisted on one inspector

Service and service type

Forest Lodge 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 the inspection

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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care

provided. We spoke with five members of staff including two registered managers, the senior care worker and three care staff and an activity support person.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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 other supporting quality and maintenance information. We spoke with one health care professional who regularly visited the service and contacted two relatives by telephone.

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; Learning lessons when things go wrong

- People were protected from the risk of abuse. There was a policy which clearly described how to keep people safe from the risk of harm. Staff we spoke with were aware of the policy and were provided with regular training to ensure they could recognise the signs of abuse and report concerns.
- The provider working with the local authority to investigate and review any safeguards raised. We saw how the provider had learnt from safeguarding incidents which had occurred. Following one incident the provider had changed the pre- assessment processes. This reflected lessons had been learnt.

Assessing risk, safety monitoring and management

- Risk assessments were in place which covered individual needs and the home environment.
- People were protected from environmental risks and regular maintenance was in place. Each person had an individual evacuation plan, should there be a need to evacuate the building. For example, in the event of a fire.
- Some risk assessments had been reviewed and these reflected people's changing needs. However, we found that some risk assessments for long term conditions had not always been completed.

The provider responded immediately after the inspection, to review these risk assessments and ensure they were shared with staff.

Staffing and recruitment

- There were sufficient staff to support people's needs. However, we expressed some concerns in relation to the responsiveness of staff and have reflected these in the 'Responsive' domain.
- The provider told us they had a flexible approach to ensuring people's care needs were met. This involved using additional staff for mealtime support and outings.
- The provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. Where people had no previous employment records the provider had completed a risk assessment which were reviewed, to ensure staff had the appropriate skills to work with people.

Using medicines safely

- Medicines were managed safely. People had their medicines administered safely by staff who had received training and competency checks.

- Administration records had been completed correctly and we reviewed the storage and stock management of medicines.

Preventing and controlling infection

- The home appeared clean and there were cleaning schedules in place. The provider told us they were developing further schedules, so they could ensure all areas of the home were routinely cleaned.
- We saw staff used protective equipment like gloves and aprons when they provided personal care or when serving meals.
- The kitchen had a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

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.

Staff support: induction, training, skills and experience

- Staff had received a range of training for their role. This involved some online and some face to face training.
- However, we could not be sure the training was embedded in relation to safety aspects when moving and handling people. For example, we saw some staff did not have the correct footwear to ensure they were safe when operating equipment.
- One staff member had not received any training; however, they were supporting people with moving them in a wheelchair and supporting people with their food and snacks. This could place people at risk of not being supported safely.

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

- People told us they enjoyed the meals on offer. One person said, "You can choose your meal and ask for different things."
- People's weights were monitored, and referrals made when there was a concern regarding the person being over or under weight. One relative told us, "[Name] has put weight on since being here."
- The chef was aware of people's dietary needs and these were catered for. This included cultural appropriate meals and those for health conditions.

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

- People's needs had been reviewed and where the person had a long-term condition information and current guidance was available to share with staff.

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

- People's health care was monitored. Some people had been referred to a specialist medical health professional for support. Any guidance they provided had been followed. For example, one person was at risk of sore skin and they required regular repositioning. We saw this had taken place and the person's skin had improved.
- People's care plans showed that they were regularly accessing medical professionals such as GP's, district nurses & community psychiatric nurses.
- People had been supported to attend medical appointments and any changes in their care needs had been shared with relatives or people of importance identified by the person who used the service.

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

- The provider was in the process of completing refurbishments of all the bathroom and toilet facilities within the home. These changes would provide better facilities for people and make the bathing areas more accessible.
- Other areas of the home had already been refurbished. The communal spaces had been decorated and people had been given the opportunity to choose the colour for the walls and doors. They had also been consulted about pictures and ornamental items.
- People were able to personalise their bedrooms and bring items from their previous home to provide additional comfort. One person enjoyed reading and had a large collection of books, so the provider had a bookcase placed in their bedroom.
- People enjoyed the newly planted garden and patio area.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 had been assessed and records showed that where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out.
- Some people had been referred to the local authority with regard to a DoLS. Where an assessment had been completed and authorised, if any conditions had been identified they were followed.

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's care plans and records used respectful language and gave a good overview of how people wished to be supported.
- People's diverse needs were respected, and care plans identified their cultural and spiritual needs. Some people did not use English as their first language, staff were able to speak with them in their preferred language and this ensured their cultural needs would be understood. We saw this enabled them to have choices discussed and promoted.

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

- People were encouraged to express their wishes and they had been part of the discussion around the colour choices for the home's refurbishment.
- Some people did not have family who could support them to express their preferences. We saw they were supported to use independent lay advocates. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.
- People were able to continue to follow their spiritual needs. Different religious leaders attended the home to provide prayers and an opportunity to worship. Some people were supported to attend the mosque for Sunday prayers.
- The local school had a connection with the home. These involved volunteers of teenagers who read the bible to people who wished to listen.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. For example, if people wished to spend time on their own this was recognised. Other people chose to spend time in the garden and some people were independent and went out locally.
- Records in respect of people's care needs and other confidential information was kept in a secure office.
- Relatives were made welcome in the home. One relative told us, "I am always offered refreshments and they keep me up to date with any changes in [name's] care."

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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- In the PIR the provider stated, 'We maintain a person-centred care environment at all times, ensuring that each individual's care needs, and the service provided is effective and meeting the required needs.' We found people did not always receive a person-centred approach.
 - The communal lounge was unsupervised for large parts of the day. People in the lounge during these periods had not been encouraged to move or engage in an activity or any meaningful conversation. There was no access to a call bell, in case they wished to request support.
 - Unless people were independent and able to move they remained in their chair throughout the day with only the television for company. The only interaction from staff was in relation to personal care tasks or when offering refreshments.
 - Care plans had been completed and included some people's views on their care needs, with a person-centred approach to these plans. However, we found that areas relating to people's history and life stories had not always been completed. The provider told us they were changing the paperwork they used. Some people had been in the home several months, family had been regular visitors however, the forms had not been completed.
 - Some people expressed behaviours which could challenge. We reviewed the care plans for these people. We saw that some of their behaviours had been identified, however there were not any detailed plans to consider how to manage the behaviour. When incidents had occurred, these had not always been recorded to consider if there were any trends or mitigating factors which could be identified.
- We recommend the provider empowers people to make choices and encourages them to maintain hobbies and interests in a person-centred way.

End of life care and support

- People had been supported with end of life care. Their care plan had been revised, however there was no specific end of life plan. This had been identified by a health care professional and the provider was reviewing their documentation.
- We reviewed other people's care plans, these reflected some aspects of people's end of life care needs had been considered. These were in respect of any agreed funeral plans. The provider recognised there was some additional areas they needed to record.

The provider responded immediately after the inspection, they shared with us their new end of life plans and how they planned to embed them to ensure people's needs were reflected. We will review these at our next

inspection.

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.

- People were supported to receive communication in a method which supported their needs. Some people were non-English speaking, staff were fluent in other languages used by people and this ensured they were supported with communication and choices. Other people used picture cards or a hand-held electronic device to aid their communication. The provider had other easy read documentation available if required by people to support their understanding.

Improving care quality in response to complaints or concerns

- The provider had processes in place to act on any complaints that had been received. People and relatives told us they felt able to raise any concerns. One relative said, "You only have to mention things and they respond to address it."
- Any formal complaints had been responded to with an investigation and written response.

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.

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

- Audits had been developed and completed. However, when we reviewed some audits the information recorded was not in accordance with what we found. For example, the infection control audit stated that all bathrooms and bedrooms had liquid soap, paper towels, and pedal bins. We found this was not the case in all areas. It stated that all furniture was suitable for use, however we found a large cushion in use in the communal lounge had areas of the material covering ripped.
- The audit stated that each person identified as requiring a sling for use with equipment was individual to them. Again, this was not the case and we saw that some people shared a sling.
- A medicine audit had recorded that the clinical room contained a sink. This was incorrect, there was no sink within the clinical room. We found medicine pots used to dispense medicine into had not been cleaned, this had not been reflected in the audit for medicines or infection control.
- Furthermore, there was concern in relation to the recording of optimising medicines. These medicines are stored by the provider but administered by other health care professionals. The recording was not done in accordance with the related guidance for these medicines.
- In the PIR the provider told us, "We plan to continue with our robust training programme to ensure that all staff are qualified and up to date in all areas at all times." We found this information to be incorrect, as one staff member had not received training.
- Staff had received competency assessments in relation to their practice. However, the registered manager had not identified that staff were wearing the incorrect footwear when using mobility equipment. This placed the staff at risk of injury.
- Following these concerns, we could not be assured as to the validity of other audits which had been completed within the home.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection by reviewing the audit relating to infection control and they had addressed some areas of concern which had been raised.

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

- In the PIR the provider told us, 'Forest Lodge has a more homely feel rather than the clinical scene. We try to promote the feel of Forest Lodge as their home and not a care home.' This was reflected in people having some of their own items in their rooms, for example fridges, chairs and television.
- Relatives and people, we spoke to felt there was a homely atmosphere, and this was evident by the welcome relatives received and the relationship staff had with people.

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

- People had been encouraged to be part in the refurbishments of the home. The colours of the paint being used for the communal spaces had been decided by people. Other ideas were reviewed and considered by the provider. For example, a coffee machine had been suggested, however this was risk assessed as too high a risk. Instead the provider had purchased a cold drinks dispenser.
- Questionnaires were used to reflect people's views on the home. Those we reviewed were positive. The provider needed to consider how they could obtain feedback from people who were unable to complete the written questionnaires and a way to share the feedback with people and their relatives.

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

- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.
- The registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

Working in partnership with others

- The provider had worked with a range of partners to support the people with their current and changing needs. This included health and social care professionals.
- The provider worked with the community to support people's religious needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have established systems and processes to ensure the safety of the services being provided. These services had not been assessed, monitored and ongoing improvements made. Risks had not been reviewed placing individuals and others at risk of harm.</p>