

Shaw Healthcare Limited

Forest View

Inspection report

Southway
Burgess Hill
West Sussex
RH15 9SU

Tel: 01444245749
Website: www.shaw.co.uk






Date of inspection visit:
23 November 2021

Date of publication:
26 January 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
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 View is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' which can accommodate up to 60 people in one adapted building. Most people living at the home were living with dementia, and some people had disabilities associated with older age and frailty. At the time of the inspection there were 57 people living in the home.

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

Since our last inspection it was evident the managers of the service and the staff had made improvements which had raised the standard of care people received and the overall governance of the home. Some improvements were still required to ensure the provider was always working in accordance with government and best practice guidance to keep people safe and ensure people consistently received person centred care.

People did not always receive care in line with their assessed needs and preferences or had their communication needs fully considered. Staff did not always have detailed guidance to respond to people and ensure they were supported in the most effective way. Some information had been adapted to ensure people received information in a way they could understand, but work in this area remained ongoing.

People were protected from avoidable harm as risks to people's health and safety were identified and assessed. People and their relatives told us they felt safe and were cared for by staff who knew them well. Medicines were managed safely and people received their medicines as prescribed. Accidents, incidents and safeguarding concerns were reported and investigated as required and actions taken to prevent reoccurrence. People were protected from the risk of abuse and staff were aware of their safeguarding duties and how to report concerns.

People received a comprehensive assessment and felt involved in discussions about their care. This included planning for end of life care and support. People were encouraged to engage in activities that were of interest to them and develop meaningful relationships.

People and their relatives told us staffing levels had improved and there were enough staff with the appropriate skills and training to meet their needs. Staff were recruited safely and received supervision where opportunities to develop and feedback about their practice were discussed.

People were treated with kindness, dignity and respect. Staff interactions with people were warm and caring. One relative told us, "The staff are brilliant, very talkative, they keep me informed always have time to sit and talk and they are always happy. I couldn't wish for nicer staff; they are like family."

People were observed in a homely environment adapted for their needs and were supported to drink enough and maintain a balanced diet. 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.

People and their relatives were complimentary about the service and the management team. The service had a positive culture and embraced continuous learning and improving care. Quality assurance and monitoring systems had been revised and updated to improve managerial oversight of people's care and keep people safe.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 February 2020) and there were multiple breaches of regulation. After the last inspection the provider was served a warning notice and completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider had met the requirements of the warning notice. The provider was no longer in breach of regulations.

Why we inspected

In August 2021 a call was held with the managers of the service using our Direct Monitoring Approach (DMA) to check whether the warning notice had been met. The leadership team provided assurances there were no emerging or ongoing risks that had not been identified or addressed by the provider. However, in order to gain further assurances that the provider was now compliant with the regulations, this inspection was carried out to corroborate evidence collated during the DMA call and action we told the provider to take at the last inspection.

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.

The last rating for this service was Requires Improvement (published 17 February 2020). The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last four consecutive inspections.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Good ●

The service was 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 View

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.

As part of this inspection we looked at the infection control and prevention measures in place. 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 undertaken 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.

Service and service type

Forest View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave a short notice period of the inspection because we wanted to ensure we had up to date information regarding the COVID-19 status of the home. This would enable us to plan our visit safely.

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 eight relatives about their experience of the care provided. The Expert by Experience contacted people's relative's remotely by phone. We spoke with 21 members of staff including the registered manager, quality improvement manager, deputy manager, team leaders, care workers, housekeeping staff, maintenance staff, activities champions and the chef.

We reviewed a range of records. This included seven 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 and assurances from the provider to validate evidence found. We looked at additional care records, training data, minutes from meetings and audit and quality assurance records. We requested feedback from three 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had not fully complied with their action plan from the previous inspection and not enough improvements had been made. There were ongoing concerns in relation to medicines and new concerns about staffing. The provider was still in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was issued a warning notice with a specified time by when to become compliant.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At the last inspection people at risk of falls had not been supported in line with the provider's policies and procedures. At this inspection improvements had been made. People who had experienced a fall were monitored in line with the provider's post falls protocol. Staff had undertaken training on falls awareness which enabled them to identify key contributing factors to monitor and observe, for example checking people's footwear and their eyesight. The registered manager had made changes to the environment, this included placing chairs in the corridors and introducing seating areas for people to rest if they needed. Handrails were replaced, and decoration such as patterned wallpaper which can make handrails difficult to see was removed and the walls redecorated.
- Risks to people's health and safety were identified, assessed and mitigated. People had risk management and care plans which were regularly reviewed and provided guidance for staff on how to support people and meet their needs. For example, people with specific dietary needs or those who required a modified diet received their meals safely, our observations of mealtimes confirmed this. Staff were aware of what foods people should have and followed the providers policy to keep people safe.
- People who had, or who were at risk of developing urinary tract infections were quickly identified and actions taken to treat the infection and reduce any symptoms. For example, increasing their fluid intake. Staff had completed hydration training to enhance their knowledge and skills. Fluid charts to show how much people had been drinking were completed by staff and regularly reviewed. Shortfalls in people's intake were escalated and actions taken where required.
- People were supported to move and reposition safely. Staff had undertaken training in moving and repositioning and were assessed as competent prior to supporting people. Staff understood people's needs and the equipment required to support people safely. One staff member told us, "Someone may have a UTI and this can affect their mobility, we may have to put temporary measures in place, for example a stand aid."

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had not ensured people were consistently safeguarded from abuse and improper treatment. The management team had failed to consider people's needs had sometimes been neglected in relation to their medicines and people had not always been appropriately supported by staff. This was a breach of Regulation 13 (Safeguarding from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People and their relatives told us they felt safe and knew who they could speak to if they had any concerns. One relative told us, "[Person] is safe in their room, all around they feel safe and secure. Any concerns I would speak to [registered manager or deputy manager] or the unit lead, I have good relations with staff."
- Improvements had been made to ensure systems and processes were effective in safeguarding people from the risk of abuse. Incidents of alleged abuse were appropriately identified and reported to the local authority and CQC. The registered manager understood their responsibilities in relation to safeguarding and conducted investigations as required. Incidents were analysed, and actions taken to reduce the risk of reoccurrence.
- Staff knew how to identify signs of potential abuse and were aware of their responsibilities for reporting concerns. Staff completed safeguarding training as part of their induction and refreshed their training annually.

Staffing and recruitment

At the last inspection the provider had not ensured that there was sufficient staff to meet people's assessed levels of need. This increased the risk of people's needs not being met in a timely way. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Since the last inspection the provider had undertaken a review of dependency levels within its services which had led to an increase in staffing levels overall. Our observation of staff rotas confirmed there were sufficient staffing levels to meet people's needs and keep them safe.
- The registered manager used a dependency tool to determine how staff would be deployed and ensure staffing levels were aligned to people's needs. The team adopted a flexible approach to staffing and responded to changes as required. Prior to the inspection the registered manager told us, "Having an increased level of staff provides some degree of flexibility, staff can be moved around the home as needs change, to cover any shortages, then there is time to update paperwork, care plans and spend with people."
- Staff gave mixed feedback about whether they thought there were enough staff. Most staff told us staffing had improved. Comments included, "It's not too bad, we try our best to cover shifts but with Covid it's been really hard" and, "There's enough staff. We only have to cover sickness and annual leave and we use agency for that."
- Most people and their relatives told us there were enough staff to meet their needs and staff attended promptly when they pressed their call bell for support. One person told us, "The staff here, they rush about but they've always got time for you. All I have to do is put my hand up and they're there." A relative said, "I

pressed the bell by accident once, they [staff] were there in no time."

- Staff were recruited safely and in accordance with the provider's policy. Appropriate DBS checks and other relevant recruitment checks were completed to ensure staff were suitable for the role. A DBS check is an official record which shows whether an applicant has any criminal convictions and is used to help the registered manager when making decisions about recruitment.

Using medicines safely

- At the last inspection medicines were not always effectively managed to ensure people received their medicines as prescribed. At this inspection improvements had been made. The provider had introduced an electronic medication administration system (e-MAR) which provided more effective oversight of how medicines were managed. Quality assurance and monitoring of medicines was completed via the e-MAR. Any omissions or errors were identified through this process and actions taken to improve.
- Medicines were managed, stored and disposed of safely. Staff responsible for managing medicines kept accurate medicines records, had received training in medicines and were assessed as competent in performing the task.
- At the time of our inspection there was no one living at the home with Parkinson's. However, people prescribed medicines which required enough time between doses or given at a specific time each day had received these in accordance to prescribing guidelines. For example, one person was prescribed medication which required administration before breakfast to ensure its effectiveness. Medicine administration records showed this had been given at the same time each morning, prior to the time breakfast was served.
- People prescribed 'as required' (PRN) medicines had protocols in place which guided staff on what condition or symptoms the medicines were prescribed for and the circumstances for which they could be administered. Protocols included the risk of potential side effects and strategies to help try and alleviate symptoms first before PRN medicine was offered.
- Staff adhered to good practice guidance from the National Institute for Health and Care Excellence (NICE) for the administration of non-prescribed medicines and people's medicines were regularly reviewed. People and their relatives told us they felt involved in discussions about their medicines. One relative told us, "Yes I know all the medication [person] is on, they discuss everything and if their medication is reviewed, they [staff] report back to me, they increased [medicine] for the retention of fluid."

Preventing and controlling infection

- We were somewhat assured the provider was using PPE effectively and safely. During the inspection catering staff were observed without wearing a facemask in the kitchen. Staff informed us that when leaving the kitchen and entering the care home, masks were worn to protect people. When this was raised with the provider, they responded immediately to our feedback. PPE protocols were revised to ensure they aligned with government guidance.
- We were assured the provider was preventing visitors from catching and spreading infections. There were processes in place to ensure visits were safe and facilitated in a way which reduced the potential risk of infection transmission.
- We were assured the provider was meeting shielding and social distancing rules. At the time of our inspection, there were no positive cases of COVID-19 in the home.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff. Visitors to the service were checked for completion of COVID-19 lateral flow tests before entering the home. People and staff had received their COVID-19 vaccinations.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and hygienic. We observed high touch areas were frequently cleaned and there was an enhanced cleaning schedule in place.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. When asked about how the service managed visiting one relative told us, "Very well, when I was allowed to visit, we had to wear PPE... we have to sign in and out and be tested."

Learning lessons when things go wrong

- The service learnt lessons when things go wrong. The management team encouraged openness and transparency about safety and risks. Accidents or incidents were discussed with staff and the people involved; records confirmed this. For example, when one person's health had declined, they started to show behaviours which increased the risk to other people. Staff took action to safeguard people and supported one person to move to an alternative unit to keep them safe.
- The deputy manager told us that learning from other managers who had been through a COVID-19 outbreak had been beneficial to their learning at Forest View. For example, sharing information and lessons learnt at other services had enabled the team to identify any potential shortfalls in IPC practice and take appropriate action to mitigate risks to people.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At the last inspection the provider had not always ensured that systems operated safeguarded people from improper treatment. Staff did not always have a good understanding of DoLS and what that meant for people. Capacity assessments had not been reviewed or updated, and people living under DoLS with associated conditions were not always supported by staff to ensure their conditions were met. This contributed to a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- The service was working within the principles of the MCA and legal guidance. Assessment and care planning processes had considered people's capacity to consent to care and treatment. Capacity assessments were undertaken as required and reviewed.
- Staff had completed MCA training and understood the principles when caring for people. Staff asked people for their consent prior to undertaking any tasks or supporting them with care. We observed staff were accepting of people's choices about where they wanted to sit or walk and what they wanted to do.
- People and their relatives told us staff asked for their consent before providing care and they were able to make everyday choices for themselves. A relative told us, "Yes, there has been a couple of times when [person] needed [personal care] and they would always ask them first."

- Systems and processes in place ensured DoLS were applied for as required and in a timely way. Authorisations were sought from the local authority and CQC informed. Where conditions to DoLS had been imposed, these were complied with. Where decisions were taken in people's best interests, these were documented and appropriate.
- For example, one person living with dementia required medicine to be given covertly. This meant the medicine would be administered in food to ensure it could be taken as prescribed. A capacity assessment and best interest decision had been completed with the relevant health professionals and the persons family.

Staff support: induction, training, skills and experience

At the last inspection the provider had not always ensured that staff were suitably qualified, competent and skilled to undertake tasks associated with their role. This contributed to the breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff had undertaken suitable training and had the skills and competence to meet people's needs. Staff received a comprehensive induction and were assessed as competent before they could support people. As part of their induction and ongoing development care staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of carers working in health and social care. The provider ensured that new staff completed the Care Certificate before commencing their role.
- Training records showed that staff had completed training the provider considered essential to their role. Concerns found at the last inspection regarding the number of staff who had yet to complete dementia awareness training had been acted upon, with 82 staff members out of 84 having completed training to support people living with dementia effectively. Training for staff was regularly updated to further develop their knowledge and enhance the care people received. Recent updates included positive behavioural support and oral care.
- People and their relatives thought staff were equipped to undertake their caring responsibilities. When asked their views on whether staff were suitably trained, one relative said, "Most definitely, members of staff get training online, they have regular on-site training also". Another told us, "Yes I do, the way they speak and explain things to me, and the way they speak to [person] is impressive."
- Staff received regular supervision and most staff felt supported by the management team. Staff were provided with opportunities to broaden their experience and learn new skills. The registered manager told us several staff members had been enrolled on an educational course in care. One staff member said, "I was working at [company] before and had no care experience, now I've been here two years and completing NVQ3."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the last inspection people's needs in relation to their oral health had not been identified and staff were not provided with guidance as to what support a person might need to maintain their oral hygiene. At this inspection improvements had been made. Staff had undertaken training in oral care and the provider had implemented an oral health assessment tool to ensure people's needs were identified. The assessment tool was regularly reviewed and enabled the managers to maintain effective oversight of people's oral health

and any changes that might require intervention. People had care and support plans which guided staff on how to maintain their oral hygiene. One staff member told us, "There's a person here who likes to have their teeth cleaned after every meal and snack." The staff member then explained how they supported the person to achieve this.

- People had comprehensive assessments which identified their needs and desired outcomes. People's needs were assessed in accordance with best practice guidance. Nationally recognised tools were used to assess people's risks for malnutrition, skin integrity and choking. Care and treatment plans were regularly reviewed and where appropriate, outward referrals had been completed for advice and support from external health and care professionals.
- Staff worked with other agencies to provide effective and timely care. People had access to healthcare services and support. People were supported to have access to their GP, health and care professionals and community nursing teams. One relative told us, "My [family member] has podiatry, the opticians and had a haircut sometimes." Another said, "There is a mental health nurse that goes in and someone that checks their feet and they have their hair done."

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

- At the last inspection the environment did not always help people navigate their surroundings and people did not always have access to items of interest that might provide stimulation or orientation. We recommended the provider considered stimulating, meaningful and appropriate environments for people living with dementia. At this inspection some improvements had been made but plans to decorate the home throughout and create a sensory garden had needed to be postponed due to the COVID-19 pandemic.
- Some areas of the home had been redecorated to make it easier for people living with dementia to orientate themselves to the environment. Communal spaces were warm and homely, and the environment had appropriate signage to help people find their way around. People's rooms were personalised with items which were meaningful to them and had picture frames outside the door which were decorated with their names on to help people locate their room if needed.
- Technology was used to enhance people's care. Call bells were in use for people to call for staff assistance if needed. For those unable to use call bells due to their level of understanding, infrared sensors or sensor mats were used in people's rooms so when they moved, staff were alerted and could go to offer their support.

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

- People were supported to eat and drink enough and maintain a balanced diet. People could choose from a varied menu and choose where they preferred to sit at mealtimes. Some people were observed eating their meal in their room, others sat at the dining table in communal spaces. People and their relatives were complementary about the food. Comments included, "I'm very happy here, I had a full English for breakfast" and, "The food is really good."
- At lunchtime, we observed people having their meal at the dining table, and some people required support. Staff were busy ensuring that people received the correct meals and drinks but by the time staff were available to support people, their food was no longer hot. We shared our observations with the registered manager who responded to our feedback. The mealtime process was reviewed, and changes made would ensure staff had enough time to provide one to one care to support people and improve people's mealtime experience.
- Staff could access information about people's preferences and dietary requirements quickly to ensure they received meals that were suitable to their needs. The registered manager informed us the chef had recently completed a course in how to prepare and present modified diets in an appetising way.
- People were supported to receive adequate fluids. Staff were observed throughout the inspection offering and making people drinks and ensuring drinks were within reach. One relative told us, "They make sure

[person] has drinks and milk shakes."

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection people were not always treated with dignity and respect. Staff were observed to not always treat people in a respectful and dignified way. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of Regulation 10.

- People's privacy, dignity and independence were promoted and respected. Staff had undertaken training in how to ensure people were treated with dignity and respect. One staff member told us how they supported someone with their elimination needs, ensuring that the door was always closed, and their body always covered to maintain their privacy and dignity. We observed people being spoken to by staff in a caring and respectful manner. One staff member was observed supporting a person walking to another room, the staff member spoke to the person quietly and discreetly to prompt them in the direction they wanted to go.
- People were familiar with staff and staff knew people well. We observed interactions between people and staff were warm and compassionate. Staff told us that they mostly worked within the same units and this had enabled them to build trusting and caring relationships with people. One person told us, "I think the staff here are fantastic." A relative said, "[Staff] are very nice, very friendly and very caring." Another said, "[Staff] definitely have a good rapport and good bonds." We observed one person knitting a scarf, they told us they enjoyed this activity and was making the scarf for a staff member who "always has time to talk with you."
- People were supported to maintain their independence. Care plans were person centred and identified people's strengths as well as how staff should support them. For example, one person required support with personal care, their care plan guided staff as what they could do for themselves and what choices they were able to make, such as choosing their clothes or whether they would like a shower or bath.
- People's privacy and confidentiality were respected. Information about people was stored securely and meetings where people's care needs were discussed, were held in offices to ensure their privacy was maintained.
- People's equality, diversity and human rights were respected. People's religious and cultural needs were established prior to moving into the home or on their arrival. Staff had completed training in equality and

diversity and understood what this meant for people. One staff member told us about a person who was of Muslim faith. This person had dietary requirements associated with their religion which were respected by the home.

- People were encouraged and supported to maintain contact with their families. The home ensured people could receive visits from their loved ones and offered alternative means of contact such as phone or video calls if visiting could not take place due to the COVID-19 pandemic.

At the last inspection the provider had not ensured that staffing levels and how staff were deployed, enabled staff to spend time with people to meet their needs. This contributed to a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Since the last inspection the provider had employed four activities champions whose role was to deliver a range of activities and support to people to ensure their physical, social and emotional needs were met. These additional champions and the increase in care staff overall had enabled staff to spend time with people and meet their needs. People's social and emotional needs were understood, and people were supported to develop and maintain relationships with those close to them. We observed people sat around the table in the communal area and two people seemed to be good friends, they joked, "It's a nice group here, we can all have a moan and a laugh." We observed one activities champion supporting two people from another unit to join the group. They explained how they encourage people to join in with activities and be with others, to promote their social and emotional wellbeing.

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

- People and their relatives were supported to express their views and most felt involved in making decisions about their care. One relative told us, "[Person] moved in on the day of lockdown. They [staff] call me every month to discuss how [person] is doing; they are very good at communicating." Another said, "Yes I was involved with the care plan, initially [person] went in for respite care. We were asked about care issues right from day one and we have been happy with it here."

- People were supported and encouraged to make choices independently and our observations confirmed this. People were offered choice about where they would like to be, what they would like to eat and drink, or whether they would like to participate in the activities available or on a one to one basis.

- People were encouraged to participate in resident's meetings where they could raise any issues or make suggestions about the home. We observed a 'wishing well' at the end of one corridor, where people had written their wishes on pieces of paper and put into the well. The wishes had been collected by the activities co-ordinator who, where able, had acted on these and made them happen for people.

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 Requires Improvement. At this inspection this key question has remained the same. 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

At the last inspection the provider had not always ensured that care and treatment provided to people was appropriate, met their assessed needs or reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9. However, some aspects of planning people's care to ensure the care and treatment provided was consistently responsive to people's assessed needs still required some improvement.

- Improvements in systems for planning person centred care had been implemented and most staff had undertaken training in person centred care. People received a comprehensive assessment which considered their choices and preferences. Most people had care and support plans which were detailed and contained guidance for staff on how to support them effectively. However, information about some people's needs had not always been utilised to fully inform people's care and ensure their needs and preferences were met. For example, one person had an assessment which stated they preferred foods they could eat with their fingers and declined assistance from staff. We observed the person showing signs of anxiety while being supported with their meal. Staff supporting this person offered two different meal choices prior to the offer of a sandwich. Although the person's needs and preferences had been assessed, the information had not been used to guide staff as to how to support the person with their meals in the most effective way. This was fed back to the managers who confirmed the persons care plans would be reviewed.
- Another person living with dementia experienced anxiety in the afternoons. Records showed and our observations confirmed this often led to them becoming upset. Although this had been identified and their care plans had guidance for staff as to how to support the person, guidance did not contain enough detail for the interventions to be effective. For example, it was recorded that staff should try to diffuse the situation but gave no practical examples of techniques staff could try which had proven effective, or those that had not. Our observation of staff interactions confirmed staff were not always sure about which interventions might help reduce the persons anxiety, despite their ongoing efforts to support them.
- At the last inspection it was not always evident how some people using the service for respite had been assessed and their care reviewed when they had health conditions that could change over time. Previously one person staying at the home for respite had not had their needs reassessed to ensure the guidance for staff supporting the person was current and up to date. At this inspection improvements had been made. The deputy manager informed us, "We don't very often have rolling respite cases now. If we do, we complete a 'lighter touch' assessment and contact the family prior to person arriving, review risks and care needs to

see if anything has changed. For example, their mobility, diet, sleep and personal care needs."

- At the last inspection staff had not always been provided with information about people's life histories, their interests and hobbies. It was not apparent how people had been supported to pursue their interests. At this inspection improvements had been made. People had person centred care plans which contained a range of information, their likes and dislikes, preferences and personal histories. One person told us about their interest in woodwork. Staff showed us a Christmas woodwork project they were working on together and told us this had helped engage the person in an activity which was of interest to them.

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.

- At the last inspection information had not been adapted to meet the communication needs of some people living with dementia. At this inspection some improvements had been made but work remained ongoing to ensure the AIS was met.
- We observed people being asked by staff to choose their meals for the following day. This approach was raised with the provider after the last inspection as it did not accommodate some people living with dementia who might struggle to recall what they had chosen the previous day. At this inspection the approach remained the same and menu information had not yet been adapted. Staff confirmed this was the only way that people were able to choose their meals.
- The registered manager had previously informed us that pictorial menus were being developed; however, these were not in place during the inspection. When this was fed back to the registered manager, they immediately responded and assured the pictorial menus were being finished and would be implemented following the inspection. They informed us pictorial menu boards had been ordered for the dining areas to help prompt people to remember what they have chosen for their meal. In addition, the process by which people chose their meals had also been revised to help people remember their choices each day.
- People's communication needs were identified at assessment. The complaints procedure had been adapted and was available in easy read format. Where communication needs were identified, information was adapted specifically for that person. For example, one person living at the home did not use English as their first language. The deputy manager had translated information into their preferred language and engaged the persons family to ensure translations were correct.

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 supported to develop and maintain relationships and follow their interests. People told us staff were busy but always had time to speak with them. There were dedicated activities champions who offered a range of activities to capture people's interests. During the inspection we observed six people taking part in a music game. The activity champion knew people well and knew their taste in music, choosing songs they thought people would enjoy. People were observed singing and joining in with the session. Another activity champion was making Christmas wreaths with people. One person told us, "I really enjoy cutting out things, there's always something for you to do, you just have to join in."

Improving care quality in response to complaints or concerns

- Complaints were appropriately investigated in accordance with the provider's policy. The registered manager was open and transparent when dealing with concerns that had been raised. Complaints were used to make improvements when needed. For example, in response to a complaint about laundry, the

registered manager had reviewed their laundry processes to try and reduce the risk of people's clothing being misplaced.

- People and their relatives told us they knew how to make a complaint if they needed to. One relative said, "I know how to complain, but I have never made a complaint and I think they would deal with it if I did."

End of life care and support

- At the time of our inspection there was no one living at the service receiving end of life care. Records showed that people's wishes and preferences for their end of life care was considered, and people were supported to plan their end of life care. One person's care plan identified how they preferred to be cared for at the end of their life and who they wanted to be with them.

- People were supported to be comfortable and pain free at the end of their lives. Staff had worked with external health professionals and GP's to ensure appropriate medicines were in place to maintain people's comfort when required.

- The provider was introducing ReSPECT forms for people. The ReSPECT process creates personalised recommendations for people's clinical care and treatment in any future emergency when they may be unable to make or express choices. As part of this process people's preferences and clinical information is recorded following conversations between them and their families with health professionals and home staff.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. Improvements had been made though some improvements were still required. 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

At the last inspection the provider had not ensured they had continually assessed, monitored and improved the quality and safety of the service provided. We continued to have concerns about the providers ability to make sufficient improvements to the quality of care people received and there had been a decrease in standards of care. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was issued a warning notice with a specified time by when to become compliant.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

While it was evident improvements had been made, some improvements were still required to ensure the provider could assure themselves they are always working in accordance with correct government guidance relating to COVID-19, the Accessible Information Standard (AIS) and that people were consistently receiving person centred care. Further time is now required for these improvements to be made, and ensure ongoing improvements are sustained and embedded in everyday practice.

- Systems had not identified that people had not always received care in line with their needs and preferences. Not all people's care plans provided staff with detailed guidance to ensure people were supported in the most effective way. Although most staff had completed training in positive behavioural support, this evidence-based approach was still being introduced to underpin people's care. This was an area of practice which required ongoing improvement.
- Quality assurance and monitoring processes had been revised and updated to provide the management team with effective oversight of risks to people's health and safety. Risks to the quality of the service were identified and acted upon to drive improvements. For example, the providers revised system to monitor and analyse falls was effective in reducing the overall number of falls that had occurred within the service. This had enabled the managers to identify themes and trends and mitigate potential risks to people's safety.
- Medicines audits had been updated to ensure that shortfalls found at the last inspection were addressed. The introduction of the new e-MAR had given the registered manager improved oversight of how medicines were managed and ensured that any omissions or errors in the administration of medicines were identified

and acted upon.

- The management team had worked closely with the local authority and clinical commissioning group to regularly review the providers Service Improvement Plan (SIP). The number of actions and improvements required had significantly reduced since the last inspection. The SIP was updated to ensure that improvements were completed, sustained and met within the timescales specified. A health and care professional told us, "Quite quickly following [registered manager] appointment, the service began to identify and address areas for improvement, what was notable was the services approach to ensuring that improvements were embedded before removing them from the Service Improvement Plan."
- The managers and staff understood their roles and responsibilities and demonstrated commitment to providing safe and effective care. The registered manager told us, "Everybody has their own roles and responsibilities and staff are aware of what they are. The team works well together. Having three team leaders now has really helped to embed some of the changes in practice and support the staff."
- The registered manager understood the importance of their role, was supported by the provider and had regular contact with the senior leadership team. Legal requirements were understood, and issues were reported to the appropriate organisations, including CQC and the local authority.
- On the day of the inspection, the provider was implementing an electronic care system which they felt would further improve people's experience of care and managerial oversight. The team were enthusiastic about this new system and the benefits the changes would have for people and staff. One staff member stated, "We have had training on [electronic system], it will take a while to get use to, but I think it's brilliant."

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

- Staff gave mixed feedback regarding communication and whether they had the opportunity to share their views. Most staff felt listened to, informed about developments and told us they were kept updated; others were less positive and described receiving important information about the service from colleagues or via "hearsay."
- The management team and staff promoted a positive culture that was person centred, inclusive and empowering. Most staff described the registered manager as approachable and told us they felt supported. One staff member said, "[Registered manager] is supportive and approachable they are working hard to keep up spirits."
- Staff received supervision in accordance to the providers policy and had opportunities to develop. Staff received feedback about their work and performance issues were addressed. One staff member told us, "I see [manager] for supervision. If I have any concerns, I will call them."

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

- People and their relatives were complimentary about the service and the care. Comments included, "I see first-hand how well things are working out for [person], they are happy and call Forest View their home. I would say they have landed on their feet with this home and we are really happy with how they are treated there" and, "Its excellent actually, what they do is just great."
- People's relatives told us they were generally kept updated about what was happening in the home and their loved one's care but felt this could improve. One relative told us, "We are updated mainly by email." Another said, "They send out emails about visiting and they had a remembrance service on [social media forum]." A third person said, "It would be lovely if I could get feedback on what [person] eats, how often they get properly washed or if they have a shower."
- People could share their thoughts and discuss matters that were important to them during resident's meetings or one to one session's with staff. The registered manager informed us of their plans to purchase a dementia table, a pool table and football table. This was in response to feedback received from people who

had requested more gender specific activities for people living at the service.

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 provider understood their responsibilities under the Duty of Candour and was open and transparent when people's care had not gone according to plan.
- The provider and registered manager had notified CQC of accidents and incidents that had occurred, and any lessons learnt or actions taken.

Continuous learning and improving care; Working in partnership with others

- The service had a culture which embraced continuous learning and improving care. One health and care professional told us, "The service has a culture of continuous improvement and has demonstrated that they have effective quality assurance processes in place."
- The registered manager and leadership team had been instrumental in driving the improvements made since the last inspection. The registered manager was proud of the service and what the team had achieved. One staff member told us, "I love working here, it's a great company to work for, staff are good, management are good, and they are supportive."
- The service worked in partnership with others including the local authority and clinical commissioning group (CCG). The team had engaged support from multiple external agencies such as the community and district nursing teams, GP, pharmacy and specialist services to ensure people's health needs were continually assessed and reviewed. Staff were aware of the importance of working with other agencies and sought their input and advice.
- People had access to a range of health and social care professionals and were referred appropriately in response to their changing needs.