

Fort Horsted Care Home Ltd

# Fort Horsted Care Home Ltd

## Inspection report

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Date of inspection visit:  
11 May 2022

Date of publication:  
27 July 2022

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Fort Horsted Care Home is a residential care home providing personal and nursing care to up to 30 people. The service provides support to older people. At the time of our inspection there were 24 people using the service.

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

People's medicines were not always well managed. Some medicines administration charts had not been completed fully to evidence people had received their medicines as prescribed. One person's emergency medicine was out of date.

Risks to people were not always well managed. One person was at risk of harm because staff had not followed the risk assessment in place to prevent them from injury. We reported this during the inspection and immediate action was taken to ensure the person was safe.

Most staff had been recruited safely to ensure they were suitable to work with people. One staff member did not have a full employment history recorded on their employment records. People had regular staff who they knew well. Staff were well supported by the management team.

The service was not always well-led. The management team carried out the appropriate checks to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. However, some of the checks had not been robust enough to identify areas of concern found at the inspection. The provider and registered manager took immediate action to address this.

The registered manager promoted an open culture. If people or their relatives wanted to complain they knew how to do so. People told us they were happy living at the service. Comments included, "I feel happy and I am comfortable at Fort Horsted"; "They are supporting me to get better and stronger" and "Staff are friendly enough. They met with me to talk about my care needs."

People were protected from abuse and avoidable harm. 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 18 April 2020).

### Why we inspected

We undertook this focused inspection as part of a random selection of services which have had a recent

Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fort Horsted Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to managing medicines safely at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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 not always safe.

Details are in our well-Led findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Fort Horsted Care Home Ltd

## Detailed findings

### Background to this 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 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 an inspector.

#### Service and service type

Fort Horsted Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fort Horsted Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We requested feedback from the local authority

and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. 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 five people about their experience of the care provided. We observed staff interactions with people and observed care and support in communal areas. We spoke with eight members of staff including the nominated individual, the registered manager, a nurse, senior health care assistants, health care assistants and housekeeping staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and 14 people's medicines records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including checks and audits were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines had not always been well managed. Some medicines administration records (MARs) had recording gaps which had not been picked up and reported by the next staff member to administer medicines. This meant the provider could not be assured that people had received their medicines as prescribed.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were not always in place for people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant that staff administering medicines (which included trained nurses and senior health care assistants) did not have all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- Medicines audits and checks had been taking place. However, some audits were not robust as had they had not detected that one person's emergency medicine to treat epilepsy had expired in January 2022. The medicine was also not listed on the person's MAR. This put the person at risk of harm of serious side effects.

The provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe Care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency. People's medicines were regularly reviewed by their GP and health professionals.
- After the inspection the registered manager told us they had implemented a new medicines audit to check expiry dates on all PRN medicines. They also told us the service was moving to an electronic system for medicines management.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks relating to people's care and the environment were not always well managed. One person had been assessed as a ligature risk. Their care plan and risk assessment detailed that they must not have a call bell lead. We checked that the risks had been mitigated and found the person in their bedroom with a call bell lead in their hand. Staff were unaware of the dangers of this. We reported this immediately to the nurse on duty who took action to remove the call bell lead.
- People were at increased risk of harm because a small hole had developed in the dining room under the carpet, this created a trip hazard. Staff reported that they were also finding it difficult to wheel people in chairs over the hole and drinks trolleys were also difficult to manoeuvre as the wheels became stuck in the hole. Staff reported to us that the hole had been there a while and had got worse. We did not see any records to show that this had been reported to the maintenance team or the provider. We reported this to

the provider, immediate action was taken, and a contractor visited the service after the inspection to temporarily fix the hole, whilst a longer-term solution was sourced (this included replacing the flooring).

- The equipment and the environment had not always been suitably maintained. Contractors had completed checks of moving and handling equipment, electrical wiring, gas safety checks and fire servicing. On the day of the inspection one person who was cared for in bed reported that they did not have a call bell which resulted in them having to shout out to gain help. They told us they had not had a call bell for a few days. The call bell in the room was found not to be working. We reported this to the provider. A contractor fixed the call bell after the inspection. The provider told us that they were in the process of arranging for the whole call bell system to be replaced.
- The provider had systems in place to monitor accidents and incidents. Lessons were learnt from these to reduce the risk of issues occurring again. The registered manager followed up each incident and accident and reported to the provider. Referrals were made to appropriate professionals as required. Our observation of records confirmed this.

### Staffing and recruitment

- Staff were not always recruited safely. Staff recruitment records showed gaps in one member of staffs' employment history. These gaps had not been addressed and recorded. This is an area for improvement. After the inspection the registered manager took action to address and record gaps in employment with the staff member.
- The provider ensured staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these 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. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their PIN numbers to confirm their registration status.
- There were suitable numbers of staff to provide the care and support people were assessed as needing. Assessments of staffing levels were undertaken by the registered manager. Staffing levels were amended when required to meet people's changing needs.
- People told us their needs were met in a timely manner. One person said, "They are fairly quick if I press it [call bell]."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### 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 somewhat 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 had followed government guidelines relating to visiting arrangements throughout the recent pandemic. Visitors had to provide proof of a negative COVID-19 test and were required to wear face masks in all communal areas of the home.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Oh yes I feel safe here" and "I feel safe."
- Staff understood their responsibilities to protect people from abuse. All staff had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted where necessary. Staff knew how to raise, and report concerns outside of their organisation if necessary. Where safeguarding concerns had been received, appropriate action had been taken to address these.
- Posters and information were on display around the service telling people about how to stay safe. This information was in an easy to read format to help people understand.

# 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 changed 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.

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

- The systems to audit the quality of the service were not always robust or sufficient to alert the provider of concerns and issues found during the inspection. Medicines audits had not checked expiry dates, therefore had not detected that one person's emergency medicine to treat epilepsy had expired. The health and safety audits of the premises conducted in April 2022 had not identified the hole in the dining room floor, staff told us the hole had been there for quite some time. Audits of care had not identified that a person was at risk because they had access to a call bell lead. This is an area for improvement.
- After the inspection the provider and registered manager provided assurances that actions had been taken to address the concerns. Audits were reviewed and amended to include additional areas and a prompt sheet was created to act as an aid to staff when reviewing care plans and risk assessments.
- Other systems were in place to check the quality of the service including, reviewing care plans, incidents and accidents, health and safety, mattresses, bedrails and bumpers, moving and handling equipment, medicines, infection control, night checks and maintenance. Where issues had been identified records showed that actions had been taken in a timely manner.
- Since the last inspection the registered manager the registered manager had adjusted their hours to ensure they had time to enable them to manage the service, carry out quality monitoring. This had led to improved monitoring and management oversight of the service.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their regulatory requirements as they had sent CQC notifications of incidents that had occurred.

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

- People knew the staff and the registered manager and felt that there was an open culture. One person told us, "This place is considerably better than the last home. Staff are kind and friendly". Other people said, "I know how to complain, there was a sign about how to complain on the wall" and "I could speak to the nurses if I had any complaints or concerns."
- It was clear from the experiences of people living at the service and our observations that the provider continued to meet their aims and objectives for the service as set out in their statement of purpose.
- The service had received positive feedback and compliments from relatives. One read, '[Name] came to you at a difficult time after she had lost her independence and could no longer remain in her own home. At a time of sadness and uncertainty she found you all. The care, understanding, love and laughter (yes, much

laughter) she enjoyed with you all was just the remedy she needed. You became her caring angels, mum had four wonderful years at Fort Horsted and would often say, "don't move me from here, this is my home", not that we ever would have.'

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 had a good understanding of their responsibilities under the duty of candour.
- The registered manager and provider demonstrated that they were committed to ensuring that people received improved experiences and high-quality care.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed a copy of their rating in the service.

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

- During the inspection we observed staff liaising with relatives by phone and in person, keeping them up to date with any changes or concerns to their condition.
- People receiving a service had been asked for feedback about their care and support by the provider formally through surveys. People also received regular checks conducted by staff who checked on their comfort levels and whether they were happy with the length of time they have to wait when they have pressed their call bells.
- Newsletters were sent out regularly to keep people and their relatives up to date with news, events and activities.
- Staff were well supported by the management team. Staff meetings took place regularly and staff felt confident in the support they received from the registered manager. They felt communication was good. Staff were aware of changes to people through handover meetings.

Working in partnership with others

- The registered manager had attended local events and forums to make sure the practices they were following were current and best practice. They were signed up to well known, reputable websites to find advice and guidance such as Skills for Care. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.
- Staff and the management team worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes.
- During the inspection we observed staff communicating with people in relation to their planned care and sharing any concerns with relevant parties.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Registered persons had failed to manage medicines safely. Regulation 12 (1)(2)