

Forge House Care Ltd

Forge House

Inspection report

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Tel: 01634566552

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 7 February 2017. It was unannounced.

Forge House is a privately owned care home. The service provides personal care, accommodation and support for up to six adults. People had a variety of complex needs including mental and physical health needs and behaviours that may challenge. There were six people living at the service at the time of the inspection.

At the last Care Quality Commission (CQC) inspection on 17 February 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained Good.

Due to people's varied needs, some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy in their home by showing warmth to the deputy manager and staff who were supporting them. Staff were attentive and interacted with people that used the service in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

The provider was also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People continued to be safe at Forge House. People were protected against the risk of abuse. We observed that people felt safe in the home. Staff recognised the signs of abuse or neglect and what to look out for. Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. Medicines were managed safely and people received them as prescribed.

There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular support to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained, particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The deputy manager was in day to day control of the service. They ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The deputy manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Forge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 7 February 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with four people who used the service and spent time observing people about how care was delivered. We contacted three relatives of people on the telephone following the inspection.

We spoke with the deputy manager who was in day to day charge of the service, one team leader and two support workers. We also requested information via email from two health and social care professionals involved with the service.

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. After the inspection, we received further information from the deputy manager about fire tests and fire drill practice.

Is the service safe?

Our findings

People told us that they felt safe living in the service. Relatives said, "My Son is very happy there, yes and safe", "My Son has lived there for many years, he is settled at Forge House", and "Yes, he is safe there, I do not worry".

There continued to be suitable numbers of staff to care for people's safely and meet their needs. The deputy manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The deputy manager said if staff telephoned in sick, the person in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were sufficient staff on duty to enable people to go to planned activities, for example going to the gym. The deputy manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records were clearly set out and complete. This enabled the provider to easily see whether any further checks or documents were needed for each employee. For example non return of references to follow up. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, and a Disclosure and Barring Service (DBS) background check. These processes help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

People continued to be protected from abuse or harm. There was a safeguarding policy, and staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had updated training in protecting people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

People continued to be protected from avoidable harm. Staff had a good understanding of their mental health needs and people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and had a good understanding of people's mental health behaviour. Staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been regularly reviewed.

The risk assessments promoted and protected people's safety in a positive way. These included accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us these were to support people with identified needs that could put them at risk, such as when they become agitated. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. For example, records were maintained and used to build up a pattern of behaviour which allowed for earlier intervention by staff. We spoke with two members of support staff who told us that they monitored people and checked their support plans regularly, to ensure that the support provided was relevant to the person's needs. Changes to one person's support plan had recently been made due to changes in behaviour. The staff members were able to describe the needs of people at the home in detail, and we found evidence in the people's support plans to confirm this. This meant that people at the service could be confident of receiving care and support from staff who knew their needs.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. There was information for staff to read about possible side effects people may experience in relation to certain medicines. Medicines audits were carried out in line with the registered provider's policy. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

The premises had been maintained and suited people's individual needs. There were grab rails at the side of the baths to make it easier for people to get in and out. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. The deputy manager continued to carry out risk assessments for the building and for each separate room to check for any hazards.

Emergency procedures in the event of a fire were in place and understood by staff. Fire detection and alarm systems were regularly maintained by an external company. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. They knew what action to take in the event of a fire. Evacuation information was currently being updated. This included details of the support they would need if they had to be evacuated. These were kept in an accessible place and readily available in the event of an emergency.

The deputy manager continued to have in place a plan for staff to use in the event of an emergency. This included an out of hour's policy and arrangements for people. This was for emergencies outside of normal hours, or at weekends or bank holidays.

Is the service effective?

Our findings

People told us that staff looked after them well. Relatives said, "The staff are all good and treat people well", "Cannot fault them they (staff) are all very good", and "My son has lived at Forge House for many years and looks on Forge House as his home".

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. The team leader told us they were undertaking NVQ Level 5, and one of the support workers told us they were undertaking NVQ Level 3. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as epilepsy and safe administration of medicines. They also completed practical training in behaviours that challenge and behaviour intervention. This gave them the opportunity to discuss training together and how to apply it to give people the support they needed. Since our last inspection, records showed staff had undertaken mandatory training in topics and subjects relevant to their roles. This helped staff keep their knowledge and skills up to date.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. In this small service staff saw and talked to each other every day. Staff told us they felt well supported by the deputy manager.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was

complying with the conditions applied to the authorisation.

People were supported to have enough to eat and drink and given choice. There was a menu for the week, and this was displayed each day on a chalk board for everyone to see. The menu gave people a variety of food they could choose from. The chef knew people well and asked each week if people had any special requests or any requests for the following week's menu. Staff offered people hot and cold drinks throughout the day. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight. Staff recorded what people ate and drank to help them monitor people were eating and drinking enough.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

Is the service caring?

Our findings

People told us the staff are all very good. Due to some people's varied and complex needs they had a limited ability to understand and verbally communicate with us. However, the staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. Relatives commented, "They get lovely meals", and "Happy with the support provided. I do not think they could do better". One relative told us their relative got on well with all the staff who knew them well.

Since our last inspection on 17 February 2015, the deputy manager continued to ensure people's individual records provided up to date information for staff on how to meet people's mental health needs. This helped staff understand what people wanted or needed in terms of their care and support.

There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We observed positive interactions between people and staff. People looked at ease and comfortable in staff's presence, responding positively to their questions and readily asking for help and assistance. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as using pictures. They gave people the time they needed to communicate their needs and wishes and then acted on this.

Relatives felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they eat and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too.

People's right to privacy and to be treated with dignity was respected. Records were kept securely so that personal information about people was protected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence. We saw that people were supported to go out to their planned activities. The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

Is the service responsive?

Our findings

Staff told us that people received care or treatment when they needed it. One relative told us that they were kept up to date and had regular contact from the deputy manager. They said that staff brought their relative for a home visit on a regular basis. Another relative told us that, "Staff are approachable and we are kept informed of any changes. We see staff every two weeks when we collect our relative for a home visit".

Since our last inspection on 17 February 2015, people continued to receive personalised support which met their specific needs. Each person had an up to date support plan which set out for staff how their needs should be met. Support plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided. Support plans were reviewed regularly with people, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff.

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays, day trips and outings to the seaside. People were also supported to pursue personal interests such as attending art and drama classes, weekly dance, colleges, club or to go swimming, bowling, trampolining, horse riding or going to the local gym. They enjoyed going for walks, playing music and taking part in group activities. Staff helped people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the home.

The provider continued to have systems in place to receive people's feedback about the service. The provider used questionnaires to gain people's and other views of the service they received. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the home and used pictures and simple language to help people state who and/or what had made them unhappy and why. The deputy manager confirmed there had been no formal complaints received by the service since our last inspection.

Is the service well-led?

Our findings

Relatives and staff told us that they thought the service was well-led. They said the deputy manager was there most days, and they had a contact number for the provider when they were not at the home. Staff commented, "We all work well as a team", and "The deputy manager is approachable and his door is always open".

People, relatives and health and social care professionals spoke highly of the registered manager, deputy manager and staff. We heard positive comments about how the service was run. One doctor told us, "I have no concerns, interactions with carers are appropriate and people seem happy and well cared for".

People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views. The deputy manager said there were weekly updates with parents and families when they came to collect people for a home visit.

Our observations showed that people knew who the deputy manager was and they felt confident and comfortable to approach him. We observed people engaging with the deputy manager in a relaxed and comfortable manner.

There continued to be a management team at Forge House. This included the deputy manager and four team leaders. Support was provided to the deputy manager by the provider/registered manager in order to support the service and the staff.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the deputy manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team.

We found that the deputy manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, personnel, learning and development for staff. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the deputy manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, updating fire drill practice records.

The deputy manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team if and when they arose. The deputy manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to

people's needs and ensured they made appropriate referrals to outside agencies. The deputy manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met. A doctor said, "The service was good at communicating with the surgery".