

Barchester Healthcare Homes Limited

Forest Hill

Inspection report

Forest Hill Park
Worksop
Nottinghamshire
S81 0NZ

Tel: 01909530531
Website: www.barchester.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Forest Hill provides personal and nursing care for up to 55 people. People are accommodated in two separate units within one building. The Portland Suite (downstairs) provides personal and nursing care for adults with mental health needs. The Memory Lane community (upstairs) provides personal and nursing care for older people living with dementia. At the time of our inspection, there were 53 people living at Forest Hill.

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

People were not always protected from the risk of abuse. Relatives had mixed views about whether their family members were cared for safely. There were times when there was not enough staff to meet people's needs safely. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Areas of the service were not clean or maintained well. There were not enough domestic staff to keep the building clean. People did not always receive their prescribed medicines at the prescribed times. Information in people's care plans was not consistently kept up to date.

The provider had not ensured systems and processes to assess risk and monitor quality were sufficient and effective in driving improvements. There was a lack of robust oversight of the quality of care. The governance systems did not support staff to identify themes of concern and take appropriate action to maintain safe care in a consistent way.

The provider's checks and audits did not identify that people were not consistently involved in planning and reviewing their care. The provider did not always act on feedback received from health and social care professionals in a timely manner to reduce risks to people.

Staff we spoke with demonstrated good knowledge of people's needs, but said they did not always have enough time to read people's care plans. People were not always involved in reviews of their care, particularly where they were less able to communicate their needs.

Relatives had mixed experiences of communication from the provider about aspects of their family members' care. The provider had not taken steps to ensure that people were given information about their care and support in ways which were accessible for them.

Risks associated with the service environment were assessed, but the provider did not always ensure those risks were mitigated. The provider had a system in place for regular checks on all aspects of the environment. People's needs were assessed, and any risks associated with their health conditions documented. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences.

People's needs, and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. People were supported by staff to access healthcare services when required. People were supported and encouraged to have a varied diet that gave them enough to eat and drink.

People and relatives spoke positively about the staff who provided support. Staff were caring and showed that they enjoyed the work they do.

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

Rating at last inspection

The last rating for this service was Outstanding (published 21 November 2017).

Why we inspected

The inspection was prompted due to concerns received about infection control, cleanliness and how people were safeguarded from the risk of abuse. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Forest Hill on our website at 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 of regulations in relation to safeguarding service users from abuse and improper treatment, staffing, premises and equipment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Forest Hill

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection took place on 17 and 21 February 2022. The first day of our inspection was unannounced and was carried out by one inspector. The second day of our inspection was carried out by two inspectors.

Service and service type

Forest Hill 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. Forest Hill is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local clinical commissioning group about 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

During the inspection we spoke with five people who used the service, 14 relatives, and observed how care and support was given generally. We spoke with nine care staff, including nurses, and three staff involved in activities, maintenance and catering. We spoke with the deputy manager and the provider's divisional director for hospitals and complex care services. We looked at a range of records including nine people's care and activity records and how medicines were managed for people. We also looked at staff training, and the provider's quality auditing system.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

Following the inspection visit we asked the provider to give us additional evidence about how the service was managed, which they sent to us.

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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. Relatives had mixed views about whether their family members were cared for safely. Whilst many relatives felt care was safe, three relatives did not feel this was always the case. It was also difficult for some relatives to comment on aspects of the service's safety, due to restricted visiting during the coronavirus pandemic.
- For two relatives, the cold temperature in bedrooms at times during winter was a particular concern. They felt that, despite raising this concern on a number of occasions, no action was taken. The provider confirmed the heating system broke down twice over the winter, but that this was fixed as soon as possible. Alternative heating sources were used as an interim measure whilst the heating was being fixed.
- Following several incidents, on 5 January 2022 a local authority safeguarding social worker identified with the deputy manager that there were two safeguarding plans recommending a person move from one of the units at Forest Hill. This had not happened, and we identified the person's move subsequently took place on 14 February 2022. This was a failure to take action to safeguard people in a timely way.
- Recent local authority safeguarding investigations identified a number of occasions where the provider had failed to keep people safe from avoidable harm and had not always put clear plans in place to reduce the risk of repeat incidents. In one case, this had led to further incidents where people were put at risk from people's behaviour.

This was 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.

- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns.
- The registered manager and deputy manager reported any allegations or abuse to the local authority safeguarding team. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Staffing and recruitment

- There were times when there was not enough staff to meet people's needs safely.
- Staff felt there were not enough of them to be able to provide care to the standard expected by the provider. They described working in a task-focussed way which did not always allow them the flexibility to meet people's emotional needs. Staff also told us that people who needed additional one-to-one support throughout the day did not always get this, and that the lack of staff increased the likelihood of accidents and incidents. Staff reported having insufficient time to provide both hands-on care and to complete

paperwork necessary to record care given.

- The deputy manager confirmed the provider used a dependency tool to assess the level of each person's individual needs. This tool was then used to help plan the number of staff on each shift. However, staff told us the dependency tools did not always accurately reflect people's needs, particularly in relation to emotional support and the need to provide sufficient observation to keep people safe.
- We observed that there were times when there were not enough staff to support people. For example, we saw a number of people who were seeking reassurance or interaction with staff, but the staff were engaged in providing hands-on personal care for other people, so were unable to provide this. Analysis of the provider's staff rota for January and February 2022 showed there were 10 days on Memory Lane where there were less staff than the provider had assessed as necessary to provide care safely.
- One relative said they felt there was a lack of personalised care for their family member. Another two relatives said the home was short-staffed, particularly at weekends.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us the provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. Additional evidence from the provider confirmed this. The provider ensured staff were of good character and were fit to carry out their work.

Preventing and controlling infection

- Areas of the service were not clean or maintained well. Areas of the building were visibly damaged and therefore unable to effectively be cleaned to reduce the risk of infection. For example, damage to areas of skirting boards and door frames.
- We found pressure cushions which were stained with debris and urine. There was no evidence of regular checks on the cleanliness or integrity of pressure cushions. Wheelchairs and other mobility equipment were visibly dirty.
- Staff told us there were not enough domestic staff to keep the building clean. An analysis of the housekeeping rota supported this.
- An external environmental audit was carried out by the local clinical commissioning group on 22 February, the day after our second visit. This audit identified a range of issues relating to the cleanliness of the service. This included a lack of clearly signposted handwashing facilities, chairs with visibly soiled fabrics, showerheads with limescale, evidence of poor cleanliness in kitchenette areas and visibly unclean mattresses.

This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections. We were assured that the provider was meeting shielding and social distancing rules. We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were restrictions on visiting the service which were in line with current government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Assessing risk, safety monitoring and management

- The provider's checks on risks associated with the environment were not always effective at identifying issues. For example, checks on the temperature of bedrooms, alongside relatives' feedback about rooms being cold, had not always resulted in timely action to improve the warmth in rooms. Daily checks done by management or senior staff did not always identify areas where additional cleaning was required.
- People's needs were assessed, and any risks associated with their health conditions documented. These were reviewed and regularly updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- There were plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's mobility and support needs. This meant staff and visiting emergency professionals had quick access to information about people's needs. Staff and emergency services would quickly know how to support people safely.

Using medicines safely

- We were not assured people received their prescribed medicines at the right times. For example, we observed the lunchtime medication was still in progress at 3.40pm on Memory Lane. We confirmed that the nurses on shift had not had any breaks since starting at 8am. This put people at risk of not having their medication at the correct time, and the risk of medication errors due to staff being tired.
- Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- There was guidance in place for people's "as and when" (PRN) medicine which told staff when this medication was needed.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. Learning from incidents was shared with staff to improve care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff we spoke with demonstrated good knowledge of people's needs but said they did not always have enough time to read people's care plans. This put people at risk of receiving care from staff who were not always up to date with people's needs and the care and support they required.
- Staff told us they did not always get regular supervision, where they could get feedback on their performance and discuss training needs. This meant they did not have the opportunity to know where they were doing well, and where they needed to improve.
- Staff described the induction they had, and said it was generally good. Induction included shadowing more experienced staff and being introduced to people before providing care and support.

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

- People's needs, and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of malnutrition or developing pressure areas.
- Assessment of people's needs under the Equality Act were considered in people's care plans.

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

- People were supported by staff to access healthcare services when required. Relatives told us their family members were able to see their doctor, dentist or optician whenever they needed to. Records we looked at confirmed this.
- Care plans stated what people's needs were and detailed what staff should do to help people maintain their health. However, staff confirmed they did not always have time during their shifts to read the latest care plans for people.
- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

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

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was good. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed

additional support to eat or required special diets, for example, fortified diets or appropriately textured food and thickened drinks.

- People who were at risk of not having enough food or drinks were assessed and monitored. Where appropriate, advice was obtained from external health professionals to support people with their nutrition and hydration.

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

- The provider ensured the environment was suitable for people's needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. The service had clear signs around the building to help people orientate themselves. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms.

- Bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering. ● The provider had taken steps to ensure the garden area was suitable and accessible for people with mobility needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives said staff gained permission before offering personal care. Throughout the inspection, we heard staff ask people when offering care and support and encouraging people to make their own decisions about their daily lives.

- Staff understood the principles of the MCA, including how to support people to make their own decisions, and how to proceed if the person lacked capacity for a particular decision.

- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always involved in reviews of their care, particularly where they were less able to communicate their needs. Staff said reviews of people's care plans did not always involve people, and records confirmed this.
- People were not given information about their care plans or reviews of care in ways that were meaningful to them; for example, in easy read or pictorial formats. The provider had not ensured people who required additional support with communication had their needs met.
- Relatives had mixed experiences of communication from the provider about aspects of their family members' care. Whilst some relatives said they felt staff kept them well informed, other relatives said this was not their experience. One relative said, "I feel that communication between management, staff and relatives has been poor with very little voluntary feedback about residents' state of health etc, especially during periods of lock down, which has been distressing at times." Another relative said, "Don't ever seem to get straight answers from staff – get different versions when you ask different staff about things. When you ask questions – there's no consistency in answers."
- Staff were familiar with people's verbal communication styles and encouraged people to talk about how they wanted to be supported. However, there was no evidence that people were supported with alternative methods of communication to enable them to express their views and feelings about the care and support they received.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the staff who provided support.
- Staff were caring and showed that they enjoyed the work they do. However, staff commented on wanting to have more time to spend with people beyond task-focussed personal and nursing care. One member of staff commented that they felt people would have fewer episodes of anxiety or distress if staff were able to spend time supporting their emotional well-being.
- Throughout our inspection, we saw staff took time to spend with people when they were able. Care and support was offered with warmth and good humour to everyone we saw.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity were respected. For example, staff knocked on people's bedroom doors before entering and waited for each person's response. We saw staff closing doors and curtains to ensure personal care was done in private. Staff had a good understanding of dignity in care.
- People were asked how they wished to be addressed. For example, whether they preferred staff to use

their first names or another name they preferred. People's preferences for this were recorded in care plans so all staff knew how to address people the way they wanted.

- Staff ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care. Records containing confidential personal information were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

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

- People's care plans were not consistently developed or reviewed with them. Staff told us, and we saw people were supported to express their opinions about their daily lives, but this was not consistently evidenced in care records. For people who were less able to communicate verbally, there was insufficient evidence about how staff sought their views. Although staff were knowledgeable about people's preferences and lifestyle choices, this information was not always recorded. There was a risk people's views and information about their lives were not available to support all staff in providing care.
- Information in people's care plans was not consistently kept up to date. For example, two people, who had been living at Forest Hill over six months, still had references to them being a new resident and that staff were still getting to know them. Another person's risk assessment in relation to behaviour had not been updated after incidents to reflect any changes needed to this person's care. This meant there was a risk staff did not have the information they needed to provide the care people were assessed as needing.
- Plans of care were not person-centred. They did not adequately detail people's wishes or preferences in each area of care and did not document outcomes and goals for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had not taken steps to ensure that people were given information about their care and support in ways which were accessible for them.

We recommend the provider ensures that people are offered information about their care in ways that meet their communication needs.

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 not always supported to take part in activities that were meaningful to them. The provider employed two activity coordinators, who arranged different activities for people each day. There was a variety of both group and individual activities for people. However, there was a lack of guidance for other care staff on different activities which could help support people with episodes of anxiety or distress. Due to this lack of guidance and low staffing levels on Memory Lane, in particular, this meant there were missed

opportunities for staff to support people to take part in activities that could help them to remain calm and happy.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns or make a complaint. Information about this was available in the home. Relatives had mixed views about whether their concerns would be acted on. Several relatives said they had raised concerns about items going missing or their family members not always wearing their own clothing, which they felt was undignified. Relatives said they had raised these issues on a number of occasions but felt that no action was taken to find missing items or ensure their family members were wearing their own clothing.
- For one relative in particular, they expressed concern that they had approached several staff to ensure that their family member's clothing was labelled, and that the person was wearing their own clothes. Despite this, the relative had found their family member on a number of occasions not wearing their own clothes. They felt this was undignified and showed a lack of attention paid to the person.
- There was no evidence about how people with limited or no verbal communication were supported to express their views in order to make a complaint. Although there were systems in place to investigate and respond to complaints in a timely manner, it was unclear if action was taken as a result of the complaints. There was a risk the provider would miss opportunities to improve the quality of the service following complaints.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of people's lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances.
- People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not ensured systems and processes to assess risk and monitor quality were sufficient and effective in driving improvements. There was a lack of robust oversight of the quality of care. The governance systems did not support staff to identify themes of concern and take appropriate action to maintain safe care in a consistent way. For example, actions identified in recent local authority safeguarding investigations had not always been acted on.
- The provider did not consistently assess, monitor and mitigate the risks in relations to the health, safety and welfare of people. Audits of the quality of care were not effective at identifying issues. For example, the daily walk-round and other regular checks on the environment had not resulted in improvements to the cleanliness of the service. There was a risk that issues would not be identified quickly and put service users at risk of harm.
- Staff had raised concerns about staffing levels in meetings on 21 December 2021 and 27 January 2022. However, the provider had not taken steps to ensure the dependency tools for each person was updated to assist in making more appropriate levels of staffing. For example, there was no evidence the provider had done any observations to see how the staffing levels worked on each unit.
- The provider's website stated Forest Hill provided, "Person-centred, individualised care" for people. However, we found people were not always involved in developing or reviewing their own care or given information about their care in ways which were accessible to them. Systems to monitor quality did not identify these issues.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider had a registered manager in post.

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

- People's views about their care were not consistently heard and acted on. The provider's checks and audits did not identify that people were not consistently involved in planning and reviewing their care. For people who found verbal communication difficult, there was no evidence the provider had considered other ways of promoting effective communication. People's autonomy and independence was therefore at risk in respect of making decisions about their own care.
- Feedback from staff about how they were supported and managed was mixed. Many staff felt unsupported, their concerns not listened to or acted on, and not having clear roles and responsibilities on shift. This had an impact on both the quality of care and staff well-being.
- People's names in care records were not always recorded accurately. This indicated a lack of oversight and attention to detail. It also meant that accurate records were not always kept. This was also not respectful or dignified in terms of ensuring people were addressed correctly in their records.
- The management team and staff team understood their roles and were open and honest during our inspection.
- The provider was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.
- The provider and staff team we spoke with were positive about being able to improve the service, and deliver good quality person centred care going forward.

Continuous learning and improving care; Working in partnership with others

- The provider did not always act on feedback received from health and social care professionals in a timely manner to reduce risks to people. Issues identified during a local authority and Clinical Commissioning Group (CCG) visit had not been acted on. For example, issues with the cleanliness of the building were still present on our inspection and were still an issue when the CCG visited again.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always protected from the risk of abuse. Recent local authority safeguarding investigations identified a number of occasions where the provider had failed to keep people safe from avoidable harm, and had not always put clear plans in place to reduce the risk of repeat incidents.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Areas of the service were not clean or maintained well. There were not enough domestic staff to keep the building clean.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems and processes to assess risk and monitor quality were sufficient and effective in driving improvements.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were times when there was not enough staff to meet people's needs safely.

