Clarendon Care Group Limited

Foresters Nursing Home

Inspection report

Walton Pool
Clent
Stourbridge
West Midlands
DY9 9RP

Tel: 01562883068

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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

This inspection took place on 24 November 2016 and was unannounced.

The provider of Foresters Nursing Home is registered to provide accommodation, nursing and personal care for up to 30 people. At the time of our inspection there were 24 people who lived at the home. Bedrooms, bathrooms and toilets are situated over two floors with stairs and passenger lift access to the first floor. People have use of communal areas including lounges, and dining rooms.

There was a registered manager in post, who was on duty at the time of our inspection. 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 and their relatives told us they felt safe and staff treated them well. Staff were seen to be kind and treated them with respect when meeting their needs. People's privacy was respected and they were supported to maintain their independence.

Staff had been trained and knew how to identify and report signs of abuse to protect and keep people safe. The provider had arrangements in place to recruit, review and manage staffing levels to meet people's needs.

Staff had received training and supervision, which supported them to deliver care and support to people in a safe way. People's medicines were available to them and staff knew how to provide the support people needed to meet their health needs.

People were asked for their permission before staff provided care and support so people were able to consent to their care. Where people were unable to consent to their care because they lacked the mental capacity to do this decisions were made in their best interests.

Staff monitored people's health and shared information effectively to make sure people received advice from doctors and health professionals to help people stay healthy.

People were happy with the care and support they received. People were offered a variety of opportunities to do fun and interesting past times if they wished to.

Staff understood what was expected of them and were supported through training and discussions with their managers. There was open communication between the provider, registered manager, relatives and staff. Relatives and staff were comfortable to make suggestions for improving people's individual care and

were listened to. Regular checks were undertaken on the quality of the care by the provider and registered manager and actions were taken to develop the home further.

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

This service was safe.

People were supported by staff who knew how to keep them safe from the risk of abuse and harm. There were sufficient numbers of suitably recruited, qualified and skilled staff on duty to keep people safe and support people with their health and social care needs.
People were supported to take their medicines when they needed them.
Risk management plans were in place to protect and promote people's safety.

Is the service effective?

Good

This service was effective.

People were cared for staff who had received training, ensuring they were skilled enough to provide the support people required Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service. People's nutritional and hydration needs were assessed, special diets were adhered to.

Is the service caring?

Good

This service is caring.

People were positive about the care and support they received from the staff.
People were treated with respect and their right to privacy and dignity was promoted and their independence encouraged.

Is the service responsive?

Good

This service is responsive.

People were confident they received the care and support they needed.
People were offered a variety of fun and interesting activities.

Is the service well-led?

Good

This service is well-led.
People and their relatives were encouraged to voice their opinions and make suggestions for service improvement.
The registered manager and provider had introduced regular audits to monitor and improve the quality of care provided to people living in the home.

Foresters Nursing Home

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 was planned to check 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 inspection took place on 24 November 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we looked at information we held about the provider and the service. The provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We looked at information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to end to us by law. We asked the local authority and the Clinical Commissioning Group [CCG] if they had any information to share with us about the services provided at the agency. The local authority and CCG are responsible for monitoring the quality and funding for people who use the service. We also sought information on behalf of people from Healthwatch. (This is the local consumer champion for health and social care services). We used this information to help us plan this inspection.

We observed how staff supported people throughout the day. As part of our observations 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.

We spoke with six people who lived at the home, four relatives, three staff, activities co-ordinator, housekeeper, cook, a visiting health professional, the operations manager the deputy manager and the registered manager for this service. We also looked at a range of documents and written records including three people's care records, staff training records, three staff files, complaints and compliments files, quality audit files and the recording of incidents and accidents. We also looked at information relating to the

administration of medicines and the monitoring of service provision.

Good

Is the service safe?

Our findings

People spoken with shared their experiences of feeling safe. One person told us, "I came here for my own safety, following a fall. They help me because I'm at risk of falling." Relatives were also positive about how they felt their relatives were supported to stay safe. One relative said "I've never had any concerns for [person's name] care and support. Staff check on them every two hours, day and night. When I stayed over because [person's name] was poorly, I saw this happen for myself." The registered manager told us, they had introduced hourly checks for people who needed to be nursed in bed, to ensure they stayed safe.

Staff told us, how they ensured the safety of people who lived in the home. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the registered manager. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. Advice to people and their relatives about how to raise any concerns was provided in the information which was given to people when they first moved into the home.

People told us and we saw from care records risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. For example, people were supported by the use of specialist equipment such as lifting equipment to help people in and out of the bath safely. We saw from records the equipment had been maintained and checked it was safe to use.

There were plans in place for responding to emergencies. The registered provider had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency.

Staff understood how to report accidents and incidents and knew the importance of following the provider's policies and procedures to help reduce risks to people. We saw the registered manager had looked at each accident and incident which had involved people who lived at the home, for trends, so try to prevent them from happening again.

Staff told us, the required employment checks were made before they started work at the home. When we checked three staff records we found that staff had two references, employment histories and Disclosure and Barring services checks (DBS). The DBS is a national service that keeps records of criminal convictions. These checks supported the provider to ensure staff were suitable to work in the home. We saw evidence that the provider had done the appropriate checks with the Nursing and Midwifery Council (NMC) to ensure all nurses employed at the home were authorised to work as a registered nurse.

The registered manager told us, staffing levels were based on the assessed care needs of the people. They confirmed if there was an increase in the amount of support needed then the staffing would be changed to

respond to this. For example when one person had returned from hospital to live at the home following a broken bone, they required two staff to assist them with their personal care. We saw and heard call bells were available and answered promptly, so people were able to call for assistance from staff to provide care and support. One person told us, "Staff respond very quickly."

We asked staff about staffing numbers, they told us at the present time the registered manager was trying to recruit new staff, but due to difficulties recruiting new staff; there was a reliance on the use of agency staff. They told us how the registered manager made sure there was always a members of permanent staff available on shift (who knew people living at the home) with agency staff to help people feel safe and secure. We checked the staff rotas and found this to be the case. The registered manager said they currently had staff vacancies and were finding it difficult to recruit due to the rural location of the home. They tried to minimise the disruption of using agency staff by requesting the same staff on long term contracts, so they became familiar with people their needs and support. One person told us "I have to explain things to them [agency staff] but generally they pick things up."

People told us, they received their medicines at the right prescribed time. We saw how staff explained to the person, what their medicine was for before giving it to them and waited patiently whilst they swallowed it, with a glass of water or squash. Staff said they had received training in the safe handling and administration of medicines. Staff had their competencies regularly assessed to ensure they were competent.

We found that medication administration record (MAR) sheets were fully completed and medicines were stored appropriately. The temperature checks of the refrigerator and the room where medicines were stored were undertaken. This was to ensure medicines were stored in the right conditions. We saw there were the correct means of disposing of medicines.

People had protocols in place for PRN medicines such as, pain killers and sedatives. (PRN means take as required), so staff knew when they should be offered to people. One person said "If I need my paracetamol, I just ask and they get it for me or my cream." We saw the lunch-time medicine round and found that medicines were administered in a safe way.

Good

Is the service effective?

Our findings

People we spoke with told us, they thought the care they received, was delivered by staff with the right skills. One person said "I feel the staff, have got to know my needs." One family member told us, "The care and support my [relative's name] has received has been marvellous since they came here."

Staff we spoke with told us, the induction and training offered, helped support them to do their job. They explained to us, this training was done before they were able to work with people living at the home. From training records we reviewed, we saw that staff had completed training in areas such as health and safety, safeguarding awareness, infection control, and moving and handling and mental capacity awareness. One staff member described how they had been supported to attend a specialised eight day dementia training course. They told us the knowledge they gained was now being used when they supported people with dementia. The registered manager told us, they felt this should help to ensure staff had the right competencies required to undertake their role and support people safely and effectively.

Staff told us, they enjoyed their jobs and felt supported by the registered manager. They confirmed they had regularly scheduled supervision meetings with the registered manager and annual appraisals of their performance. These gave them the opportunity to reflect and improve their performance. For example one staff member had requested they wanted to do become a dignity champion for the home, so training had been arranged for them.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. The registered manager was knowledgeable about the principles of the MCA and DoLS. We were shown applications under DoL had been sent to the local authority for authorisation. We saw best interests meetings had been held to ensure the person's views were represented.

We saw staff asked people for their consent before they assisted people with their care needs. When we spoke with staff about how the MCA and DoL affected their caring roles we found they had knowledge in this subject.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We spoke with the cook, who had a good understanding of people's likes and dislikes. We saw each person had a jug of water in their room and refreshments could be made at any time of the day in the lounges and dining rooms. At lunchtime we saw tables were laid with table cloths,

napkins and a range of condiments were available. Soft music was playing in the background, to enhance the dining experience for people. People were offered a choice of menu which included fresh meat and vegetables. One person said, "The food is fantastic."

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. Staff told us, people at risk of weight loss had been reviewed by their doctor and people who had difficulties in swallowing their food were referred for specialist advice from Speech and Language Therapists (SALT). We saw at lunchtime this had been understood by staff and people were then assisted with special diets or soft foods to ease their digestion and eat healthily.

People told us, they had access to health professionals when they needed. One person told us, "When I was feeling sick they called the doctor and they've given me tablets to stop it." Another person said "I had a sore throat the doctor came very quickly." The registered manager told us, the local doctor visited the home at least weekly, or when a person was unwell to discuss any concerns about people's health and wellbeing. On the day of our inspection we saw an appointment from a visiting optician which had been made on behalf of people living at the home. A relative told us since their family member had been at the home staff had encouraged them to drink more and this had improved their health. They told us "[Family member] is much better now. We saw where required, records were kept of people's, personal bathing, people's food and drink intake and positional changes to prevent people developing sore skin and keeping their skin healthy.

People said they had been consulted and we saw records of people's end of life choices. These were clearly recorded so staff knew how to respect people's wishes. Where people had made the decision or where best interests decisions on their behalf, not to be resuscitated, the appropriate forms were in their care files and had been reviewed by a doctor.

We saw since our last inspection the provider had made some adaptations to the home, to assist people living with dementia. For example, we saw signage on doors to help people find bathrooms and toilets. This was designed to meet people's needs and promote their independence.

Good

Is the service caring?

Our findings

One person told us, "I would recommend this place to anyone, it's very good care." A relative said. "The care here is very good, very caring, never seen anything uncaring or unkind."

Staff we spoke with showed they had a good understanding of the needs of the people they were caring for. Staff told us, they helped and supported people to maintain their independence. We found the atmosphere within the home was friendly, calm and relaxed. There was a respectful rapport with staff and people who used the service and conversations were friendly and warm. The staff provided care with kindness and compassion. We saw how staff reacted when a person became tearful; staff came immediately, sat next to them and stroked their arm, speaking softly to reassure them. We saw as a result the person became more relaxed. Another example we saw, was when one person said "They felt chilled", staff responded by fetching a blanket and wrapped it around them, within a few minutes they appeared more comfortable.

At lunchtime staff sat at the table with people to share the experience. We heard conversations about peoples' past living in Birmingham. The staff member tried to involve everyone who sat at the table; we heard it brought back many memories and laughter about their childhood. We saw the provider's activity co-ordinator was trying to gather information about people's personal histories, so staff could talk with people about their past. We saw the benefits of this when they spoke to a gentleman about their love of old motor cycles, they smiled and started to reminisce. The conversation unlocked past memories, which had not been heard before by staff.

We saw staff respected and attended to people's needs discreetly, ensuring dignity and privacy was respected. Staff knocked on people's doors and waited to be invited in. Doors were closed when personal care was being given and staff members explained what they were doing. Staff we spoke with understood the need for dignity and privacy and were able to explain how this was respected.

We heard how respectful staff were, when they were talking with people or to other members of staff about people's care needs. For example, we saw when staff spoke to each other regarding care they stepped out of the communal lounge area in order to maintain people's right to confidentiality.

People were supported to follow their individual diverse religious beliefs. People were given the opportunity to have religious representatives come to the home. We saw the local vicar had visited the home to offer a communion church service, for people who couldn't get to the service at the local church.

The registered manager told us, they thought it was important for people living in the home were involved in decisions about their care and support. Before people came to live at the home an assessment took place which included a discussion about people's preferences. These preferences were recorded in people's support files for staff to follow. We saw an example of how important these details were for people. We saw a note for staff to make sure one person had their teddy bear next to them as they found it comforting.

Everyone we spoke with, felt family and friends were welcomed to visit them at the home. One person told

us, "Visitors can come whenever." A relative said, "I can visit anytime, no restrictions." Another relative told us, "The home has an open door policy, that includes weekends, I come when I like."

The registered manager was aware of the local advocacy service and how to refer to them if required. They had recently referred someone at their request to help solve a dispute.

Good

Is the service responsive?

Our findings

People living at the home told us, staff had an understanding of their past lives, their interests and preferences. People were supported to take part in interests and activities of their choice and to be part of the community. One person told us, "Before I came here I was asked what activities I liked or disliked. I now choose which ones I join in."

We saw when people didn't have mental capacity the provider had engaged with their relatives for information about their past and how they thought they would prefer to be supported to form their care plans. Where required best interest meetings had been held.

When people's care and support changed care files had been up-dated and reviewed at least monthly, so people received support the way they wanted. One person told us they were involved in reviewing their care plan. A relative told us, if anything changed with their family member's condition staff had contacted them immediately.

The provider had employed a designated activities co-ordinator to assist people maintain their interests. They told us, they try to involve everyone in activities and focused on what they could achieve. We saw there were a variety of activities people could join, if they wanted to. We saw photographs of people enjoying Halloween parties, visits from the "Animal man" and people holding a variety of creatures. Forthcoming events such as coffee mornings, quiz nights were popular were advertised in the hallway for people to see. One person said "I enjoyed the singer….and I'm really looking forward to the Christmas party." We saw in the lounge daily newspapers were available for people to read and keep in touch with current affairs. There was a designated hairdressing area, for the visiting hairdresser to use.

For people who were unwell and spent most of their time in bed, the activities co-ordinator arranged for them to have their own activity. For example, one person was supported them by reading their favourite book to them. Another person spent time in bed listening to their music on headphones.

Staff knew about people's individual communication needs. People could move freely around the home and choose where to spend their time. Staff respected people's choices to be in their rooms if they wished. There were areas in the building where people could sit and talk with visitors and family.

Surveys were sent out annually to people to measure their people's opinion on the quality of the service. The registered manager had gathered the views of the ten respondents and told us "All answers would be noted and any actions and improvements made." We saw the ten people had ticked the box, "They were really happy here."

Where people or their relatives had raised concerns or complaints there was a system in place to record and these showed any required actions which had taken place. These were reviewed regularly by the registered manager and provider. We saw from the complaints records how the registered manager had responded to a complaint; they had investigated, taken action to rectify the situation and written an apology to the

person. Feedback to staff was given to ensure it didn't happen again. Relatives we spoke with told us they not had reason to raise a complaint. We saw feedback forms about the service were available for people and their relatives to complete next to the visitors book, should people want to leave any feedback. We saw one completed form, from a person living in the home, thanking staff for their support.

We saw the provider had received several "Thank you cards". One read "We wish to express our sincere thanks and gratitude for the care and dedication you gave to [person's name]. Another card stated "Just a note to say thank you for your kindness and love shown to [person's name] during their stay with you."

Good

Is the service well-led?

Our findings

We saw people who lived at the home and relatives we spoke with knew who the registered manager was and told us they felt comfortable in approaching them. We saw the registered manager was known to people and was visible around the home. One person told us, since the new registered manager had come into post the home had improved. They said, "The environment was much cleaner now." Another person told us, things had improved, "Drinks and snacks were now made available throughout the day".

We saw people and their relatives were provided with opportunities of sharing their views about the quality of the service they received, through questionnaires rather than meetings. A relative told us, "The home feels like a community, I would definitely recommend it."

Staff told us, they were able to obtain advice from the registered manager and deputy manager when they needed to. We saw this happen throughout our inspection. Every staff member we spoke with told us, they thought the home was managed well. One staff member said, "I feel supported the registered manager and deputy manager they always give me the help I need. They are flexible and understand my pressures." Staff told us there were staff meetings where they felt comfortable to raise concerns and express their views. One staff member said as a result of these meetings they were now more involved with people's care plans, which made them feel more involved with the running of the home.

Staff told us, the registered manager had developed effective communication with external specialists so people's health and well-being would be promoted. This included working with external health professionals such as district nurses, safeguarding and social workers.

The registered manager spoke with us about their responsibilities under the duty of candour and on the day of our inspection we found them to be open and transparent about their achievements and concerns. They told us, they still had many areas they wanted to improve. For example, they wanted to have a dignity champion in place within the next few months to train staff and enhance people's experience living at the home.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted any notifications to us, in a timely manner, about events or incidents they were required by law to tell us about. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. There were regular internal quality assurance audits undertaken, which looked at how the service performed as a whole. These included regular medicine and care plan audits to ensure people were receiving the right care in the safe way.

As a result of the quality audits the registered manager had also identified the need for environmental improvements. For example the registered manager told us, they were in discussion with the provider about

improving the access to the garden and grounds to the home. People we spoke with said, they found it difficult to go outside because of the uneven pathways, but would like to go out more. This meant the provider had considered how the premises could improve people's quality of life and wellbeing.