

East Midlands Care Matters Limited

Forest Street

Inspection report

17 Forest Street
Kirkby In Ashfield
Nottingham
Nottinghamshire
NG17 7DT

Tel: 01623407923

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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 Forest Street on 16 June 2017. The inspection was unannounced.

Forest Street is situated in Kirkby in Ashfield in North Nottinghamshire. The service comprises of a residential home which has been adapted to provide care and support for up to three people who require nursing or personal care. At the time of our inspection two people lived at the service and no one was receiving nursing care.

The service had a registered manager in place at the time of our visit. 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 told us they felt safe at Forest Street and did not have any concerns about the care they received. Staff knew how to protect people from harm and referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. The building was well maintained and regular safety checks were carried out.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff deployed. Appropriate pre-employment checks were carried out before staff began work at Forest Street.

People managed the administration of their own prescribed medicines and these were stored safely. Procedures were in place to ensure people received their medicines safely when they were away from the service.

People received effective care from staff who received training and support to ensure they could meet people's needs. Ongoing training and assessment for all staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People told us they enjoyed the food offered and we saw they had sufficient quantities of food and drink to help them maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. We observed positive, caring relationships between staff and people using the service. Where possible people were involved in making decisions about their care and daily activities.

Staff understood people's support needs and ensured they received personalised responsive care. People had the opportunity to take part in enjoyable, constructive activities and maintain family and social relationships. When a complaint or concern was raised this was acted on quickly and investigated thoroughly by the service.

There was an open and transparent culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Robust quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were protected from the risk of bullying and abuse.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

Sufficient numbers of skilled and experienced staff were deployed to meet people's needs.

People received their medicines when required and they were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

People received enough food and drink to maintain healthy nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their needs.

People had the opportunity to take part in enjoyable, constructive activities and maintain family and social relationships.

When a complaint or concern was raised this was acted on quickly and investigated thoroughly by the service.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the service.

There was a clear, supportive, management structure in place.

People who used the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There were robust quality-monitoring systems in place which were used to identify and drive areas for improvement at the service.

Forest Street

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 16 June 2017 and was unannounced.

The inspection was carried out by one inspector. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with one person who used the service and three relatives of people using the service. We spoke with three care staff, and the registered manager. We observed staff delivering care, reviewed two care records, Medicines Administration Record (MAR) charts, quality audits and notes of meetings and looked at the recruitment files of four members of staff.

Is the service safe?

Our findings

People and their relatives told us they felt safe at Forest Street and did not have any concerns about the care they received. We observed the service had a calm and pleasant atmosphere and that people interacted positively with care staff and each other. Staff told us that maintaining people's safety was of paramount importance to them and they aimed to ensure people's safety at the service and when out in the local community. A staff member said, "They (people using the service) are definitely safe. We look after them and there are risk assessments in place and we have really good links with the local community. They are looked after not only by us, but people in the shops or at the bank. "

People who used the service were known to display behaviours that could be challenging and may cause harm to others. Care plans we viewed contained very detailed behaviour support plans which were designed to maintain the safety of staff and other people using the service in a way that was least restrictive to the person. Training records showed that care staff had received training on positive behaviour management, which staff told us they found helpful. We saw that people who had struggled to settle at different placements were supported and had thrived at Forest Street.

We reviewed the behaviour support plan for one person which detailed how the behaviour was displayed along with strategies for dealing with this, including offering support, distraction techniques and methods to ensure staff and other people were kept safe. The plan stressed the importance of allowing the person to express themselves whilst ensuring other people and staff were kept safe.

The staff we spoke with demonstrated a strong understanding of safeguarding procedures including signs and types of abuse and their role in raising a concern. Staff we spoke with were able to give us positive examples of referrals they had made to the registered manager who referred these to the MASH team, which had protected people from harm. MASH is the acronym for Multi Agency Safeguarding Hub, the name given to the agency monitoring safeguarding concerns. We saw records of referrals that showed these were made quickly and to the appropriate agencies. Outcomes of investigations were recorded and any findings acted on. Training records showed that all staff had completed safeguarding training. All of the staff we spoke with were aware of the services' whistleblowing policy and told us they could raise an issue without fear of reprimand.

Information about how to reduce risk of injury and harm was available in people's care plans. We saw that staff had completed assessments to identify and manage risk for a number of areas including community engagement, environment and fire safety. The assessments included information for staff on how to manage risk. For example, how a person could maintain their safety when accessing the community as they were not always aware of dangers posed by others. Or how to use public transport safely. We saw that risk assessments were kept up to date by monthly review or when a person's needs changed. Staff we spoke with were aware of people's needs and the support they required to reduce risk. They told us that they had enough equipment and resources to meet people's needs.

Records of accidents, incidents and near misses were kept in each person's file and reviewed as part of the

registered managers regular audits. Information from these incidents was also shared with the provider and action was taken to address any concerns identified. This enabled the provider to identify any trends or concerns to help manage future risks.

We saw that the building was clean and well maintained. The provider had taken steps to reduce preventable risks and hazards, for example regular fire and gas safety checks were carried out. We saw records that showed the registered manager carried out a tour of the service to identify any maintenance issues and that regular maintenance of the building and equipment was carried out including portable electrical appliance safety and legionella checks.

People and their relatives we spoke with said they felt enough staff were deployed to meet their needs. One relative told us, "There are always enough staff around, they are there 24/7 and if more are needed they get them." This opinion was echoed by staff members. One member of staff told us, "If you find yourself on your own (which is very rare) the manager is only a phone call away. We've always got enough staff." A second member of staff said, "We got extra funding for additional staff if we need it. Often we don't need two staff, it's often easier if you are on your own."

We looked at the staffing rota for the months preceding our inspection and saw that the staffing levels identified by the provider were achieved or exceeded for every shift. The provider had a process in place to assess the number of staff required to safely meet people's need based on their current level of dependency. We saw that this assessment was repeated regularly to ensure adequate numbers of staff were always deployed to meet people's needs.

The provider had processes in place to ensure staff employed at Forest Street were of good character and had the necessary skills and experience to meet people's needs. We looked at the recruitment files of members of staff and found that they contained evidence that the provider had carried out all appropriate pre-employment checks including references from previous employers, proof of identity and a current DBS Check. A Disclosure and Barring Service (DBS) check supports employers to make safer recruitment choices.

People who required them administered their own medicines. We saw processes were in place to enable staff to monitor the availability and safe storage of medicines and to ensure people had administered their medicines as prescribed. The service had a designated medicines fridge which was regularly checked and the temperature recorded. Care plans recorded changes in people medication and any additional support people may require, for example when a dosage changed or a new medicine required refrigerated storage. People and their relatives told us they had no concerns and had not experienced any difficulty in the administration and storage of their medicines.

People's care plans contained detailed risk assessments and guidance for staff regarding medicines. This included side effects and people's capacity to understand what their medicine was for. Members of staff and the deputy manager told us they received regular training on the management and administration of medicines and staff had their competency regularly checked by the registered manager.

Is the service effective?

Our findings

People were supported by staff who had the skills and competency to meet their needs and received guidance and support from management. People's relatives told us, "Staff are well trained and very open to learning about (relation's) condition and needs."

People were cared for effectively as staff were supported to undertake training that helped them meet people's needs. We saw examples of staff using this training to support people including positive behaviour management, food safety and safeguarding. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements. A staff member told us, "We have loads of training. Four of us (staff) are undertaking NVQ Level 3 (in social care) we have training nonstop. The manager always promotes self-learning on line which we can pass on to other staff." A second staff member commented, "We were lucky enough to get apprenticeships for the NVQ in social care. We definitely have enough training." Records showed that staff had access to a range of training sessions to help them develop their skills and knowledge and meet the specific needs of people they supported.

Staff told us they felt supported by the management team and were able to talk with them and discuss any issues. We saw records of supervision meetings which showed these were arranged every six weeks and attended by all staff. Staff told us they discussed people's behaviour triggers, interactions between service users and staff and what had worked well and not so well. A staff member said, "I feel very supported. We have regular supervision meetings which are good."

New members of staff undertook a period of induction upon commencing work at Forest Street including shadowing experienced staff and role specific training. Staff told us they found this induction period useful.

People were asked for their consent before staff provided support or assistance. Care plans we saw recorded that, where possible, people had signed to indicate their consent to any changes and reviews of their care.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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.

Staff we spoke with displayed a very good understanding of the MCA and had received training in its application. We saw that capacity assessments were completed for any decision that affected the person and were regularly updated. We saw that MCA assessments were very detailed and involved the person, their relatives and any other health professionals involved in their care to ensure the decision was informed and represented the person's wishes and best interests.

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 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. At the time of our visit, the service had submitted a DoLS application but a decision had not been returned by the authorising authority.

People and their relatives told us they enjoyed the food at Forest Street and we saw that care staff supported people to maintain healthy nutrition and hydration whilst allowing them to make their own decisions about what to eat. We observed that people had access to drinks and snacks throughout the day. Staff told us they tried to encourage people to eat healthily but respected their wishes to choose their own meals. We saw that meals were designed with the input of people using the service and people understood the choices available. One person's relatives told us, "(Relation) eats really well. Getting (them) to eat anything other than pizza is a great achievement."

People had access to health professionals and the service was proactive in making referrals and requesting input when required. Each person had a health action plan (HAP) which contained details of appointments and visits from other health professionals. Additionally each HAP contained information on maintaining people's physical and mental health including, exercise, healthy diet, sexual health, alcohol awareness and regular health checks. Care records showed that staff followed the guidance of health professionals where possible if the person gave consent.

Is the service caring?

Our findings

People and their relatives told us they had a good relationship with care staff and felt staff treated them with care, respect and compassion. During our visit we observed positive interactions between staff and people living at Forest Street. A staff member told us, "This is the best job I have ever had. I love working here." People's relatives told us, "They (staff) are so kind and caring. Even when (relation) is challenging."

People received a comprehensive assessment before they came to the service including recording of their preferences for male or female carer, support needs, treatment plans, capacity and dietary requirements. People's life history and past achievements were recorded to enable staff to have a good understanding of the person and what was important to them. People who had transitioned to the service from children's services had a thorough handover and transition document in place. Staff we spoke with demonstrated a very good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided.

People's emotional, religious and cultural needs were identified and staff endeavoured to meet these, for example one person was supported to safely express their sexuality by informed and caring staff. Additional training on how best to offer this support was offered by the provider. People's relatives told us they appreciated staffs work and support in this area.

Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found they provided staff with a very good understanding of the person, their needs and personality. We noted care plans were regularly reviewed and updated to reflect peoples changing support needs and preferences.

We saw that people's choices were respected, for example, regarding how they spent their time, clothes they wore, meals they ate and holidays they booked.

Staff we spoke with told us they aimed to provide person centred care and meet people's needs and felt they respected the choices people made. A staff member told us, "We go beyond what is required. We bring people clothes, DVD's, one carer bought a person a bike after theirs had been stolen " Staff offered people support where required but encouraged people to be independent when they could. A staff member told us, "One person buys their own food and keeps it in their room. They go out to sporting events and medical appointments on their own. We can and do offer lifts but they like to maintain their independence." We saw that this person was supported to maintain safety and independence for example when travelling on public transport. Staff would accompany the person on the first trip to ensure they knew where they were going and to identify any potential risks. The person then went on subsequent journeys unaccompanied.

The service had robust systems to ensure people were involved in the design, planning and review of their care and recording people's consent to treatment. We saw that the decision making process and assessments were in place for all aspects of people's lives and these were reviewed regularly with the person or their relatives. However, we noted that not everyone using the service wanted to be involved in their care

planning and reviews. Staff told us, "We will let them know if we make any changes, but they don't always want to sit and look at it (care plan). We always ask them what they want and tell them what we've done." A second staff member repeated this stating, "There is a lot of information in the care plans. We've had additional training (to help explain complex information) but due to (people's conditions) it is difficult for them to sit down and read through everything.

Although everyone at the service had access to an independent advocate, at the time of our visit no one accessed this service. People were offered the use of advocacy to help with decision making, when they first arrived at the service and during their stay. We saw that one person had used an advocate to help draft a letter to resolve a social conflict. An advocate is an independent person who can provide a voice to people who may otherwise find it difficult to speak up.

People told us they were treated with dignity and respect and their privacy was protected. Staff told us this was an important part of their role and they had received additional training to ensure they were always able to meet people's needs with dignity and respect.

During our visit we observed that staff were polite and respectful when speaking with people and always called them by their preferred name. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care. We noted that doors to people's rooms were always closed and staff would not enter without the person's express permission.

People's confidentiality was protected as staff never discussed care and support in public areas and ensured telephone calls to or meetings with health professionals were conducted behind closed doors. People also had the opportunity to have undisturbed private time in their bedrooms. We saw that staff respected their privacy by always knocking on doors and waiting for a response before entering. Visitors were able to come to the home at any time.

Is the service responsive?

Our findings

Each person who used the service had an individual support plan. People were involved in planning their own care and support. We spoke with a member of staff who told us that people were offered the opportunity to get involved in the development of their support plans. It was clear from the content of the plans that people had input into their plans.

Support plans were detailed and personalised. Plans contained clear information about the person's level of independence as well as details of areas where support from staff was required. In addition to this there were detailed care plans in place about how staff should support people whose behaviour could present challenges. Plans were reviewed monthly or when people's needs changed and we found that information contained in plans reflected people's current needs. Staff we spoke with told us that they were given time to read and contribute to people's support plans and demonstrated a good knowledge of people's preferences and support needs.

People spent their time doing things that they enjoyed and which were based on their individual interests and passions. There were a variety of personalised activities on offer within the home and we observed that all of the people who used the service also went out in the community on the day of our visit. People were supported and encouraged to get involved in the wider community by taking part in local events and fitness groups to both pursue their interests and make new social connections. On persons relatives told us, "Staff are brilliant. They support [relative] with activities. To get them to do anything outside of the home is a real achievement." Opportunities for social activity and interaction were also provided within the home, it was clear that staff saw social activity as part of their role and we saw that when staff had spare time they sat and chatted with people.

We spoke with a member of staff who told us that they felt proud about the inclusive nature of the service and how the staff team worked together to provide everyone opportunities and support. For example, one person who used the service was supported to have a social life, independent from the service. This support included allowing the person to make unwise decisions whilst mitigating any risks. A staff member told us, "It's hard because we have to work within the rules and regulations whilst still allowing [person] to live a normal life." They went on to say, "It's difficult but very rewarding when you see how people change."

People were supported to maintain relationships with people who mattered to them. People's care plans included information about relationships that were important in their lives and we saw records to show that people were in regular contact with those who were important to them. People's relatives told us they saw their loved ones regularly and they valued the role staff played in supporting and enabling this.

People could be assured that complaints would be taken seriously and acted upon. Staff we spoke with knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to the registered manager. Staff told us they were confident that the management team would act upon complaints appropriately. There was a complaints procedure on display in the service informing people how they should make a complaint and signposting to other sources of support. All of the people and their

relatives we spoke with told us they felt able to raise a complaint and had confidence in the staff and the manager to deal with these appropriately

Is the service well-led?

Our findings

There was an open and transparent culture at Forest Street and people felt able to have their say on the running and development of the service. People and their relatives we spoke with told us they felt the service was relaxed and they were encouraged to give their feedback about the home. Throughout our visit, we observed that there was a relaxed atmosphere at the service and people were comfortable speaking with care staff and the registered manager.

Staff we spoke with felt there was an open culture at the service and they would feel comfortable in raising issues with or asking for support from, the management team. A staff member told us, "The management here are very supportive."

We saw records of staff meetings for the months preceding our visit. These showed that issues including, training, holidays and activities were discussed. Staff had the opportunity to contribute to the meeting and reflect on practice and offer suggestions for supporting people which were followed up by the registered manager. Staff told us they found these meetings useful and they were able to have their say. One member of staff told us, "We all sit and discuss issues and whether staff behaviour had an effect on people. It can be a bit difficult sometimes but it has helped to improve the support for people and offers insight for the team."

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they received. The provider had a number of ways of gathering feedback including, regular staff and resident and relative meetings. We saw records of meetings which were held monthly. Items discussed included people's wish lists for trips out and meal choices. Records showed that where possible, people's wishes and suggestions were acted on.

The service had a registered manager who understood their responsibilities. Everyone we spoke with knew who the registered manager and deputy manager were and felt they were always visible and available. A staff member said, "Both the owner and registered manager still do shifts here and they pop in unannounced which is good. They are always just a phone call away. At the end of each shift they will ring and see how things have been."

Clear decision-making processes were in place and all staff were aware of their roles and responsibilities. For example some staff had responsibility for ordering food or liaising with other health professionals and key workers were responsible for updating daily records. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The quality of service people received was assessed by the management team through regular auditing of areas such as medication and care planning, environment, recruitment, infection control and health and safety. The registered manager carried out a monthly audit to identify any trends or concerns. Any incidents and accidents were reviewed in people's care plans and a central record of accidents was used to identify any patterns and learning for the service. We found that the provider and registered manager were proactive

in acting on concerns or issues we identified during the inspection and all were addressed immediately.