Aspen Village Limited

Forest Care Village Elstree and Borehamwood

Inspection report

Forest Care Village
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Forest Care Village is a care home registered to provide personal and nursing care for up to 178 people aged 18 and over with a range of complex health and care needs. At the time of our inspection 129 people were using the service.

Forest Care Village spreads across three floors and accommodates people in separate units, each of which have separate adapted facilities. Three of the units specialise in providing care to people living with dementia whereas in the remaining four units people have nursing needs.

People's experience of using this service and what we found
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe in the home and staff knew how to identify and report any concerns to their managers or external safeguarding authorities. Risk assessments were developed to give staff guidance in how to mitigate risks and keep people safe from harm. The environment in some places needed deep cleaning and re-decoration to ensure it not presented an infection control risk. Not every staff member responded promptly to an unplanned fire alarm on the day of the inspection. Some people felt there were not enough staff at times to take them out, however they had not had to wait long for their needs to be met in the home.

People's needs were assessed and care plans developed to give information for staff to meet those needs effectively. Staff received training and were supported through regular supervisions and meetings to understand their roles. People`s dietary needs were met and where they were identified at risk of malnutrition staff referred them for specialist support, like dietician or GP.

People told us staff were kind and caring and supported them in a respectful way. People were encouraged to participate in their care as much as possible and where they were not able, staff ensured that the care they received was in their best interest. Opportunities were created for people to participate in activities and social events organised by staff.

Governance systems in place promptly identified areas in need of improvement and these were actioned in a timely manner by the registered manager. Regular meetings were in place for staff and people to ensure they were contributing their views about the running of the home. Action plans were developed and checked for completion to ensure improvements were made where needed.

Rating at last inspection
The last rating for this service was requires improvement (published 8 September 2018).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Forest Care Village Elstree and Borehamwood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Forest Care Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Forest Care Village is registered to provide personal and nursing care for up to 178 people aged 18 and over with a range of complex health and care needs. At the time of our inspection 129 people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the registered 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 took place on the 27 August 2019 and was unannounced. On 4 and 6 September 2019 we received feedback about the service from health and social care professionals.

What we did before the inspection
Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 12 people living at the service, two relatives, 16 staff members including nursing staff, care staff, lifestyle engagement staff and unit managers. We also spoke to the registered manager.

We reviewed seven people's care plans and reviewed the safety of medication administration. We also reviewed a range of records such as quality audits, provider policies and procedures and future plans for improvement.

Following the inspection
We asked health and social care professionals and relatives for feedback about the service people received. We received feedback from three health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

● Shortly after arriving in the home, the fire alarm sounded. We were met by an agency nurse and there was a housekeeper in the area. The housekeeper carried on with their duties. The agency nurse asked where the assembly point was. They told us it was the first time they had worked at the service and they had not yet received an induction. We asked the housekeeper if we should evacuate and where to go and they did not answer us.

● We asked the nurse in charge on a unit later in the day who told us it was a false alarm and reception called up to them to let them know. However, at the time there was a lack of response from some staff on the first floor. Staff did not go around to inform people that it was a false alarm or open people's doors which had closed when the alarm sounded.

● We spoke with staff about the fire safety procedures and they were able to describe safe practices. Staff knew how to evacuate people who were bedbound, and we saw plenty of evacuation equipment in the building. However, not all the staff we observed in the building responded promptly to an unplanned fire alarm.

●Risks to people's safety and well-being were assessed and planned for. For example, in areas such as diabetes, risk of falls, risks of inappropriate sexual behaviours and the risk of developing pressure ulcers. Risk assessments were kept up to date and amended when any specific changes occurred.

● Pressure mattresses were checked routinely, and this helped to ensure people were protected from developing pressure ulcers. Mattress settings we checked were appropriate for people`s weights. People using bed rails to help reduce the risk of falling from bed had bumper cushions to prevent the risk of entrapment.

● Risk assessments in place were enabling. For example, one person's room was very cluttered in the morning, with a large amount of personal items. The person's care plan addressed this issue and the actions to be taken to keep the person safe whilst promoting their independence as much as possible was for staff to ensure the room was kept as tidy as possible. Later in the day when we checked the person's room again it was neat and tidy as the care plan had indicated.

Using medicines safely

● Medicines were managed safely in most cases. We saw that staff worked safely and followed the correct procedures when administering people's medicines. There were regular checks in place including a monthly audit.

● Out of the 18 boxes of medicines we checked two contained the incorrect quantity. Staff did not always

record the number of tablets given, for example one or two, and this made it difficult to check that stocks were correct.
● Protocols were in place for medicines prescribed as needed and guidance in regard to covert administration.
● Staff confirmed they received regular training to support the safe administration of medicines. Their competency to administer medicines was assessed post training as part of a practical supervision.

Preventing and controlling infection
● The home smelled fresh and most areas seen were clean. However, one bathroom was not clean. There were bottles of toiletries in the shower room, a toothbrush and a slipper. The thermometer was mouldy and the shower chair needed a deep clean.
●This bathroom was in need of complete refurbishment. The cleaning check was noted to have been completed an hour prior to us checking. We discussed this with the registered manager who took immediate action to ensure this bathroom was appropriately cleaned.
● Staff were seen to wash their hands and use aprons and gloves when they provided people with personal care or handled food.

Staffing and recruitment
● People told us on occasion they felt more staff were needed. One person said, "Sometimes we have to wait, or one carer will come and then I have to wait a while, quite a while for another one to come." Another person told us they liked to go out once a week for an hour to town, however this could not happen all the time, due to staff working short.
● People told us their call bells were answered between 'five to ten minutes` and they felt confident to call for help when needed. We observed on the day of the inspection call bells were answered in under seven minutes.
● People told us that agency staff were used. One person said, "They are short of permanent staff here. They put in agency staff and that puts the regular carers under huge pressure, especially as lots of the agency don't know what they are doing." The registered manager told us that the use of agency staff had reduced, and they were trying to book the same agency staff to cover shifts.
● Staff told us there were enough staff deployed to meet people's needs.
● We observed the home being calm all day. People received their personal care and breakfast in a timely manner.
● Staff recruitment files included the appropriate documentation and checks to satisfy the management team that the staff were suitable to work in a care setting. This included verified references, criminal record checks and proof of qualifications.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. One person said, "I am safe here. I can do what I want to do but the carers make sure I have the support I need. That's what I want."
● Safeguarding information was in communal areas throughout the home.
● All staff were clear they would immediately report any concerns to management in the first instance. All staff spoken with were aware of how to report concerns to external agencies should they need to.

Learning lessons when things go wrong
● Lessons learned were shared at team meetings, supervisions or as needed. We noted that when any issues were discussed remedial actions were put in place.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had an assessment done before they moved to the home to look at their health needs, mobility, falls risk, skin integrity and required equipment, and to assess if they had capacity to understand and retain information to take decisions.
- National guidance and advice to improve health and social care issued by The National Institute for Health and Care Excellence (NICE) were followed by staff. For example, when administering people's medicines, involving health and social care professionals in people's care and when meeting people's health care needs.
- Care plans were detailed providing clear guidance for staff to follow to help ensure people received safe and consistent care. The care plans were developed from pre-admission assessments and addressed all care needs identified.
- 'Resident of the Day' audits were robust and helped to ensure that people's needs were constantly reviewed and that the care they received was appropriate to meet their changing needs.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed that they received appropriate training and support to carry out their roles effectively. People, relatives and health professionals we spoke with confirmed this. One person said, "I have quite a lot that I need help with and the carers know what they are doing. They are good."
- Newly employed staff told us, "Lots of training is online. I have just completed my meds training, now I will be observed, and my competency checked. I've had supervision every month since starting and find it really helpful. I've passed my probation now and this was monitored in my supervision meetings."
- Staff told us they received regular training to refresh their skills and were encouraged to request any additional training outside of the basic core training. "We have the basic refresher training each year. If you want something outside of that you ask at supervision and they will provide it."
- Staff told us they felt well supported and were confident to approach any member of management should they need support. One staff member said, "The manager is very helpful, always able to find a solution."

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

- People were supported to eat and drink in a timely way. We observed that many staff were available to assist people to eat which meant they did not have to wait.
- Staff supported people cared for in bed to eat. However, people would benefit from more interaction during mealtimes as very often the staff supporting them had not initiated conversations with people.

● Where people lived with dementia staff showed them plated options of the meals available for them to make a meaningful choice based on the look and smell of the meal.
● It was a very warm day, drinks were available, and staff were encouraging people to take fluids to keep hydrated.
● Specialist diets were catered for and where people were identified at risk of malnutrition or dehydration their foods were fortified and they were referred to their GP's or dietician.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us that they received good support with their health care needs.
● We saw evidence of dietician and other health professionals involved in people's care as well as physiotherapists, speech and language therapists and opticians.
● Information was shared with other agencies if people needed to access other services such as hospitals.The provider directly employed various health professionals to help ensure people received prompt support when needed. For example, SALT and physiotherapist.

Adapting service, design, decoration to meet people's needs
● The building was purpose built as a care home. The environment had received some refurbishment in some place, but some areas looked tired.
● In one unit there was clear signage and the corridor looked like a street with murals and bedroom doors were designed to look like front doors. However, in other parts of the home maintenance were still ongoing. The registered manager told us they had a planned refurbishment programme and all areas will be decorated to promote people's dignity and comfort.

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 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.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff asked people's consent to all aspects of their care. People were offered choices in areas such as where they wished to sit, what food they wished to eat and what activity they wished to engage with.
● Care plans included mental capacity assessments. They clearly reflected if people had capacity to make their own decisions, and if people were less able, what decisions they were able to make and how to support them with this. For example, what to eat and how to spend their day.
● Deprivation of Liberty Safeguards (DoLS) conditions were incorporated into people's care plans and into people's daily care and support. For example, a condition for one person stated they were to be supported to leave their room and to participate in communal dining and activities to help reduce isolation. At lunch

time we heard the person demand that staff took them back to their room as they wished to dine alone. Staff tried to encourage the person to join people in the communal dining room, but they refused. Their decision was respected.

Good

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 the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, their relatives and professionals told us staff showed respect and were kind and caring when they approached people. One person said, "I had a right mess in here, just couldn't get my head around it and the carer came and spent a long time helping me to get it right. It's great now, the carers are so good." A relative said, "The carers are so nice, they always smile and say hello and that's every day we come in, they are smiling and helpful."
- Staff were seen and heard speaking nicely with people. Staff greeted people as they entered rooms and knew people's needs. However further work was needed for staff to consider the whole process of caring for someone. For example, one person was sitting in the dark eating their breakfast until we offered to put the light on. Another person was watching children's programmes with the controls on the opposite side of the room and their care plan stated they enjoyed current affairs, soaps and fashion.
- Staff knew how to communicate with people effectively and were patient to give people time to respond so that people felt they mattered and included in activities and daily living tasks.
- Relationships were encouraged. People told us their visitors were made to feel welcome and had no restrictions on visiting times.
- Staff encouraged people to form friendships and 'buddy up'. One person told us, "I have a good friend here and we meet every evening after supper." Another person said, "I have friends here. I've been here a long time and my friendships are important to me."

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

- We saw examples where staffs' caring approach towards people and involving them in the care had a positive impact on people's well-being. Some people moved in the home after their previous placements broke down. By involving people in their care, they opened up and some people were planning to move back in the community in less supported care services. For example, one person when they moved in the home were not happy to converse with anyone and could not see the point to living. With support from staff, they had written their life story, which has helped them to see their life in perspective. They were now coming out of their room every day to talk to people, play pool and table tennis and recently wrote all of the questions for the monthly quiz. They improved hugely and were positive about a possible future in the community.
- Care plans included people's likes, dislikes and life history. Prompts for this were on bedrooms doors to assist staff in making conversation.

Respecting and promoting people's privacy, dignity and independence

● Staff all knocked on doors before entering. People could keep doors open or closed as they wished. They were encouraged to be in the main lounges as much as possible, but their choices were respected. One person said, "I like to keep my door open, so I just tell the carer and that's what they do."

● Staff were polite and respectful, and some were joking and laughing with people who clearly responded well to this interaction.

● People told us staff were respectful when they helped them with personal care. One person said, "Carers are careful. They always shut doors and make sure I am protected" Another person said, "The carers are aware that I might be embarrassed but they don't make me feel uncomfortable."

● Records were held securely, and we did not hear staff speaking about people in public places so to promote people's privacy and confidentiality. The lack of paper care plans records helped to promote confidentiality.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- People's rooms had small cards on the door detailing specific points of interest for the person. Such as, 'I like dancing and reading', or 'I like animals and I like to chat.' This was beneficial especially when agency staff were working at the home as they would have a topic of conversation to break the ice with the person.
- People's care plans were detailed and gave staff guidance on how to meet people's needs effectively and in a personalised way.
- The electronic care planning system flagged up any missed care interventions and had a heading running at the top of people's plans highlighting any need to know information, for example, allergies.
- There were twice daily 'take 10' meetings were staff discussed people and any changes and clinical meetings where they reviewed any issues and people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed what communication needs they had. We saw staff adapting their verbal communication to people's ability and gave them time to respond if it was needed.
- Pictorial aids were available for staff to show people a choice of meals, clothing and drinks to enable them to communicate their choice.
- Computer devices were used to help people communicate with their friends and relatives who did not live close to be able to visit regularly.

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 very positive about the activities. One person said, "The lifestyle team are very good. They will always ask 'what would you like to do' and then they make sure it happens if they can."
- There was a lifestyle team to support people with social activities. The team had six staff members. They were very passionate about helping people engage and pursue their hobbies and interests. One lifestyle team member said, "The people we work with are important to us, we are their friends and family. We have a wish star where residents can tell us their wish and we will try to make sure it happens."
- Activities were organised in the communal area for people who could spend time out of their bed. Room

visits were frequent for people unable to come out of their rooms and a mobile trolley was taken to people with DVD's, iPad, books were available for people to borrow.
● There was minibus which was used to take people out. A boat canal trip was planned for people and this was organised for a person who enjoyed boats. The funds were raised by the coffee shop run by the home. The lifestyle manager told us that they had enough profits from the shop to treat everyone to fish and chips on the trip.

Improving care quality in response to complaints or concerns
● A person and their relative praised the unit manager for the way they had listened and taken action when a concern was raised with them.
● Complaints and compliments were appropriately logged and reviewed. Compliments were displayed in the communal area for all to see and staff to feel appreciated. There was a log of any complaints which included their progress, outcome and a list of any actions taken. We noted that there was a low number for the size of home and no themes or trends were obvious.

End of life care and support
● Care plans included end of life care arrangements so that staff had guidance for when this was needed. Staff discussed people's wishes with them for when they were nearing the end of their life. The information recorded was personalised and indicated if people wanted to continue with certain habits they had in their life, what music they wanted to listen to and if they wanted their family members with them.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Everyone we spoke with told us that the home was well managed, and they would recommend the home to others. One person said, "Manager [unit manager] is really good. They always help me out if I need it and I see them most days."
- Staff told us that they felt things at the home had improved. One staff member said, "Everyone is working hard to do a good job." Another staff member said, "I really care about the people here and they are always looking for how to improve more."
- Staff felt the home now had better teamwork and communication and the management team were more hands on. The atmosphere in the home was relaxed and staff seemed happier and more confident in their roles. The unit managers had established good working relationships with staff and this had made for a more effective team.
- There were clinical governance and quality monitoring meetings were the whole service was discussed. Following this an action plan was developed to address any areas needing it.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team closely monitored the quality and safety of the care provided to people. Accidents and incidents were analysed, and actions were taken to implement any measures needed to prevent reoccurrence.
- The management team were fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an effective management system in place with clear roles and responsibilities for each member of staff. Staff told us they were clear on their roles and accountable of their actions.
- Audits of different aspects of the service were carried out at regular intervals. For example, bed rail audit, medicine, care plan and environment audits. Any actions resulting from these were completed.
- The registered manager effectively used the electronic care planning system to gather data they needed to keep an overview of the service. They monitored weight loss, accidents, incidents, infections, pressure

ulcers, hospital admissions and admissions and discharges.

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

● There were regular relative and resident meetings. People and relatives could book appointments with the registered manager daily if needed. The registered manager`s availability was clearly advertised throughout the home.

● People, their relatives and staff completed regular surveys on different aspects of the service, which showed positive comments. Issues raised had been recognised and the registered manager had recorded how they were being addressed. For example, a person reported that staff were not running the tap long enough for the hot water. Following this staff have been reminded to do so and maintenance staff monitored the water temperature every week.

Continuous learning and improving care

● Lessons learned were shared at team meetings, handovers and take 10 meetings. For example, the need to log in and out correctly for fire safety reasons and updating people's notes promptly to avoid an error occurring. Meeting notes reviewed showed that staff were kept informed about issues in the home, updates from the provider and any significant events that required action. For example, the outcome of inspections and what this meant for people and staff.

●The registered manager recently analysed the cause of death for people who died in the home since the beginning of the year. This was done to ensure where an unexpected death occurred or if people died in hospital and this was not their preference they could review any signs and symptoms which could have been identified sooner by staff and preventative measures could be implemented.

Working in partnership with others

● The manager and staff worked together with other health and social care professionals involved in people's care.

● We saw that dieticians, speech and language therapists, social workers and other professionals regularly visited the service.

● Health care professionals we spoke with told us they felt the management team in the home were supportive towards people and staff. Care plans have improved, and these were more person centred. They told us they were pleased that hospital admissions have greatly reduced over the last year.