

# Forest Residential Care Homes Limited

## Carmen Lodge

### Inspection report

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Date of inspection visit: 24 & 27 November 2015  
Date of publication: 07/01/2016

### 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 

### Overall summary

We inspected Carmen Lodge on 24 and 27 November 2015. This was an unannounced inspection.

The service provides accommodation and support with personal care for up to 11 adults with mental health conditions. At the time of our inspection 11 people were using the service. This was the first inspection of the service under the provider Forest Residential Care Homes Limited.

There was a registered manager at the service 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 and associated Regulations about how the service is run.

At this inspection we found the recruitment and selection process was not always robust. We have made a recommendation about the management of PRN medicines.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

# Summary of findings

Staff undertook training and received regular supervision to help support them to provide effective care. The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People told us they liked the food provided and we saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

Staff told us the service had an open and inclusive atmosphere and the registered manager was

approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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. We have made a recommendation about the management of PRN medicines. The recruitment and selection process was not always robust.

Staff knew what to do to make sure people were protected and had a clear understanding of how to safeguard people they supported.

Risk associated with people's care was identified and managed. Staff understood how to manage risk and at the same time actively supported people to make choices. People's finances were managed and audited regularly by staff.

There were enough staff to keep people safe.

Requires improvement



### Is the service effective?

The service was effective. Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

Staff understood how to support people who lacked capacity to make decisions.

People's nutritional needs were met.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

Good



### Is the service caring?

The service was caring. People looked well cared for and staff treated people with respect and dignity.

We observed care and saw people received very good person centred support and enjoyed the company of staff. Staff knew the people they were supporting very well.

People using the service were involved in planning and making decisions about the care and support provided at the home.

Good



### Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

Good



# Summary of findings

People using the service and their representatives were encouraged to express their views about the service. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the home.

## Is the service well-led?

The service was well led. Staff told us the service was well managed and they were supported in their role.

Staff spoke positively about the registered manager and said they were happy working at the home.

The provider had systems in place to monitor the quality of the service.

Good



# Carmen Lodge

## Detailed findings

### Background to this inspection

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

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection team consisted of two inspectors and an expert by experience, who had experience with people with

mental health conditions. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with five people who lived in the service during the inspection. We spoke with the registered manager, the deputy manager, one senior support worker, and three support workers. We also spoke to one visiting health professional during the inspection. We looked at six care files, staff duty rosters, two staff files, a range of audits, minutes for various meetings, medicines records, finances records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

# Is the service safe?

## Our findings

The service did not have robust recruitment process. The staff files we looked at included a recently recruited member of staff. The staff file did not have a completed employment history of the person, no proof of identification, no interview record, and contract of employment. The service had introduced a new application form which had been revised to include employment history and a reference section stating that 'two personal references (not members of your family) one should be your present employer'. We noted references received did not meet this criteria and although followed up and verified by telephone, did not have dates or outcome of the conversation. This meant the service could not ensure person's employed were of good character, and the necessary skills and experience to carry out the regulated activities.

The above issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person told us, "I do feel safe here." Another person said, "Staff make it safe here."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they had received training in safeguarding adults and records confirmed this. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I had safeguarding training this year. I would report to the manager to investigate. I know about whistleblowing." Another staff member said, "I would report to senior staff. I would whistle blow or go to the police if they did nothing." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

The registered manager told us there had been no safeguarding incidents since the last inspection. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. For example, one person had been assessed for non-compliance for taking medicines. The risk assessment gave staff guidance on how to encourage and support this person. Risk assessments included medicines, sexual behaviour, nutrition, physical health, personal hygiene, travelling independently, finances, and mobility. We saw that people had been involved throughout this process. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

We checked the financial records of the people using the service and did not find any discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked at each handover and we saw records of this. This minimised the chances of financial abuse occurring.

Medicines were stored securely in a locked cupboard located in the office. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. We checked medicines records and found the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff authorised to handle medicines on behalf of the people who lived in the home had received medicines training. One staff member told us, "Two staff gives out medicines. The manager checks the MARS sheet two or three times a week."

We found that guidance for staff to follow in relation to 'When required' (PRN) medication was not robust. PRN medication is administered when the person has a defined intermittent or short-term condition and not given as a regular daily dose or specific times. One person was receiving their medication on a daily basis even though it was prescribed as PRN. This had been identified as an issue by the local authority in their annual review in March 2014 as needing to be actioned. We spoke to the registered manager about this issue who showed us the person had received regular medicine reviews. On the second day of our visit we saw the registered manager in the process of organising a medicines review with the person's psychiatrist to address this issue. **We recommend** that the service consider current guidance on administering PRN

## Is the service safe?

medicine to people alongside their prescribed medicine including when and how to take or use the PRN medicine, monitoring, the effect they expect the medicine to have, prescribe the amount likely to be needed and take action to update their practice accordingly.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. One person told us, "There are at least two staff here at all times. Staff are here all the time." Another person said, "There's enough staff working here." Staff told us they were able to provide the

support people needed. One staff member told us, "Always staff on duty and always staff to cover in an emergency." Another staff member said, "We get in extra staff if people have appointments."

The premises were well maintained and the registered manager had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

# Is the service effective?

## Our findings

People told us that staff members were skilled and knowledgeable. One person told us, “The staff are very responsible. They are professional carers.”

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. Training completed included person centred care, record keeping, challenging behaviour, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and medicines. One staff member told us, “We have monthly e-learning on different topics.”

Staff received regular formal supervision and we saw records to confirm this. One staff member said, “We have supervision with manager. She will go through the training you have done and practical ways you can use it.” Another staff member said, “I get supervision once a month. We discuss development after training. Any problems with the job and how to handle them.” All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

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 are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person

lacked capacity. At the time of the inspection there were no authorisations to restrict people’s liberty under DoLS. We saw that contact had been established with Independent Mental Capacity Advocates (IMCAs) where needed. We saw that all of the people using the service were able to leave the home when they wanted and had their freedom to do as they wished. People told us they were able to go out on their own. One person said, “I go out on my own to the shops.” Another person told us, “I can go out when I want.” We saw people throughout the day going out on their own.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. People also said they were able to do some of their own cooking and shopping, which helped them to develop their skills to live independently. One person told us, “We can cook our own food.” Another person said, “The food is healthy and nutritious” and another person said, “There’s a good variety of food, fruit and vegetables.” We saw people had access to fruit and drinks throughout our inspection. Staff told us and we saw records that people planned their food menu weekly. The weekly menu was on display in the kitchen. We saw the menu included traditional foods that reflected the cultural and ethnic backgrounds of people that used the service. The service was aware of people’s health conditions, so people with diabetes and other health conditions were provided with the appropriate food to manage these conditions effectively and helped them to maintain good health.

People said they had support with health appointments. One person told us, “I do get to see a doctor. The optician and chiropodist comes here.” Another person said, “If I have any problems I go to the GP.” Records showed that people had routine access to health care professionals including GP’s, dentists, opticians, psychiatrists and occupational health. People were supported to attend annual health checks with their GP and records of these visits were seen in people’s files. All health visits were recorded with an outcome and actions. For example, one person had seen a dentist and it was recorded for staff to observe the person overnight and contact the dentist if the person had specific ongoing symptoms.



# Is the service caring?

## Our findings

People told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "They [staff] always have a kind word for you." Another person said, "The staff are caring. I like all the staff."

Staff were observed to treat people with kindness and were respectful and patient when providing support to people. Staff demonstrated a good understanding of people's individual needs. We observed staff interacting with people in a caring and considerate manner. People were relaxed around the staff and having conversations with them. We saw that staff always knocked on people's doors, called their preferred names out and asked permission to come in and talk to them. Throughout our visit we saw positive, caring interactions between staff and people using the service. One person said, "I appreciate the staff and they care for me." One staff member told us, "When I am not at work I miss the people. It is like a family."

The staff knew people well and had knowledge of people's life histories, likes and dislikes and preferences for their care. However this was not always detailed in people's care files. We spoke to the registered manager about this on the first day of our inspection. On the second day of the inspection the registered manager told us and records showed they had started to record people's life histories. We looked at six life histories for people that showed a

detailed history of the person, likes and dislikes, aspirations, important dates, and preferences for their care. One person told us about their life history documentation, "I did it yesterday. I used to play netball and go swimming when I was a little girl."

People told us that they were listened to and their views were acted upon. Each person using the service had an assigned key worker. Key worker meetings were held regularly and we saw records of this. People were positive about this allocated time and records evidenced that these meetings happened on a regular basis and that they influenced how care and support was provided. One staff member said, "Key workers will arrange sessions to supervise people making tea and cooking." One person told us, "I have a key worker. They're very supportive and help." Another person said, "They [staff] sit and talk to me."

People told us their privacy was respected by all staff and told us how staff respected their personal space. Staff described how they ensured that people's privacy and dignity was maintained. Staff described how they prompted people to shut bathroom doors to maintain their privacy and dignity. People told us they had keys to their bedrooms and we saw people using their keys. One staff member told us, "We talk to them as individuals. Their rooms are private. I have to knock, if they say no, then I don't come in." Another staff member said, "We respect their rights and choices. It's their home."

# Is the service responsive?

## Our findings

People told us they were involved in their care planning. One person said, "I'm involved in my care plan." Another person told us, "I have a care plan."

Care records showed that people's needs were assessed before they had moved in. All the care plans had been reviewed recently and people using the service had been involved. The care plans identified actions for staff to support people. Some of the areas that were considered were personal care, mental health, physical health, communication, social and leisure, money management, and education and career. However, care plans were not always personalised. The care plans were written mainly for staff use rather than being person centred. However staff we spoke with knew people's likes and dislikes and personal history.

The care plans were reviewed every six months with the person, so they could give their feedback about what they liked and what they wanted changed. These reviews were all signed by the person and the registered manager. We spoke to people who said they were happy with their care plans and their involvement in their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities. On the day of our inspection we saw people going out shopping, attending college and attending an activities centre that was run by the provider. People were supported to engage in activities outside the home to ensure they were part of the local community. One person said, "I go to church and library. I've been going to college." Another person told us, "We listen to music together" and another person said, "I go twice a week to the activities room. We play music, painting and we have an exercise bike."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People told us individual choices were respected. One person said, "I decide how to spend my day. I do have options. I am free to make choices."

People were encouraged to maintain relationships with their families and friends. One person told us, "My parents come and visit me." Another person said, "My aunty comes to see me." There were pictures of relatives in people's rooms.

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on activities, care plans and risk assessments, key workers, decorating the home, food menu, day trips, medical appointments, local elections, respect and drinking fluids. One person told us, "I go to residential meetings." Another person said, "Residential meetings are once a month. Things do get resolved in the meetings."

There was a complaints process available and this was on display in the communal area so people using the service were aware of it. People were given a 'service user guide' which explained how they could make a complaint. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

People knew how to make a complaint and knew that their concerns would be taken seriously and dealt with quickly. There were systems to record the details of complaints, the investigations completed, actions resulting and response to complainant. The registered manager told us there had been no formal complaints since the last inspection.

# Is the service well-led?

## Our findings

People told us that they liked the home and they thought that it was well led. One person told us, “The manager is very helpful.” The atmosphere between people living in the home, staff, and visitors was very relaxed and their interactions were calm.

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, “She listens and is approachable at any time. I have her personal number if I have any issues.” Another staff member said, “She is very good, very helpful and supportive.” The registered manager told us, “I have an open door policy for staff and residents.”

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on communication, key working, record keeping, care plan reviews, person centred care, supervision, and audits. One staff member told us, “We had a staff meeting on Friday. Generally about our work, handovers. It is very productive.” Another staff member said, “We discuss key working, any problems with clients, how we deliver care, any challenges and see what can be done better.”

The registered manager told us that various quality assurance and monitoring systems were in place. The

registered manager told us and we saw records of a monthly quality assurance audit. The audit included premises, medication, health and safety, infection control, food and nutrition, care plans and risk assessments, training, supervision, and appraisals. Records showed any issues, actions to be completed and signed when completed. For example, the monthly audit for October 2015 had highlighted that flu vaccinations were due for people. We saw the action had been to contact the GP. Records showed that people had now received their flu vaccinations.

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.

The registered manager told us they carried out regular surveys of people. This was to seek the views of people on how the service was run and any areas for improvement. The survey focussed on food, personal care and support, daily living, premises and management. The most recent survey was carried out this year. We viewed completed surveys which contained positive feedback. The service produced a report that analysed the surveys of people and any recommendations and actions. For example, it was recommended that the service plan a weekly food menu in consultation with people and we saw this had been implemented.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The service did not ensure people employed were of good character, and the necessary skills and experience to carry out the regulated activities. The service did not ensure recruitment procedures were operated effectively. Regulation 19 (1) (a) (b) (2) (a) (b)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.