

Martlane Limited

# Forest Place Nursing Home

## Inspection report

Forest Place  
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Date of inspection visit:

09 May 2023

11 May 2023

Date of publication:

22 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Forest Place Nursing Home provides accommodation for persons who require nursing or personal care to up to 90 people in one adapted building. The service provides support to older people, and people living with dementia. At the time of our inspection there were 63 people using the service across 3 units, [Meadway, Stradbroke and Amberley] each of which has separate adapted facilities.

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

Suitable arrangements were in place to keep people safe. Procedures were followed by staff to safeguard people and staff understood these processes. Risks to people were identified and managed to prevent people from receiving unsafe care and support. Medicine arrangements ensured people received their prescribed medication and staff's practice was safe.

Staffing levels met people's care and support needs. Recruitment procedures were followed to ensure the right staff were employed to care for vulnerable individuals. People were protected by the providers arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements.

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 received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. People were supported and had their social care needs met. Suitable arrangements were in place to assess and monitor the quality of the service provided. People, relatives, and staff were positive regarding the management of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement [published January 2023]. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced focused inspection of this service on 22 November 2022, 25 November 2022, and 7 December 2022. Breaches of legal requirements were found relating to Regulation 9 [Person centred care] and Regulation 17 [Good governance].

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Forest Place Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe 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 Place Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection team consisted of 3 inspectors and 2 Experts 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 Place Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 May 2023 and ended on 11 May 2023. We visited the service on 9 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. We used the information the provider sent us in the provider information return [PIR]. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 8 people who used the service and 14 people's relatives about their experience of the care and support provided. We spoke with the registered manager, deputy manager, clinical lead, 1 team leader, 6 members of care staff [including nursing staff] and 2 activity facilitators.

We reviewed a range of records. This included 12 people's care plans and 3 staff personnel files to review the provider's recruitment practices, including induction arrangements. We reviewed 10 people's medicine records. We also looked at the provider's staff training records and supervision arrangements. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives told us, "Definitely safe, I see how they look after [family member] and speak to them, get their sense of humour. [Family member] face shows they're happy there [Forest Place Nursing Home]", "I do feel [family member] is safe. We visit regularly, no problems, relative would tell me. We looked at several homes, read reviews and visited, seems very good" and, "Very safe, excellent look after him really well."
- Staff demonstrated an understanding and awareness of the different types of abuse. How to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.
- The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- At our last inspection in November and December 2022, risk assessments did not always give staff all the information they needed. Records were not always completed fully for people.
- At this inspection we found most risks to people's safety had been assessed and recorded. Where minor shortfalls in information were identified, this was discussed with the management team. Following the inspection, the registered manager confirmed gaps in information cited during the inspection had now been addressed.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans [PEEP] for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- Staff recruitment records for 3 members of staff were viewed. Appropriate checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The deployment of staff was appropriate and there were enough staff on duty to meet people's needs and to ensure staffs' practice was safe. Relatives told us, "Always a lot of staff", "[Relative] sits in the lounge. I have never thought, where is everyone?" and, "There always seem to be staff around."
- Staff also confirmed staffing levels at the service were appropriate. Comments included, "There's always enough of us here" and, "I feel there are definitely enough staff here during the week, weekends and at night." Staff confirmed agency staff were used periodically to cover annual leave, sickness and unforeseen circumstances.

#### Using medicines safely

- Medication practices ensured the proper and safe use of medicines in line with good practice standards and relevant national guidance.
- Accurate medicines records were maintained, and people received their medicines as prescribed.
- The medicine rounds were evenly spaced out throughout the day to ensure people did not receive their medicine too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medicines were trained and had their competency assessed to ensure they remained competent to undertake this task safely.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely. Staff confirmed they had enough supplies of PPE at all times. Staff were observed to put on, take off and dispose of used PPE in line with guidance.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises to ensure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with current government guidance. During the inspection, we observed a steady flow of visitors to Forest Place Nursing Home. Relatives told us, "No restrictions on visiting and let you know about any COVID outbreaks", "None at all, stay as long as we like" and, "It doesn't matter when I want to visit and we can take the dog, nothing seems to be too much trouble."



### Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong.
- Where safeguarding concerns and complaints were raised, a review had been undertaken to ensure lessons were learned to support future improvement.
- Accident and incidents were logged and analysed to identify potential trends and themes. This was to mitigate risks and ensure people's safety and wellbeing needs were met.

## Is the service responsive?

### Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection in November and December 2022, the provider's arrangements to support people to follow their interests or encourage them to take part in social activities relevant to their interests was not evident. Additionally, people's care was task focused. This was a breach of Regulation 9 [Person centred care] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

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 supported to maintain relationships that were important to them, for example, with family members and friends.
- The service had dedicated wellbeing leads to facilitate social interaction and activities for people living at Forest Place Nursing Home.
- People had a variety of opportunities about how they wished to spend their time. These were distinct for each unit to ensure these were appropriate for people's care and support needs.
- People confirmed 'in-house' activities were provided but stated they would like more community-based events in addition to attending the local church. Records provided some evidence of activities, for example, people having access to a daily newspaper and a review of the local and global news being undertaken, manicures, reminiscence, sing-a-longs and arts and crafts. On the day of inspection people were observed to play bingo and to enjoy card games.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received good, personalised care and support that was responsive to their needs. Staff demonstrated a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes, and preferences. Relatives confirmed staff knew their family member well. Comments included, "They [staff] seem to know [relative] well" and, "[Staff] know [relative's] needs, they pick up on things really quickly and ring if there are any problems."
- People who used the service had a care plan in place describing their individual care and support needs; and the delivery of care to be provided by staff. The care plans recorded the rationale for why people were cared in bed.
- Where people were assessed as being at the end of their life, a care plan was in place, and this recorded their decisions about their preferences for end-of-life care. Information demonstrated the service worked with healthcare professionals, including the local palliative care team. This was to ensure this person received a dignified and pain-free death that was as comfortable as possible.

### Meeting people's communication needs

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

- Care plans had communication records in place to guide staff on how best to communicate with the people they supported.
- The activity programme was in an easy read and pictorial format to enable people with a disability and/or living with dementia to understand the information.

### Improving care quality in response to complaints or concerns

- Relatives told us they felt comfortable and confident to raise concerns with staff and/or the management team. Comments included, "I have no concerns. If I did, I would go to [name of staff]. They would listen to me and deal with the issues" and, "No concerns, I feel someone would listen." One relative told us they had expressed concerns about their family member's medicine and asked that prior to any changes to their family member's medicine regime, they were contacted. The relative told us they were listened to.
- The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. These were investigated in an open and transparent way.
- A record of compliments was maintained to capture the service's achievements.
- A record of compliments relating to the quality-of-care people received at Forest Place Nursing Home was also recorded on a well-known external website. In the 12 months prior to our inspection 4 reviews submitted by people's relatives had awarded the service a maximum of 5 stars for their overall experience.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in November and December 2022, the provider's arrangements to assess, monitor and improve the quality and safety of the service was not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- Staff were complimentary about the management team and told us they were confident to raise concerns and believed these would be acted upon and addressed.
- People and those acting on their behalf were complimentary regarding the management of the service, signifying the service was well managed and led. Comments included, "Definitely well managed, staff consistent, makes a lot of difference", "Managed well, give them 8.5 out of 10" and, "Looks organised and staff about. Looks like [Forest Place Nursing Home] well managed."
- Relatives told us they would recommend the service to others. One relative told us, "I would definitely recommend this service. Makes me feel good knowing [relative] is looked after by people who care." Another relative told us, "I would recommend the service. The stress has gone from me and other family members."
- Staff told us they felt valued and supported. Comments included, "If I need help or support, I know where to get it from and who to ask. There is always someone here to help" and, "I get enough support from management." Supervisions were completed for staff and this included 1-1, group supervisions and reflective practice meetings.

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

- The service had a positive culture which ensured the care provided to people using the service was person-centred and focused on people's individual care and support needs. Most people were complimentary regarding the care provided.
- The provider's quality assurance arrangements monitored the experience of people being supported, through its internal auditing processes. This information was used to help the provider and registered

manager drive improvement, including the monitoring of trends and lessons learned each month.

- Robust arrangements were in place to examine and analyse key data relating to falls, accident and incidents, weight gain and loss, the incidence of pressure ulcers and the monitoring of infections.

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 provider understood the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm or where concerns were raised. Systems were in place to investigate incidents, accidents, and complaints.

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

- Relatives made variable comments relating to communication with the service. Where comments were positive people told us, "Communication is very good, staff always let me know what is happening. I would be unhappy if they didn't" and, "I am kept informed of any healthcare appointments and outcomes." Where less favourable comments were stated, these included, "Communication can be difficult" and, "I would like to get input from them [Forest Place Nursing Home] but we have to go to them. It would be nice if they [staff] came to us with information."
- Despite the mixed views cited above, relatives were complimentary regarding the electronic care portal which enabled them to review day to day information about their family member. One relative told us, "It is a useful tool and lets me know how [relative] is doing and what they are doing. This keeps me up to date."
- Relatives confirmed they had had the opportunity to participate in a review of their family member's care needs. This helps to identify if the person's care package is working, or their needs have changed.
- People and those acting on their behalf had been given the opportunity to attend family meetings. Newsletters were evident, providing information to people and those acting on their behalf about what was happening at the service and included photographs of activities carried out.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.