

SHC Rapkyns Group Limited

Forest Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Forest Lodge is a residential care home that provides personal and nursing care to people aged 65 and over and people living with dementia. At the time of the inspection 45 people were using the service. Care and support were provided in one adapted building. The building had three units providing care to people: Beech, Ash and Cedar Unit. Forest Lodge is owned and operated by the provider Sussex Healthcare.

Services operated by the provider had been subject to a period of increased monitoring and support by local authority commissioners. As a result of concerns previously raised, the provider is currently subject to a police investigation. The investigation is on-going, and no conclusions have yet been reached. Forest Lodge is not part of this investigation.

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

Staff had received training and practice development in most areas; however, training had not been sought to cover all people's more specific needs that are significant but secondary to their diagnosis of dementia. For example, learning disability. The providers quality monitoring systems had failed to identify this issue.

The culture of the service was positive, relatives, professionals and staff were complementary of the management and provider. Improvements had been made to systems and process that monitored the quality of the service being delivered and accuracy of records. Staff knowledge and practice in supporting people living with dementia had improved and the atmosphere in the service was friendly and calm. These improvements needed to be sustained and become fully embedded into practice.

The provider had updated their governance framework, and more support was in place from the provider's quality team, which the registered manager told us was helpful. The changes to quality monitoring and the transfer from paper based to electronic recording were recent, evidence they will be sustained over time will be reviewed at the next inspection.

Risks to people's safety had been assessed, and people were supported to stay safe. Staff knew how to identify potential harm and report concerns. People received their medicines safely from registered nurses.

People were supported to have maximum choice and control of their lives and staff supported them in their best interests; the policies and systems in the service supported this practice.

We observed people being treated with dignity and respect, staff listened to people's views and demonstrated in practice their understanding of how to support people in their own reality, whilst being aware of how to positively change the course of the conversation if people became anxious.

Staff actively engaged people in activities, which we observed were enjoyed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published January 2020) and there were four breaches of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 13 (Systems and processes were not established and operated effectively to prevent abuse of service users) and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to quality monitoring, the effectiveness of audits. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The last rating for this service was requires improvement (published January 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

Why we inspected

We inspected to follow up on breaches found at the previous inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The inspection was prompted in part due to concerns received about safe eating and drinking support, the administration of medicines and record keeping in relation to bruising and weight. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires improvement. 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 Lodge on our website at www.cqc.org.uk.

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 coronavirus and other infection outbreaks effectively.

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 well-led?

The service was not always well-led. Details are in our well-Led findings below.

Requires Improvement ●

Forest Lodge

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 Care Act 2014.

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 was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the 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 was unannounced.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information, we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all

this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with 17 members of staff including the quality manager, registered manager, activities co-ordinator, administrator, nurses, senior care workers, care workers and chefs. We also spoke the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

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 Requires improvement. We had found concerns relating to the management of risk around following up health issues and challenging behaviour. At this inspection improvements had been made however, we found staff training and knowledge did not address some people's specific needs, so this key question remains Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There remained a risk that people could be harmed.

Staffing and recruitment

- Staff did not always have the knowledge and skills to fully support all people's needs. For example, people living with dementia who also have a learning disability. Guidance in care plans for people with a learning disability did not identify specific health and sensory needs they may experience. This meant that staff may not know what signs to look for that might indicate a specific health condition or sensory need. However, staff did demonstrate knowledge of how to support people on a day to day basis. This is an area that requires improvement. We raised this with the registered manager, who told us they would access the relevant knowledge and training.
- Safe recruitment processes were in place including safety checks to ensure staff were suitable to work at the service. Pre-employment checks were undertaken including references, identity checks and interview.
- There were enough staff on duty to keep people safe and provide one to one support where that had been assessed. One staff told us, "We always have enough staff; it is so important we do as we need to keep the residents safe."
- People were supported by a consistent staff team. Some regular agency staff were used, they knew people well and had relevant training. A relative told us, "Stable staff, some have been there a long time personally I can interact with them."

Assessing risk, safety monitoring and management

At the last inspection in December 2019, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because challenging behaviour risk assessments and care plans were not always consistent or detailed enough. Actions for staff to follow that had been identified in these documents had not always been considered in line with best practice guidance. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety had been assessed and mitigated. Health professionals were involved relevant to people's needs.
- Care plans included guidance on positive interventions staff could make to help people when they were anxious, and staff were observed to be using these in practice. The registered manager and staff told us no one currently living at Forest lodge had been identified as having behaviours of concern that would include physical aggression.

- People received appropriate support to safely manage health related needs such as diabetes, epilepsy and dementia
- Some people were at risk of choking. We observed people receiving their fluids and meals at the correct consistency to mitigate this risk. Skin integrity care plans had been effective in mitigating the risk of people developing pressure ulcers. One professional told us, "I've found the staff there to be very knowledgeable about their residents, and competent with supporting them with their nutrition. I recently had a patient whose nutritional status and weight have improved dramatically since arriving there."
- Information was recorded about known risks and people were supported to safely meet their needs. This included how people moved and any equipment they needed to do this safely. We observed staff supporting people with their mobility needs, including the use of hoists. Staff spoke to people to inform and reassure them during the activity, this was done with kindness at a pace the person was comfortable with.
- Bed rails, pressure mattresses, epilepsy and falls mats were in place for people who needed them, and people had falls prevention care plans. Staff undertook regular checks of equipment and the premises to ensure these were safe.

At the last inspection in December 2019, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because people were not protected from the risks of inappropriate restraint.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes were in place to minimise the risk of abuse to people. Staff understood what constituted restraint and practice had changed since the last inspection. Staff had received positive behaviour support training and team meetings included teaching and learning about how to support people without restraint.
- Staff confirmed they received safeguarding training and records corroborated this. Staff knew how to recognise potential signs of abuse and how to raise concerns. One staff member said, "I observe and report any signs that people may be experiencing abuse and report to the manager, the manager takes concerns seriously and contacts safeguarding." Another staff member told us, "I feel supported here and would not be afraid to speak up if I saw anything of concern." All 17 staff spoken with during the inspection demonstrated clear knowledge of the signs of abuse and their responsibilities in recording and reporting.
- Records demonstrated that potential safeguarding issues were reported appropriately.
- A person told us they felt safe and staff were kind to them. Relatives told us they were assured people were safe. One relative told us they knew their loved one was safe because, "They care about her; they phone me if anything is wrong."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- As required medicines (PRN) protocols were in place and staff understood how to administer them. Medicines were only administered by staff trained to do so. One staff member was not sure of the protocol to administer rescue medicine for Epilepsy when away from the building. Due to a combination of the Covid-19 pandemic and the current support needs of people, this had not been required for some time, however we did raise the issue with the registered manager, who took action to refresh the staff member's knowledge. Other staff spoken with fully understood the protocol.
- We observed a staff member administering medicines to people and this was completed with care and attention. The staff member was knowledgeable about the medicines they were administering to people and demonstrated an understanding of each person's needs and preferences.

Preventing and controlling infection

- The home was following Public Health England guidance in respect of COVID-19 to keep people safe. Clear processes were in place for visitors to the home which reduced the risk of catching or spreading infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- Social distancing was not always possible because of the needs of people. The home was mitigating this risk with good ventilation and layout of the rooms.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff were observed using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons were learned, and actions were taken to prevent re-occurrence if things had gone wrong.
- Accidents and incidents were recorded, with actions taken in response. For example; staff found that a sensor mat was not working, the registered manager reviewed the way mat checks were being recorded and made changes to support staff to identify issues with equipment more effectively. This was discussed with staff and we saw evidence the improved system was now in use.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection in December 2019, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because quality assurance systems were not always effective in driving improvement.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

However, concerns about the lack of effective oversight by the provider have been repeatedly raised across a number of their other locations. This has led to failings in the quality and safety of care not being picked up through checks and audits. For example; the provider had not identified that staff were not adequately trained to provide specific support to people with a learning disability until this was highlighted by inspectors. While some improvements at Forest Lodge are acknowledged and encouraged, the changes need to be sustained and become fully embedded into practice. We will monitor this and check for sustained improvement at our next inspection.

Continuous learning and improving care

- At the previous inspection in December 2019 the provider's quality processes were not effective in identifying shortfalls and driving improvement. At this inspection some improvements had been made to quality systems and processes at Forest Lodge. However effective auditing of staff training needs cross referenced with people's individual needs would have identified and enabled specialist training was required to ensure that people with a learning disability received consistent individualised support.
- Although the leadership at Forest Lodge had brought about positive changes, the provider's governance systems required more work to ensure they reliably identified and rectified any areas where quality and safety standards could be improved for example; numerous quality audits had failed to recognise the registered manager and staff did not have the knowledge and skills to help them fully understand the needs of people with a learning disability who also live with dementia until it was brought to their attention by inspectors.
- Processes were in place for ensuring that records were complete and up to date. Staff told us they understood their role in recording and reporting the health and changing needs of people. Care records mostly contained information required to ensure people's needs were met and processes were in place to mitigate risks.
- There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate risks. For example, referrals had been made to the Speech and language

team when people had been observed to cough when drinking thin fluids.

- The registered manager uses staff meetings to discuss practice with staff. The last two meetings built on dementia training to keep knowledge current and relevant to the individual people.

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

- Improvements to quality monitoring were varied in how long they have been in place, so time was needed to ensure they are fully embedded and consistently deliver quality outcomes for people.
- The service has recently introduced an electronic care plan and monitoring system (ECM). This means that staff carry a device, like a phone or tablet that gives them instant access to people's care plans, risk assessments and other records. This is new and still being fully developed, however we observed staff entering information in real time, without the need to return to the office to update paper records. Staff told us they liked the new system and found it easy to use. We saw records including, fluid intake and bowel charts were well recorded on ECM. As the ECM is still developing the registered manager has kept paper documents as a backup and reference point until ECM has been fully reviewed.
- We saw evidence that the registered manager reviewed the ECM records and identified and acted on trends. For example: one person had a bruise on their hand as a result of reaching down between the bed and the wall. The bed was moved to mitigate the risk. Issues of bruising were raised and recorded in staff meetings, so staff were aware.
- The registered manager told us that they have additional monitoring and information sharing processes to aid them in driving up quality. These include a system to effectively track changes in people's behaviours. Daily staff meetings and practice knowledge assessments for staff have been implemented. These are new and evidence is needed to demonstrate they will be sustained and effective over time.
- Following our inspection in May 2019, we imposed conditions on the provider's registration which meant that every month, the registered provider had to send us a report providing information on how they were supporting people and managing risks in areas including choking, behaviours which challenge, falls and mobility needs, infection control and medicines. At this inspection we reviewed the last 3 reports which we found to be in line with practice.

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

- The culture of the service focused on providing person centred care and support. We observed people being supported with dignity and respect throughout the inspection. People were asked their opinions and listened to. Staff knew people's interests and used this to engage people in meaningful conversations.
- Care plans provided personalised information about people and their preferences for how they liked to be supported. Information contained in people's care records was up to date and enabled staff to provide support appropriate to people's needs and wishes. Records span both ECM and paper records, the process of transfer to a fully electronic system was still in progress at the time of this inspection. Until the transfer and review are fully completed we cannot be assured that staff will have access to all the information they need.
- The registered manager demonstrated a detailed understanding of people's needs and they told us they were committed to improving and developing the service. The registered manager talked openly about the work still required but expressed dedication in improving the overall quality of care provided.
- Relatives, staff and people spoke highly of the registered manager. One staff member described the registered manager as 'positive, passionate and supportive.' One relative told us, "The manager is very approachable and knowledgeable, I like them a lot."

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

characteristics

- The registered manager worked collaboratively with people, relatives and staff to continuously improve positive outcomes for people. Records demonstrated that issues were identified and addressed promptly. Changes made were communicated to the staff team to implement in a timely way.
- Relatives told us that whilst they felt involved and included at a local level, it had been over a year since they had a survey from the provider to seek their views. This is an area that requires improvement to ensure that the provider seeks and acts upon feedback about the service.
- Staff performance was observed to check policies and procedures were being followed. Staff had one to one 'supervision' and had opportunities to discuss their learning and development needs. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas. One staff told us, that in addition to the daily and monthly meetings, they also had a suggestions box.
- Relatives told us they experienced transparent communication with the registered manager. A relative told us throughout the pandemic the registered manager had been open and transparent, they said, "I am so pleased with the manager and all the staff, my dad was admitted during the pandemic, I couldn't visit at first, they have been amazing and put mind at rest. I have visited since and they look after him brilliantly. The manager phones and we talk about changes."

Working in partnership with others

- The home worked in partnership with a range of health and social care professionals. During the Covid-19 pandemic visits from health professionals had been reduced but telephone consultations had happened instead of face to face meetings.
- Feedback from professionals about working in partnership with the registered manager and staff was positive. During the Covid-19 pandemic contacts with professionals have been predominantly over the telephone or by video calls and email. One health professional told us, "I have had a good relationship with the manager and other nursing staff and have found them to be responsive and approachable, including in the phone assessments over the last year." Another said, "I've found the staff there to be very knowledgeable about their residents, and competent. They were also very accommodating and open to arranging a weekly video call to the resident's family, for the benefit of the resident."
- The manager told us they welcomed the involvement of external professionals.

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 manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere that sets out specific guidance providers must follow if things go wrong with care and treatment. Relatives told us that the manager was open with them and told them when things go wrong.