

# St. Giles Homes Limited







## Forest Home

### Inspection report

58 Swan Street  
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Halstead  
Essex  
CO9 3HT  
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Website: n/a

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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		

#### Overall summary

This was an unannounced inspection carried out on 24 February 2015.

Forest home provides accommodation for up to 39 older people. The service does not provide nursing care. At the time of our inspection there were thirty people living at Forest home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People considered they were safe and thought the staff were helpful and supportive of them. People also thought this of the other people who lived at the service. The

# Summary of findings

manager regularly assessed the staffing levels at the service and arranged for all staff to receive training including in recognising and responding to matters related to safeguarding people.

Staff received induction training upon joining the service and on-going training throughout the year, plus supervision and a yearly appraisal.

Relatives found the manager and senior staff approachable and could speak to them if they ever needed to do so or had concerns.

Medicines were stored safely, there was a policy and procedure in place and the service had systems to identify medication errors. During our inspection we found the stock balance for all the controlled drugs were accurate, however the stock balances for some of the regularly prescribed medications did not tally with the records.

Staff knew peoples likes and dislikes and ensured they received care that was responsive to their needs.

The registered manager had received training and understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which

meant they were working with the law to support people who may lack capacity to make their own decisions. The service had a plan in place for all staff to receive training in this subject in 2015.

The service supported people to maintain their independence and enjoy spent their leisure time which included going out shopping or participating in the house activities.

Each person had a care plan which was reviewed regularly and everyone had their own GP and support as required from the district nursing team. All people were complimentary of the food. People cared for in bed had there food and fluid intake monitored to ensure it met their needs.

There was a system in place for responding to people's concerns and complaints. The registered manager informed us which was confirmed by the people who used the service that they toured the service each day. This provided an opportunity to meet with people and discuss any issues or concerns and take any necessary appropriate steps to resolve any issues.

Staff told us they were supported by the manager and visitors told us that they were confident to approach any member of the management team if they had any concerns.

# 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.

Staff knew about safeguarding and who they need to contact if a safeguarding incident occurred.

There were enough staff on duty to provide the assessed support to people.

The records of some people's medicines did not agree with the actual stock of medication at the service.

Requires improvement



### Is the service effective?

The service was effective.

Staff training, supervision and appraisals were up to date.

People's needs were assessed and care plans written in detail so that staff had the guidance they needed to support people's individual needs.

People were provided with a choice of nutritious food.

Good



### Is the service caring?

The service was caring.

People told us that they were well cared for and we saw examples of staff providing care with knowledge of the person.

People were involved in their care planning.

Staff treated people with dignity and respect using their chosen names and knocking upon people's door and waiting for an answer before entering.

Good



### Is the service responsive?

The service was responsive

People's needs had been assessed and a care plan written in accordance with their assessed needs.

There were systems in place to receive, record and resolve complaints and people knew how to make a complaint.

Good



### Is the service well-led?

The service was well-led.

The service had built links with the local community.

The staff were able to discuss issues with the registered manager and felt supported in their roles.

Good



# Summary of findings

<p>The service had an on-call system in operation when the registered manager was not on duty to support staff with any matters that may arise.</p>	
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# Forest Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 24 February 2015 and was unannounced.

The inspection was carried out by two 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we observed how the staff supported people who used the service. We spoke with eight people who used the service and two relatives. We spoke with the registered manager, the provider, a team leader and three members of care staff. We reviewed seven care plans.

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.

# Is the service safe?

## Our findings

People, who lived at the service, told us they felt safe. One person said. "I am safe here the staff help me, it's perfect." Relatives also informed us that they had no concerns about the care given by the service to their relations. A relative informed us. "Lovely home and lovely staff, so I have no worries about my [relatives] safety which was a concern to us before they moved here."

There was a policy and procedure for safeguarding people. Three members of staff we spoke with were all knowledgeable of the policy and had received training in the safeguarding of people. Staff we spoke with demonstrated their understanding of types of harm or abuse that could occur and how to report concerns. The manager and three members of staff were able to give examples of safeguarding situations and they knew how to report such matters to the local authority and CQC.

The risk to people's safety had been assessed by the staff. Within each of the care plans we saw, there were individual risk assessments and appropriate plans of care of how to support the person. For example, risk assessments regarding moving and handling when supporting people to have a bath had been written and regularly reviewed. We saw people moved around the service freely and choose how and where they wished to spend their time. That showed that the provider has taken steps to provide care in an environment that was safe, suitably designed and adequately maintained including the safe storage of equipment such as the hoist. Staff had received training about how to use equipment to move and transfer people safely.

We asked the staff about whistleblowing. This is a term used where staff alerts the service or outside agencies when they are concerned about care practice. All the staff we spoke with told us that they would feel confident to whistle blow if they felt there was a need to do so.

The manager told us about the process used to record any accidents and incidents. This information was discussed with the provider and staff to take account of any learning opportunities regarding providing safe care.

People who used the service told us there were always enough staff on duty to support them. One person said. "They answer my call bell when I call them." They further explained that this happened quickly. They told us that

they knew the staff well and if anyone was ever ill, the manager arranged for staff to do an extra shift to cover. This did not happen often but was reassuring to know that the staff were so dedicated and flexible.

We saw the staff rota for the previous month and planned for the coming month. The manager informed us the number of staff required was assessed depending upon the needs of the people who used the service and would be adjusted to suit the individual needs.

The manager explained to us how staff were recruited. We saw from the information provided the service had a safe and robust recruitment system. All potential new staff were required to complete an application form and attended the service for an interview. References for successful candidates were sought and the service checked that people were suitable for employment with regard to contacting the disclosure and barring service.

Medicines were stored safely in a locked medicines cabinet and when not in use in a locked designated medication room. There was a policy and procedure relevant to the management of medicines. We carried out an audit of the controlled drugs in use and checked the stock balances which were all correct.

The manager explained how medication was checked into the service and the procedure for returning medication. Four of the Medication Administration Records (MAR) charts we viewed were not accurate. The record with regard to the medicines given did not agree with the stock of medicines still at the service. Therefore we could not be sure that people had received their prescribed medications. We also saw in one person's MAR gaps in the record where staff administering medication should have initialled to state the medication had been given or had been omitted and reasons given. The MAR was blank so we could not be sure if the prescribed medication had been given.

We addressed these two situations with the manager. Their response was to arrange an audit of all people's medications and ensure the staff all followed the same procedure for booking medicines into the service. They would also insist staff account for medicines stock each time medicine was administered and staff would follow the medicines instructions for recording as supplied with the MAR Chart. To further support they informed us that they would arrange for all staff administering medicines to receive additional training regarding these issues.

# Is the service effective?

## Our findings

People told us that they were well looked after and their care needs were met. One person said, “The manager met with me before I came here to understand the help I needed and since being here they have not let me down.”

We found that the serviced had robust systems in place to ensure that staff received up to date training. The service provided training to staff during their induction. All the staff we spoke with told us that training relevant to their role was provided. For example, care staff completed induction and practical training in the delivery of care which included promoting privacy and dignity, consent, safe moving and handling of people and use of equipment such as hoists and health and safety.

One member of staff told us, “I had a very thorough induction it lasted two weeks, I had to shadow staff after the training to see the training put into practice.” They explained the manager meet with them regularly to see how they were settling into their care role. They said, “I was very supported by my new colleagues and the manager.” All the staff we spoke with told us that they had regular supervision, a yearly appraisal and training to keep their skills up to date throughout the year.

The registered manager had attended a training course in both the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) 2007. They understood their role and informed us how the service was working with people to pursue their choice of lifestyle. There was an application with regard to DoLS at the time of our inspection and the service had sought advice from the local authority appropriately. We saw that the appropriate records had been completed correctly. The registered manager informed us that most staff had received training with regard to MCA and DoLS. The manager explained that further training was in the process of being arranged in order that all staff had received training by the end of June this year.

Staff we spoke with were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions. People’s care records we looked at showed that a mental capacity assessment was undertaken. The registered manager told us that where people did not have the capacity to consent a best interest meeting took place with the person and their representative and other significant people involved in their care. We saw that people had records that confirmed this.

People told us that the food provided was good. One person said, “The dinner was very nice.” Another person told us, “It is good, I have difficulty with eating so staff give me gravy or sauce to help me, they know that’s what I like.” Another person told us, “I never go hungry and if you do not like the options they will always cook you something else, like soup or egg and chips.” We saw that the meals were nutritious and well presented in a pleasant dining room environment. We spoke with a team leader to understand how people who chose not to come to the dining room or had their meals in bed were supported. We saw that for each person cared for in bed their food and fluids were monitored and appropriate meals were provided with regard to their individual needs.

Staff we spoke with had a good awareness of people’s individual needs. Examples shared demonstrated that people’s preferences in relation to daily routines and likes and dislikes were met. One person who used the service informed us, “The staff know I like coffee.”

All people living at the service had their own Doctor and Dentist. People were supported as required to visit local services to maintain their health, such as Opticians and the manager would also arrange for professionals including district nurses to visit people at the service as required. The manager informed us that they had positive relationships with the local GP’s and they attended to people at the service as required.

# Is the service caring?

## Our findings

Staff treated people with kindness and compassion. One person told us. "It is a nice place here, I the staff make it what it is, nothing is too much bother." During our inspection we saw staff speak to people in a kind and caring manner and showed respect for people's choices. Staff offered people a choice of drinks and gave them time to make a decision. Staff told us they respected people's views, preferences and how they wished to spend their time. For example, people who preferred to get up late and those who liked to eat their meals in their rooms.

People were able to choose where they spent their time. One person explained to us, "I read the paper after breakfast and listen to the radio to know what is going on in the world and then decide what I am going to do." They informed us that staff visited them throughout the day when choosing to stay in their room and they considered this showed that the staff cared for them and respected their wishes.

People were supported to express their opinions and views and had been actively involved in making decisions about their care and support. We saw that people had written information in their care plan and signed reviews of care. The seven care plans we saw reflected the individual's choices. One person told us. "The manager checks the care plan with me to see that it is up to date." Relatives we spoke with said they had supported their family member in discussions with staff about the changes to their care needs to make sure their relative was supported and the care provided was right for them. They said they and their relative felt included in the decision making.

One person told us. "We talked about what happens when I am gone, it was a weight off my mind that this has been written down and the arrangements are in place."

One person showed us their room and said. "Lovely view and I enjoy the peace and quiet, although we do have parties here sometimes on the lawn and that is nice as well." They told us that staff always knocked on their door and waited to be invited in before entering. They also informed us about the bathing arrangements and that staff shut the bathroom door to protect their dignity.

The staff we spoke with demonstrated their knowledge and understanding of how they supported people to maintain their privacy and dignity. They explained that they always knocked on people's doors and waited to be invited in. Some people preferred to have their room door open, but they would close the door if providing personal care to protect the person's dignity. Staff described how they supported people to pursue their individual interests and take part in the arranged activities, which included word games, bingo and visiting entertainers.

We observed during our inspection that positive relationships had developed between the people who used the service and the care staff. We observed on various occasions, staff joked with the people. The staff we spoke with were aware of people's life histories, knowledgeable about people's likes and dislikes and the activities people enjoyed. This was because they had taken the time to get to know and care about people.



# Is the service responsive?

## Our findings

People who used the service informed us that the service provided them with care and support that was personalised and responsive to their individual needs. One person told us. "I like to be on my own, but it is nice to have the company of other people and the friendly faces of staff around." They said their choice of spending time alone was respected while feeling assured that staff did call upon them regularly to see they were alright. Another person told us. "The staff help me with my appointments for the hospital, if it is an early appointment they make sure that I am up in time."

Prior to entering the service we saw in the care plans that people's needs were assessed in order to determine if the service could meet their individual's needs. People were able to spend time at the service before making a decision to stay for a period of respite care. This provided the person with the opportunity to see if this was the right place for them. Respite care also gave the service the chance to make sure that it was able to meet the needs of the individual.

People's views, interests and things that were important to them were recorded, which included information about the person's life history, their preferences, cultural and spiritual needs, likes and dislikes. The plan of care reflected the care and support needed which was reviewed and amended when people's needs changed. The manager informed us about how the service took time to assess the person's needs and write detailed information about their care needs and personal choices. This was so that the care provided would be person focussed. One person told us. "I brought some personal things with me, photos and ornaments make it more homely."

People told us about the activities they enjoyed. People could walk around the grounds as pathing had been installed so all the garden was accessible. People also enjoyed spending time in the various communal lounges, some were quiet areas for reading, while others had television facilities.

Throughout our inspection, we saw people chose how they spent their time. We saw people spent time reading, doing crosswords and others entertained their visitors. Staff spent time with people individually, for example talking to them about current affairs, their lives and the work they did. This helped them to reminisce and recall memories.

At the time of our inspection the service was providing a respite service. We saw from the care plans that people's needs had been assessed and the original care plan had been developed over 48 hours to fully explain how the person's needs would be met.

During our inspection we saw that the complaints procedure was on display for people to see. The manager informed us they had not had any complaints in the past year, but there had been a number of compliments. They considered the reason for there being no recorded complaints was that they toured the service each time they were on duty. This was in order to talk with people who used the service and any matters were resolved at that point. One person told us. "I would make a complaint if I needed to but nothing to complain about." A relative told us. "No complaints the staff work hard and are approachable so you can get things sorted out before they become a problem."

# Is the service well-led?

## Our findings

A person who used the service informed us. “The manager inspires confidence and has helped me with all manner of things.” People and their visitors told us that they were confident to approach any member of the management team if they had any concerns. We saw the manager regularly engaged with people who lived at the home and their visitors.

At the time of our inspection there was an experienced manager in post. From our discussions with them we understood that they knew the people who used the service and their staff well. They explained to us how the service had developed over the years in particular with regard to the environment. We asked the manager how they thought the service was well-led. They explained that they would discuss matters at the staff handovers and also at the team meetings.

They also explained to us that the philosophy of the service was to be person-centred and hence how the care plans were written with people and focussed upon what people could do as well as the support they required. They also viewed the service as part of the community. There were regularly opportunities for people to meet members of the local community through coffee mornings organised to raise money for charity and pets as therapy was a popular attraction when visiting the service.

A member of staff informed us that they had worked in the service for over 10 years. The reasons they gave was that the provider and registered manager were supportive and approachable. Staff felt secure in working in an established team and the emphasis was upon providing care to people to enjoy each day as it came. They considered that these points meant that the service was well-led.

We spoke with three care staff and they all told us that the manager and provider, who attended the service regularly, were approachable and supportive. The staff felt that they

could raise concerns with the manager and provider. They were open to ideas and supportive with annual leave requests and for days off. There were staff meetings in place and the manager was approachable to discuss any issues that occurred. The manager considered the staff worked well as a team and focussed upon supporting people to be independent. The service had an on-call system managed by the manager and included senior members of staff, so that the person leading the shift would be able to call upon the knowledge and support of senior staff as required.

The manager had monthly meetings with the provider and could discuss any matters with them more frequently if the need arose. The manager also compiled a monthly report for the provider. The report included information about the vacancy rate, support provided and staffing issues. We saw that the service carried out weekly fire checks and all fire-fighting equipment had been maintained as required by the manufactures instructions. This was so that the service protected people by reducing the risk of fires.

The registered manager informed us that as well as audits and reports, they considered meeting and talking with people who used the service on a daily basis as an important component of service governance. The staff felt that strength of the service was that there was sufficient time for handovers and staff meetings. They felt well informed through this opportunity to communicate and supported by the registered manager.

The service had a quality assurance systems in place to check that cleaning was carried out of the communal areas and peoples rooms.

The service had sought the views of people who used the service, relatives and visiting professionals. The information from these surveys was positive and where suggestions had been made these had been taken into account and acted upon. The manager planned to undertake further surveys within the next three months.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safekeeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13</p>