

Forge House Care Ltd

# Forge House

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Forge House provides accommodation and personal care for up to six people aged between 18 and 65 years, who have a learning disability and autism. Forge House Care Ltd is a care organisation based in Chatham. At the time of our inspection, six people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at Forge House and the behaviour support therapist at this inspection. The service had a registered manager who was also the registered provider and a manager for Forge House. The registered manager was not available for most part of this inspection. The thematic review considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Effective governance systems to monitor performance had not been fully embedded into the service. Provider audit systems had not been effective in identifying the areas we found at this inspection and the manager at Forge House did not carry out any audits to check the quality and safety of the service. Records were not always up to date. We have made a recommendation about this.

The registered manager and staff had not spoken with people and their relatives about end of life plans. We found no end of life care plans in place. This is an area for improvement.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safe at Forge House. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

Medicines practice was safe. Medicines records were accurately signed with no gaps in recording. Staff had detailed knowledge of the system in place. The environment was well maintained, and infection control procedures were adhered to.

People were consulted on key issues that may affect them. People's rights, their dignity and privacy were respected.

People received the support they needed to stay healthy and to access healthcare services. Each person had care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Staff supported people to maintain a balanced diet and monitor their nutritional health.

Staff received regular training and were provided with appropriate support and supervision as is necessary to enable them to carry out their duties.

People knew how to complain and that any concerns would be listened and responded to by the provider. Relatives said they felt able to express concerns and were confident of these being addressed.

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.

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

The last rating for this service was Good (Report published on 21 March 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. The provider acted to mitigate some areas of concerns found during the inspection and we will check if this has been effective when we next inspect. Please see the Well led sections of this full report.

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always Well Led.

Details are in our responsive findings below.

Requires Improvement ●

# Forge House

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The service also had a manager at Forge House who was responsible for day to day management of the service.

#### Notice of inspection

This inspection was unannounced the first day and announced the second day. We visited on the second day to gather additional information from speaking with staff, manager and provider.

#### What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We contacted healthcare professionals such as care managers and health practitioners for feedback on the service. We received no feedback. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

#### During the inspection

During the inspection, we spoke with four people using the service, a behaviour support therapist, two senior team leaders, one support worker, the manager of Forge House, the registered manager and two directors.

We reviewed a range of records. This included three people's care records and medicines records. We also looked at three staff files including their recruitment and supervision records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider.

#### After the inspection

We spoke with two relatives on the telephone to gain their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We received and reviewed all the documents which included the training data, rota, policies, procedures and other records sent to us in a timely manner.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Appropriate checks, such as gas safety checks, had been carried out. Some fire safety systems had not been checked. A fire door stopper was not working, and two extinguishers had expired. We pointed these out to the manager at Forge House and these were rectified immediately by the second day of our inspection.
- The fire safety procedures had been reviewed and the fire log folder showed that a fire risk assessment was in place and fire drills were carried out. Staff had received fire training and had participated in fire drills. Fire equipment was checked weekly and emergency lighting monthly. There were window restrictors on the windows to ensure that people could not climb out and fall.
- Each person had a personal emergency evacuation plan (PEEP) which was person-centred and was regularly reviewed and updated.
- People experienced safe care from staff who were aware of people's individual risks. For example, some people had behavioural management plans in place, which helped staff in the understanding of how to support them. Staff followed the plans appropriately during the inspection, for example, in one person's behavioural plan it stated that they required one to one support while out in the community. During the inspection, we observed staff supported the person out into the community with one to one support.
- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; going out in the community, nutrition and hydration, health, sexuality, mobility and holidays.
- Risks to people associated with their behaviour which may challenge others, were managed safely to protect people and staff. We observed this during our inspection with timely intervention of staff preventing escalation of a situation between two people without any restrictions being used.

### Systems and processes to safeguard people from the risk of abuse

- Our observation throughout the inspection showed that people were safe in the service. For example, during our inspection, one person was a bit upset with another person. Staff immediately attended to both people and reassured them. Both were later seen joking with each other after calming down.
- People told us they felt safe in the service. One person said, "I am safe here." Another person who had limited verbal communication nodded and smiled when we asked if they felt safe at Forge House.
- A relative said, "[X] has been living at Forge House for several years now and they are safe there."
- People were protected from avoidable harm by staff who had been trained on safeguarding and knew how to recognise, respond and report suspected abuse to appropriate authorities. A member of staff said, "Safeguarding is about the protection of the service users from abuse."

- Safeguarding processes in place. The risks of abuse were further minimised because staff were aware of safeguarding policies and procedures. A member of staff said, "Safeguarding is us protecting people from harm by following our training, policies and procedures."
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and continued to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "Whistleblowing is about if I want to complain about bad practice. I can report it confidentially without reprisal. I can go to my line manager or above up the chain. I can contact police, health professionals, CQC or the local authority."

#### Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The manager at Forge House monitored these, so any trends could be recognised, addressed and reported to the registered manager.
- The manager at Forge House used the information to make improvements to keep people safe. The manager at Forge House said, "I will talk to the staff responsible, we look at pattern every three months and take appropriate steps."

#### Using medicines safely

- People's medicines continued to be handled safely.
- Records demonstrated that people had received their medicines on time. We observed medicine being administered to one person in the right way with the involvement of the person. Staff explained the medicine to the person, gave them their preferred drink to take it and ensured this had been taken before going back to sign the MAR chart.
- We checked the medicines administration record (MAR) charts and the medicines for people. We found that the MAR charts included a photo and information about any allergies to ensure staff were aware. MAR charts were complete and accurate.
- Medicines were stored safely.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the medicines administration record (MAR).
- The provider continued to have policies and procedures in place, which staff followed, which ensured medicines were managed safely. Staff were trained to administer medicine safely and their competency to administer medicine was checked annually.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.
- The environment was clean and odour free during our inspection. Staff maintained cleanliness and hygiene with the involvement of people in the home. We observed one person with the support of staff using the vacuum cleaner to clean the living room and they appeared happy doing this.

#### Staffing and recruitment

- Staff continued to be recruited safely.
- The registered manager had completed required employment checks. Satisfactory references were on file for all employees.
- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they



started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

- There were sufficient numbers of staff to support people. Staff rotas showed the manager of Forge House took account of the level of care and support people required each day, in the service and community.
- We observed staff carried out one to one support with people as stated in their care plans. For example, one person was supported throughout the day on a one to one support, which enabled them in participating in in house activities.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out initial holistic assessments with people before they moved into the service. The registered manager told us they had implemented the DisDat tool, which was very comprehensive and would be used for all future assessments. The last person moved into Forge House in June 2014.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people, relatives and healthcare professionals were involved in regular review of their support. A relative said, "We are very well involved and we have always been involved a lot."
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support. For example, in one person's care plan it stated that they belonged to the Church of England. However, they prefer to attend church services with family. This was respected by staff.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. For example, one person was supported to attend their hospital appointment for a blood test when we inspected.
- People's individual health plans set out for staff how their specific healthcare needs should be met. For example, one person who was prone to epileptic seizures had logs kept with date, time, type of seizure and how long the seizure lasted. These records were used with healthcare professionals in the management of the person's epilepsy.

Staff working with other agencies to provide consistent, effective, timely care

- Our observation showed that the manager at Forge House worked closely with healthcare professionals. For example, we heard the manager arranging a healthcare appointment with a healthcare professional on the phone.
- Records further showed that staff continued to liaise with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed.
- The manager at Forge House worked closely with other services that might be able to support them with meeting people's needs. This included the local GP, psychologists and the local psychiatrist team demonstrating the provider promoted people's needs, health and well-being.

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

- The manager at Forge House continued to ensure people were supported to have enough to eat and drink and were given choices. We observed this practice during our inspection
- We observed staff regularly encouraging and asking people to drink throughout the day to protect them from dehydration.
- People had control over what time they ate and any snacks and drinks they wished to have through the day. People were involved in meal planning, food shopping and the preparation of meals. We observed people making their own breakfast, tea or coffee with limited staff support.

Staff support: induction, training, skills and experience

- Staff continued to receive training and updates they required to successfully carry out their role. This helped staff keep their knowledge and skills up to date.
- Staff training records showed that all staff had attended training courses considered mandatory by the provider. We saw training certificates in staff files which confirmed this. Staff confirmed that the training courses were useful.
- We observed staff putting what they had learnt about behavioural management into practice when they calmly diffused a situation between two people that might escalate.
- Newly recruited staff received an induction and shadowed experienced staff before working independently. New staff worked alongside experienced staff and were supported to complete 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had regular contact with the registered manager as part of their supervisions. Staff told us that the supervision enabled them to discuss their performance and what they had learnt during training they attended.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated with people's involvement.
- People had free access to a large garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs. People told us they like their rooms. One person said, "I choose the colour of my room and I like it."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

- People's consent and ability to make specific decisions had been assessed and recorded in their care plans.
- Where people lacked capacity to make certain decision such as healthcare decisions, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in

their best interests.

- Everyone in the service had authorised DoLS in place to keep them safe. These were appropriately notified to CQC. No conditions had been set by the local authority for those DoLS authorised.
- Staff had received training in MCA and DoLS and understood their responsibilities under the Act.
- Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed that people were supported to have maximum choice and control of their lives. The manager at Forge House and staff respected people's decisions, for example, one person was asked if they would like to see the GP when they felt poorly. The person said yes, and staff immediately took them to the GP.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were caring. One person said, "I like the staff."
- A relative said, "Care staff are very good. [X] is very happy there now."
- We observed staff were caring with people and responsive to their needs, for example, staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as using pictures, and facial expressions. Staff supported people in a friendly manner. Everyone appeared relaxed and happy.
- People's care records contained information about their background, preferences and equality and diversity needs, and communication needs.

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

- Relatives told us they were involved in people's care.
- We observed that people were supported to express their views throughout our inspection. For example, people freely approached staff to have meaningful conversation with them such as asking when they were going out and staff responded accordingly.
- People's care files provided evidence of their participation in care planning and gave staff guidance about how to support them. For example, a section of the care was 'what makes me happy.' For one person it stated, 'talking about things I like, visiting my family, playing games and listening to music.' We observed that this person spoke with staff at will and they listened to their favourite music throughout the day.
- We observed staff encouraged people to advocate and express their views for themselves when possible. For example, one person wanted to vacuum the room we sat in during the inspection and wanted us to leave the room. We heard staff explained to the person why we were in the service. The person chose to clean the room when we had left the service. Each person had a named key worker. This was a member of the staff team worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy. A member of staff said, "I do ensure people's privacy like one person does not like crowded places, so we go early to find a quiet place they could have their privacy."
- Staff understood how to treat people as individuals. A member of staff said, "Involvement of people depends on their ability. Some can tell us things, while some cannot. Like one person, they added things to their care plan. Sometimes, I use pictures to communicate with them. Another person like [X], it is with patience and redirection that works for them. People are individuals and we respond to that."

- Our conversations with staff showed they understood it is a person's human right to be treated with respect and dignity and to be able to express their views. For example, staff respected people's private space and knocked on doors before entering. People were encouraged to respect each other's private space and possessions.
- Systems continued to be in place to maintain confidentiality and staff understood respected this. The care files, other private and confidential information was stored securely.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, people were supported to participate in the cleaning of their home and laundry. Staff only stepped in when people could not manage tasks safely and without their support. This promoted their independence.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant services were not planned or delivered in ways that met people's needs.

#### End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had not spoken with people and their relatives about end of life plans. We were informed by both the director and manager at Forge House that they had plans in place to implement these, however the discussions had been difficult. This is an area for improvement.

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

- People continued to have support plans in place, which reflected their current needs. People were regularly involved in writing and reviewing their care plans. People had regular reviews with healthcare professionals, relatives and their funding authority.
- Care plans covered all aspects of people's daily living, care and support needs. People's needs and information on how to best meet people's needs were identified, recorded and being met.
- Detailed daily records were kept by staff. Records included personal care given, well-being and activities joined in.
- People's individual goals were identified after discussion with their key worker. Action plans were put in place to achieve these goals. For example, one person's goal was to attend college and go swimming regularly. This person now attended college once a week studying planting and growing and dance. They went swimming on a weekly basis. The person told us they were happy with their goals and staff support.

#### 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 with people that mattered to them and avoid social isolation. A relative said, "I go there once a month to visit." The person's care plan confirmed this.
- People were supported to make new friends through social activities. For example, people regularly went bowling in the community. The manager at Forge House told us that they strongly believed in promoting community based activities, which would enable people to form new friendships outside the service.
- We observed that people went for community-based activities during our inspection and they told us they loved it when they returned. A relative confirmed this and said, "[X] is involved in a lot of activities that he loves."
- There were planned activities, and these were advertised on the notice board. Activities included bowling, drumming, trampolining, football, swimming, gym, attending colleges and day centres. People continued to be supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence.

### Meeting people's communication needs

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

- People's care plans were in easy read or pictorial formats, so people could understand and relate with them.
- Activities for people were written in pictorial form and in a user friendly way. This included, laminated pictorial activities in people's rooms. This meant that information was provided to people in a way that complied with the Accessible Information Standard.
- Photographs of staff on duty were on the notice board in the hallway. This enabled people to be aware of staff who would be supporting them daily.

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

- Relatives told us they knew how to complain and raise concerns if required. A relative said, "If I have any concerns, I just phone them up and they sort it out." Another said, "If I feel concerned about anything, I speak to the manager."
- Our observation showed that staff understood when people were not happy. For example, one person wanted to sit down with us during inspection. However, another person was not happy about this. Staff recognised this through their facial expression and calmly explained to the person. Staff also offered the person the choice of sitting with us or going out. The person chose to sit with us. This calmly sorted the situation out.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. Staff demonstrated their knowledge around this and said, "We have complaint form/log in the office. If I receive any complaint, I will ask the person to complete the form and I will hand it over to my manager to investigate and respond."
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service had not received any complaints since our last inspection.



# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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.

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

- The provider had systems in place to assess, monitor and improve the quality and safety of the service. However, the audit system was not being used. An audit of the service was last carried out 30th January to 5th February 2019 by the provider. The provider had recognised an audit needed to be carried out and they told us they had plans in place to achieve this.
- The manager at Forge House had not carried out any management audits of the service, which would have enabled further oversight. Audits of support plans, fire safety, health and safety and staff files had not been carried out. For example, we found in the weekly health and safety checks carried out by staff that a fire door stopper had not been working for over a month. We also found that two fire extinguishers had expired. This shortfall had not been acted on. The manager addressed this immediately.
- We asked the manager at Forge House about any records of audits and checks to evidence that they were monitoring the service and they told us that this was being implemented.
- There was a key worker system in place, staff were keyworkers and had regular discussions with people about their support. Key worker meetings had not taken place monthly as stated by the provider. Audit of key worker records had not happened. For one person, the last keyworker meeting record was dated March 2019. For another person the last record seen was dated January 2019. We fed this back to the manager who confirmed this had not happened recently and this would be monitored in their monthly checks going forward. Monthly key worker meetings as stated in people's care plans would have enabled the manager at Forge House have an additional oversight of people's needs being met by staff.
- In a person's care plan, it stated, the person needed support with oral care. We looked at the daily records to confirm if this was carried out. The daily record showed that this was carried out only in the morning. The manager of Forge House told us that staff carried these out twice daily but failed to record it. Staff also confirmed that they had not recorded this. The manager at Forge House told us they would reviewing the daily record book to enable adequate recording.

We recommend that the provider seeks advice from a reputable source about effective quality audit systems and good record keeping.

- There were clear management structure at Forge House. Staff took on different responsibilities within the service.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that

where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.

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

- Staff told us that the management team encouraged a culture of openness and transparency.
- There was a positive culture and atmosphere between the registered manager, staff and people. Both staff and people told us they liked the management of Forge House. We observed one of the two directors having friendly chats and some banter with people, which showed warmth and caring.
- The management team had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "I can approach the manager at anytime." Another staff said, "The manager is approachable, friendly and professional. They are willing to help. I am getting support."
- People, relatives and healthcare professionals were involved in people's care and in regular reviews.

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 staff we spoke with were well informed about the vision for the service which focused around person centred care. Forge House values stated, 'We believe that the key to successfully ensuring that our clients lead a safe and fulfilled life within the community is to have an individual, personalised approach to all of our clients ensuring that they are living in the environment that is right for them.'
- When things went wrong or there were incidents, the registered manager was very clear about these and informed relatives and commissioners as appropriate.
- The registered manager understood their responsibility to uphold the duty of candour. For example, the registered manager had notified CQC when things had gone wrong. They had been open and honest to people, relatives and stakeholders when dealing with issues and concerns.

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

- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "The manager has been very approachable, and she will address issues if required."
- Communication within the service were facilitated through staff meetings. Areas of discussions at recent meetings were medication, documentation and service user privacy. Feedback from the meetings was used to improve the service provision, for example, it was discussed that support plans needed improving. We saw that new format support plans including health support plans had been introduced and were being implemented.
- The provider had systems in place to receive feedback about the service including surveys. These were sent to people living at the service, staff, health and social care professionals and relatives. Feedback received showed that people were satisfied with the service provided. For example, relatives commented, 'Home is very nice, clean, great staff and my relative is very comfortable here.'

Continuous learning and improving care

- A healthcare professional said, "Staff here are kind, thoughtful and open to learning."
- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. They also worked with healthcare professionals in meeting people's needs. The manager at Forge House told us that as a result, they had been able to increase activities for people in the community and people loved this.

### Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as speech and language therapists to ensure people received joined up care. A healthcare professional said, "They integrated well with us. I believe the service will be supported by both the local authorities and healthcare professionals as on going."
- The management also worked with Kent and Medway Complex Autistic Spectrum Disorder Service for the placement of people living with Autism. This had enabled the registered manager to ensure proper and adequate placement of people in the service.