

Sanctuary Care Limited

Forest Dene Residential Care Home

Inspection report

48 Hermon Hill
Wanstead
London
E11 2AP

Tel: 02089892311

Website: www.sanctuary-care.co.uk/care-homes-london/forest-dene-residential-care-home

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31 October 2018

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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?

Good ●

Summary of findings

Overall summary

We inspected Forest Dene Residential Care Home on 31 October 2018. The visit was unannounced, which meant that the service did not know we were visiting. Forest Dene Residential Care Home 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 home is registered to provide support to a maximum of 40 people. At the time of the inspection there were 38 people using the service.

At the last inspection in June 2016 the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post who was available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although people and relatives told us they felt there were enough staff, we found that some people did not receive appropriate care during breakfast time. We recommend that the registered manager reviews their staffing level to ensure that there are enough staff to cover for the disruption caused by the works going at the service.

People were supported by staff who were caring, kind, and respectful to their needs. Staff ensured people had choices of care and support whilst ensuring their privacy and dignity.

The staff recruitment processes were safe. New staff were appropriately checked before they started work at the service.

Staff received support, supervision and training to ensure they were effective in their roles.

Pre-admission assessments were completed for people before they were admitted. This ensured that people were admitted only if the service was appropriate to their needs.

Each person had a risk assessment, which identified possible risks and how to manage them.

Care plans were person-centred. Each person had a care plan, which identified their needs and how they should be supported.

People were protected from the risk of abuse because there was an adult safeguarding policy, and staff had appropriate training.

The service supported people to make their own decisions and worked within the principles of the Mental Capacity Act 2005 (MCA).

Staff encouraged and supported people to make their own decisions about their care. The registered manager understood their responsibilities under the MCA and the Deprivation of Liberty Safeguards (DoLS).

The management of medicines was safe. There were systems in place to store, administer, record and audit medicines

People were satisfied with the food provided at the service. People's nutritional needs were well managed and people received diets appropriate to their needs.

Staff worked in partnership with other professionals to ensure people had access to health care service.

People were supported to participate in social activities and events provided inside and outside the service.

The service had a complaints procedure and people were confident that their concerns could be investigated and resolved by the registered manager.

The service had end of life care policy, which ensured people's preferences, wishes and needs were respected when they were dying.

There was a clear management structure which ensured various aspects of the service were audited, feedback was sought and improvements were made to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Forest Dene Residential Care 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 was 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.

The inspection took place on 31 October 2018. This was an unannounced inspection, which meant the registered manager did not know in advance that we were visiting. The inspection team consisted of one inspector 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 care service.

Before the inspection, we reviewed information we held about the service and provider. The provider had completed and sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection, we spoke with 13 people using the service, seven relatives of people using the service, one healthcare professional, three visitors from a faith organisation, the chef, a maintenance person, four care workers, the deputy manager and the registered manager.

We looked at six people's care records and other records relating to the management of the service. This included five staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Is the service safe?

Our findings

People were concerned about having to wait long for breakfast. One person said, "I don't like waiting late for breakfast." Another person told us, "I haven't had breakfast." We brought this to staff attention who explained that breakfast was usually served after 9:00 am, which meant that they had to wait for about 40 minutes. They told us they would offer people tea and cereal whilst the chef ensured the planned breakfast was ready. We noted enough staff were not available to support people with breakfast in the dining room or sitting areas.

The registered manager said that the passenger lift was out of order, and this affected the service because staff had to spend more time supporting people to move from first floor to ground floor, where the main dining was located. We were told that a new lift would be fitted and become operational in eight to ten weeks.

People and relatives told us that there were enough staff. One person said, "Yes, there is always someone here." A relative told us, "There is more staff since the new manager came." All the staff we spoke with said that the staffing level was right and they worked as a team. We recommend that the registered manager reviews their staffing level to ensure that there are additional staff to cover for the extra support people required whilst a new lift is being installed.

People, relatives and visitors told us they felt people were safe. One person said, "Yes, I feel safe. Staff come to check on me [in my room]." Another person told us, "I am happy. I am safe [in the service]." A relative told us, "Yes, [my relative] is safe here. I had no reason to feel [my relative] is unsafe." A visitor said, "I have never seen anything that troubled me [about the safety of people] in the service."

The provider had systems in place to protect people from abuse. Staff understood the provider's adult safeguarding procedure and whistleblowing policy. Staff were able to describe the different types of abuse such as emotional, financial, sexual and physical, and what to do if they suspected or identified a person was abused.

Fire risk assessments had been completed and we noted that each person had a personal emergency evacuation plan (PEEP) in case of a fire at the service. Records showed that electrical and gas appliances were checked and regular fire alarm, fire drills, hot water temperatures and emergency light tests were carried out to ensure the service was safe.

Relatives told us the premises were always clean. A relative said, "Yes, it is clean. It is warm." We saw domestic staff cleaning communal areas and bedrooms. Staff had attended infection control training. We observed them using personal protective equipment (PPE) such as gloves and aprons to ensure the risk of spread of infections was minimised.

Each person had a risk assessment, which described risks such as falls, pressure sores or skin conditions, malnutrition, and moving and moving and handling. Records showed that each person's risk assessment

was reviewed every month or following an incident. Staff told us they read and knew people's risk assessments.

The service learnt lessons from incidents and accidents. The registered manager gave us an example that they had arranged medicine training for all staff after finding issues with the storage of medicines. They told us they provided training on care plan writing for staff and discuss this in team meetings after finding out that some care plans were not up-to-date.

There was a robust staff recruitment system in place. The registered manager told us and staff files showed that various pre-employment checks such as proof of identity, gaps in employment history and police checks had taken place to ensure staff were safe to work with people.

Medicines were safely managed. Staff who administered medicines had undergone training. The storage of medicines was secure and the temperatures where they were kept were monitored and recorded. We checked ten people's medicines and medicine administration records (MAR) and found them to be correct. We noted that the deputy manager and staff audited medicines regularly to ensure errors were identified and rectified.

Is the service effective?

Our findings

People's needs were assessed before they moved in to live at the service. We saw completed pre-admission assessments in care files. The registered manager explained that new people were admitted only if their needs could be met and they were compatible with the people already using the service.

New staff attended induction programmes and shadowed existing staff to gain experience and know how the service operated. An induction pack, which staff completed, ensured that they were trained in key areas such as infection control, fire safety, first aid and moving and handling.

People and relatives told us they felt staff had the knowledge and skills to provide them with the care and support they needed. One person said, "[Staff] know how to care [for me]." A relative told us, "The staff are very skilled." Staff we spoke with felt the training they received gave them the knowledge and confidence to undertake their roles. Records and the training matrix showed staff had attended various training courses relevant to their roles.

Staff also received specialist training in dementia care. We observed staff communicating with people who lived with dementia. When supporting people to make choices staff used short sentences and gave people time to process the information. This showed staff used the knowledge gained from their training in practice to provide effective care.

Staff told us they were supported with regular supervision and they found the support useful. One member of staff said, "My manager is very helpful." to learn." Another member of staff told us that their supervision helped them identify and discuss any concerns and training issues they had.

People's nutritional needs were met. People told us that food at the home was good, they had a choice of meals and they got enough to eat and drink. One person said, "I like [the food]. It's homemade, it's nice and fresh, I'm fed well here. I eat it all. It's always the way I like it." One relative told us, "[Person using the service] likes the food."

Staff knew people's cultural, religious and medical needs, and offered them appropriate meals such as halal or food recommended for people with diabetes. The chef had diet notifications which informed them the contents and presentations of food each person liked.

People told us their health needs were well managed by the service. One person told us, "The doctor comes in regularly." During the inspection we met a healthcare professional who confirmed that they regularly came to assess and treat people. They told us staff worked well with them to meet people's healthcare needs.

The environment people lived in was adapted to meet their needs. There was a maintenance person who undertook any maintenance and ongoing repair work at the service. We saw the service had recently undergone some refurbishment and redecoration work but was still in need of further updating including

the re-installation of the passenger lift, which was impacting on the quality of service people were experiencing. `

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. We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibilities under the MCA and DoLS. Where it was necessary to place restrictions on people to keep them safe, they had applied to the local authority for authorisation and notified the Care Quality Commission when this was agreed. Where people lacked the mental capacity to make decisions, we saw the registered manager and staff worked with the person and their relatives to agree decisions that were in the person's best interests.

Is the service caring?

Our findings

People and relatives told us staff treated them with dignity and respect. They said staff were caring in their attitude and approach. One person said, "The staff are very kind and friendly." Another person told us, "[Staff] are very helpful, very good. If I say anything that could help, they listen." A third person said, "I would recommend this to anybody." A relative told us, "[Staff] are caring in the way they handle [person using the service], taking [the person] to the toilet, giving [the person] lunch, and chatting with [the person]."

We observed staff were caring. For example, we observed staff sitting by and chatting with people when supporting with their meals. We saw that they were not in a rush in supporting them. We observed staff were gentle, patient and understanding, when supporting people to move downstairs using the stairlift. We saw there was a friendly caring atmosphere in the service with staff telling us that they enjoyed caring for people.

People were encouraged to do as much as they could for themselves and we noted that some people carried out their own personal care needs. Care plans were detailed and described people's levels of independence with their daily living skills and what areas they required encouragement and prompting. For example, one person's plan stated their communication and eating ability and the level of assistance staff should provide them to meet their needs. Staff knew people's care needs and how to support them. A member of staff said, "Yes, I know the service users' needs. I prompt them to do as much as possible for themselves." This showed that staff promoted independent living as much as possible.

Staff ensured people's privacy and dignity was respected and protected. They told us they closed doors when supporting people with their personal care. People's personal information was kept securely in locked filing cabinets. Staff were aware of and adhered to the provider's data protection policies and ensured confidential information about people was not shared outside of the service.

The registered manager knew how to access advocacy services for people to protect their human rights. At the time of the visit most people had their relatives visit and represent them. Staff had received training in equality and diversity. This helped them be aware of people's preferences and backgrounds, such as their sexuality, religion or ethnicity. The registered manager said, "We do not discriminate people because of their gender, sexuality or race." Records showed that people's cultural and religious needs were identified and respected. During the inspection, we saw three visitors from a faith group who came and practised religious activity with people.

People and their relatives were involved in developing and reviewing the care plans. We noted each person had a keyworker who had a responsibility for monitoring and reviewing their care needs. Staff also kept notes of significant events about people's wellbeing and shared the information during a handover session at the beginning of each shift. This enabled people to receive appropriate care that met their needs.

Is the service responsive?

Our findings

People, relatives and visitors were positive about the management of the service. One person said, "I like the manager. [The registered manager] doesn't treat me like a stranger." A relative said, "[The manager] is a bonus." A visitor told us, "I think the leadership here is effective. People and staff seem to be enjoying the service."

Staff told they felt the service was well managed. One member of staff said, "I think the service is well managed. The [registered manager] and the deputy assist each other." Another member of staff told us, "I am very happy working here. The atmosphere is good. The manager listens and takes action if there are concerns." We observed that the registered manager was visible and approachable to people, visitors and staff.

The service worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. For example, during our inspection, we met with a community psychiatric nurses (CPN), who told us, "This home is one of the good ones I have been to. Staff understand people's needs and work with you. We work together with GPs, nurses and carers. People are safe here. I do like coming here."

The registered manager was supported by the deputy manager and a regional manager who came once every month. We noted that the regional manager's duties at the service included meeting with people and staff, and checking care plans and records relating to health and safety were up-to-date. The registered manager told us that the service was also visited two times a year by quality team from the provider's head office. They told us that they found the regional manager and provider's quality team's visit useful. They told us these helped them to monitor and validate their own ongoing audits such as medicine, care plans, infection control, and incidents and accidents. The registered manager's auditing records confirmed this. We noted staff from the local authority had visited to undertake a quality audit of the service.

Feedback on the quality of the service was obtained from people relatives and staff through their meetings. The minutes of these showed that people, relatives and staff were able to share their views about the service. We noted that survey questionnaires were used to seek the views of relatives and people. The last such exercise took place in 2017 and the result was all positive. New survey questionnaires were being sent out to people and relatives at the time of our visit. People and relatives were also able to review or comment on the quality of the service through an online system. We noted this was closely monitored and queries or comments were responded to by the provider.

Is the service well-led?

Our findings

People, relatives and visitors were positive about the management of the service. One person said, "I like the manager. [The registered manager] doesn't treat me like a stranger." A relative told us, "On average, the service has improved since the new manager came. There have been changes for the better. Before, carers were not involved in supporting people with the activities. There is more variety in the menu since the new manager came." Another relative said, "[The manager] is a bonus." A visitor told us, "I think the leadership here is effective. People and staff seem to be enjoying the service."

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