English Care Limited

Lady Forester Community Nursing Home

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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection was carried out on 21 October 2015 and was unannounced. At our previous inspection on 25 June 2014 we found that they were meeting the Regulations we assessed them against.

Lady Forester Community Nursing Home provides accommodation and personal care with nursing for up to 25 older people. The provider also provides personal care only (domiciliary care) to people in the ten one bedroomed apartments adjacent to the nursing home called Forester Court. There is a registered manager in post. 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 who lived at the home and in their apartments felt safe and secure with staff to support them. People had

Summary of findings

been assessed before moving to the home or receiving a domiciliary care service, so they knew what they needed help with. Care records contained details of people's preferences, interests, likes and dislikes.

Staffing levels and the skill mix of staff were sufficient to meet the needs of people who lived in the home and apartments and to keep them safe. Staff recruitment was thorough with required checks completed prior to staff commencing work. People who received a domiciliary care service had attention day and night and they were safe.

Medication was stored and administered safely. Nursing staff dealt with one person at a time in the home to minimise risks associated with this process. Care staff had received formal training to ensure they were confident and competent to assist people with their medicines in their apartments.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available between meals to ensure people received enough to eat and drink. People who lived in their own apartments could take a meal in the home's dining room and so were welcomed as part of that community.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives and visitors were always made welcome when they visited their loved ones.

The care plans were centred on people's healthcare needs and gave staff direction to provide effective care. Most people were confident that their care was provided in the way they wanted.

Staff provided some group activities and there were opportunities for social stimulation from visiting entertainers. The registered manager acknowledged that they could do more to meet individual preferences for people in addition to providing group activities.

A number of audits were in place to monitor quality. The provider acted on shortfalls identified. Records of audits did not always document the outcomes in order to reflect and learn from them as part of the overall monitoring of the service.

The provider had annual and ad hoc surveys in place to obtain the views of people who received a service. The general manager and registered manager spoke with people individually on a daily basis to seek their views about their care.

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 safe.

There were sufficient staff on duty to meet people's needs.

The provider had procedures in place to protect people from the risks of harm and abuse. Staff had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments of risks to people were undertaken. Written plans were in place to manage these risks.

There was a safe system in place for the management of people's medicines.

Good

Is the service effective?
The service was effective.

People who lived at the home and in the apartments were supported by trained and knowledgeable staff.

Staff supported people to make decisions about their care. There were policies in place to protect people's rights.

Staff identified the risks associated with poor drinking and eating and provided a nutritious and balanced diet.

The registered manager and staff ensured people were able to access specialist support and guidance when needed.

Good

Is the service caring?
The service was caring.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff provided support to people in a kind and dignified way.

Staff were patient when they interacted with people and their wishes and privacy were respected.

Good

Is the service responsive?
The service was mostly responsive.

Staff had an understanding of how to respond to people's changing needs.

There was a programme of afternoon activities in place. Some people did not have any occupation at other times of the day or when they were confined to bed.

Requires improvement

Summary of findings

The management team and staff worked closely with people and their families to act on any comments or concerns straight away.

The provider formally responded to complaints. People were not given information on how to escalate them if they were not satisfied with the outcome.

Is the service well-led?

Good

The service was well led.

The registered manager understood their legal responsibilities for meeting the requirements of the law.

The provider had audits in place to monitor the health, safety and welfare of staff and people who lived at the home.

The registered manager and general manager were open and approachable and demonstrated a good knowledge of the people who lived at the home.

Lady Forester Community Nursing 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 visit was carried out by one inspector and an expert by experience on 21 October 2015 and was unannounced.

Before the inspection we reviewed information held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted commissioners of care and healthcare professionals for their views.

We spoke with three people who lived in their own apartment. We spoke with nine people who lived at the care home, three visitors, six members of staff, the general manager and registered manager. We viewed four people's care files (two people receiving nursing care and two people receiving a domiciliary care service), two recruitment records of recently recruited staff, management quality reports and medication records for the care home and the domiciliary service.

Good

Is the service safe?

Our findings

People explained how they felt safe receiving their care and support. One person told us “The first thing they asked me when I arrived was what I like to be called. I feel safe here and all my belongings are safe.” Another person said, “If I ring the buzzer they come quite quickly. My daughter chose here, I feel safe and my possessions are safe.” People said they would know who to speak with if they felt concerned for themselves or others.

Staff told us they received training and information to help them identify how abuse could occur in a care home and domiciliary setting so as to help them safeguard people. Staff were knowledgeable on how to identify and report abuse and confirmed they would do so without hesitation. There had been one safeguarding matter raised with the provider about a person in the care home since we last inspected. The registered manager worked openly with the local authority to ensure that person was safeguarded. The provider had put measures in place to learn from the event to prevent the same issue occurring again.

People considered their environment was safe. Risks to people were identified and individual written plans were in place to guide staff to help keep people safe while maintaining their independence. We were told staff practiced with new equipment before actually using it with people. We saw one person being assisted to move by hoist from a wheelchair to an easy chair by two carer workers. Care workers explained and spoke reassuringly and kindly to the person throughout the procedure. We were shown care records that detailed how staff assessed situations, monitored people and considered options of managing the situation. Staff also consulted professionals for their advice, for example, the dietician and tissue viability nurse.

Incidents and accidents were appropriately reported on. Action had been taken by the member of staff working at the time of the accident. The registered manager said they reviewed any incidents as they happened to ensure proper action had been taken. They had not recorded action taken to identify any themes to these incidents.

Safe recruitment and selection processes were in place to ensure that staff were suitable to work with people living in the home and in their own apartment. We were shown how the provider kept records of recruited staff. Appropriate checks had been undertaken before they had started work. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references.

One person told us that there were occasions when they felt the care home was not staffed well. This had not resulted in omissions to their care. We did see one person wait unduly long for assistance at lunchtime, as staff were very busy with the mealtime, and this was discussed with the general manager who agreed to look into it. People told us that staff responded promptly when they rang for assistance. Another person told us, "Staffing has improved recently and I’m now going to bed a bit earlier." We saw there were enough staff available to meet people’s needs. A visitor commented, “I want to emphasise the staff are excellent. They are pulled in many directions at the same time.” We saw that the number of staff on duty was in line with the number the general manager told us was needed to meet people’s needs. The general manager told us they regularly reviewed staffing levels according to people’s needs. Staff told us that staffing levels were good and allowed them to give people a safe level of care. We were told that agency staff had been used to cover short notice sickness. We saw that the registered manager had received information from the supplying agency to ensure staff were safe to work at the service.

People were satisfied with the way staff managed their medicines. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were supplied from a pharmacy that individually blistered medications where appropriate. This enabled medicines to be administered safely. We saw that staff checked each person's medicines with their individual records before administering them so as to make sure people got the right medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. One person told us, “They look after my medication and give extra painkillers when I need them.” Where medicines were prescribed on an ‘as required’ basis, clear written instructions about why and when people may need these were not in place forstaff to follow. Staff gave a verbal account of when people would be likely to need ‘as required’ medicines. We were told that an ‘as required’ form was to be introduced on advice from other healthcare professionals.

Good

Is the service safe?

People who lived in their own apartment were prompted and assisted to take their medicines. Records were kept for showing this had been done.

Good

Is the service effective?

Our findings

One person told us, “The staff we’ve got here are wonderful, they’re happy in their work. Nothing’s too much trouble. They’re skilled enough for my needs.” Another person said, “I haven’t seen a care plan but everything’s fully explained and they ask my consent always.”

People were asked for their consent before care and support were given. We observed staff asking people throughout the day before assisting them with tasks such as where they would like to sit or eat and when supporting people to transfer.

People were supported by staff who stated they had received training and supervision for their role during which their performance was reviewed and discussed. We saw that new staff members were required to complete an induction programme called the care certificate. Staff were not permitted to work alone until they had completed basic training such as moving and handling. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs. A visitor said, “People are generally physically looked after to high standard, always clean.”

People were supported to make decisions. These decisions included Do Not Attempt Resuscitation (DNAR) and records showed that relevant people, such as relatives, legal representative and other professionals, had been involved. The registered manager and senior staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had an understanding of the Act. Mental capacity assessments had been completed where considered as required. People were seen enjoying all areas of the home. It was clear that the service was managed with well trained staff in sufficient numbers to keep people safe whilst not restricting their freedom. This ensured that people’s rights were protected.

People told us they enjoyed the food and were given a good choice of meals and drinks every day. One person said, “The food is wonderful, I’m not a great eater, not a fussy eater. The care workers verbally tell me the menu. There’s enough of it and it’s always hot, I like to eat it in my room." We observed lunch in the main dining area and everyone was eating well. Some people were being helped but most were managing unaided. We heard a care worker encouraging a person to eat and drink. They spoke to them kindly and encouraged the person to try to eat their meal themselves. We saw people used adapted cutlery and plates to help them remain independent with eating their meal.

In other areas of the home we saw people were supported to have sufficient to eat and drink. Staff explained to people about the food that was available, encouraged them to try the dishes and reassured them that, should they not like it, they could always have something else. People’s health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People’s weight and nutritional intake was monitored in line with their assessed level of risk and referrals made to the GP and dietician as needed.

We saw that people who lived in their own apartment could share the mealtimes in the main dining room. This meant people were not socially isolated and could join in.

People told us their health care needs were well supported. One person in the home said, “I see the GP when I need to. It’s never a problem." People living in their own apartment were encouraged to phone their GP or staff did this for them when they needed help. They also had access to the district nurses for their health care needs. We saw that staff monitored skin integrity closely and with the aid of pressure relieving interventions. People’s care records demonstrated that staff sought advice and support for people from relevant professionals. Outcomes of visits were recorded and reflected within the plan of care so that all staff had clear information on how to meet people’s health care needs.

Good

Is the service caring?

Our findings

People spoke positively about the care and support they received. One person told us, “This is a good home and I like it here very much.” People told us the staff helped them when needed. Other people told us they were happy and well supported by the staff team.” Another person told us, “I don’t want to do much but the staff will always provide something to do in the afternoons if we like. They care about us all”.

The relationships between people and the staff were friendly and relaxed. People looked comfortable in the presence of staff. Staff engaged with people in the lounge and dining area as they went about their work. Conversations were inclusive and involved the people living in the home.

People told us they liked the staff that supported them. It was evident staff were knowledgeable about the people they were supporting and how people’s health was monitored. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. They spoke positively about the people, describing their interests, likes, dislikes and their personal histories.

Where people chose to spend time in their bedrooms this was respected. Some people were cared for in bed. Staff were observed knocking on the person’s door gently before going in to assist them.

Relatives spoken with confirmed they had been involved in the care but were not always aware of the care plan. Regular reviews had been organised for people to discuss long term goals and progress. People were asked during their review whether they were satisfied with the care and any improvements that could be made.

People had been consulted about their end of life plans and what they wanted to happen in the event of their death or if they should suddenly become ill.

Visitors told us there were no visiting restrictions in place. One relative told us they were always welcomed into the home at any time and were offered drinks. We saw care and ancillary staff greet people in a way that showed they knew them well and had developed positive relationships. There were different communal areas within the home where people could entertain visitors privately as well as in their own bedrooms. People who received a domiciliary service were welcomed into the communal areas of the home.

One person we spoke with told us that she found the registered manager very caring. “I am very impressed with this home; one of the senior management is always here and sometimes at weekends, even on a Sunday.”

Requires improvement

Is the service responsive?

Our findings

People told us that activities and social events were available to them. One person said, "You can do as you please with your day. We do have arranged activities from external folk but not much other than that." Another person said, "I like to do my knitting each day as it keeps my fingers nimble." Another person said, "I like to sit in the lounge and watch TV. We go out and I also enjoy sitting outside when the weather is nice."

Several people had been sitting in the lounge up to lunchtime and after. The TV was on but people were not watching it. They told us they were not interested in the programme. We did not see staff spend any arranged one-to-one time with individuals other than to assist with care or manage their requests for help. One person in their bedroom in bed said that staff came in to do personal tasks but nothing else. People were supported to maintain contact with friends and family. Staff facilitated a different organised activity most afternoons. The provider stated they were reviewing activities so that people had the opportunity for individual support as well as the organised entertainment. This meant that the impact of social isolation would be reduced and people could be more involved in their social care.

People told us they spoke about their care with staff. People said that care staff wrote in the folder in their room when they had received personal attention. People had their needs assessed by the registered manager before they moved to the home or their apartment. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported, for example, when they wanted to get up, their likes and dislikes and important people in their life.

People had a choice about who provided their personal care and whether staff were male or female. They were able to make choices and had as much control and independence as possible. People could choose where to eat their meals. Some people chose to eat their meal in the dining/lounge area whilst others chose to eat their meals in their room or apartment.

A copy of the complaints procedure was displayed in the entrance hall of the home. The procedure did not inform people of the escalation process should they not be happy with the way the provider had dealt with the issue. The service had received one complaint since we last inspected. The provider recorded how they had dealt with the complaint.

We spoke to a number of visitors who all said they would be happy to talk to the registered manager if they had any concerns but that they were not aware of the formal procedure. They all considered that action would be taken straight away. One person did tell us that the provider would immediately put any request for anything in place. Another person said, "The registered manager is incredibly responsive to anything I say, it's done, no hesitation."

Good

Is the service well-led?

Our findings

A person told us, “The owners take an interest in the people and staff alike”. People expressed satisfaction with the care and support that was in place and their environment.

The staff said the registered manager and general manager were very supportive, approachable and worked alongside them. The staff told us they were confident to report poor practice or any concerns, which would be addressed by the management immediately.

Communication between the registered manager and staff was positive and respectful. People were aware of the management structure in the home and knew who to speak with if they were unhappy.

The provider stated they involved and respected everyone as individuals when gaining their views. This was done by formal survey once a year and through ad hoc topics such as a recent food survey. Any comments were reviewed with the person involved and their family. Staff explained the importance of recognising people as individuals and responding to their personal concerns. The provider was aware of the need to review activities for individuals and to record the action they had taken as a response to any shortfalls in the auditing of the service. The general manager was unaware of some people’s views about the staffing levels and stated they would gain people’s viewpoint on this aspect of the service.

Regular staff meetings took place enabling staff to voice their views about the care and the running of the home. The general manager had delegated responsibilities in relation to certain areas of the running of the home such as checks on medicines and service audits.

Staff received regular individual supervisions with the general manager enabling them to discuss their performance and training needs. Annual appraisals were completed with each member of staff. This enabled the registered manager to plan training needs for individual staff members.