Mr Alan Cork & Mrs C N Heath

# Forest View Care Home

**Inspection report**

45 Upper Walthamstow Road
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Date of inspection visit: 7 & 10 December 2015
Date of publication: 19/01/2016

## Ratings

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

## Overall summary

We inspected Forest View Care Home on 7 and 10 December 2015. This was an unannounced inspection.

Forest View Care Home provides accommodation and support with personal care for up to 24 older people who have dementia care needs. There were 22 people living at the home when we visited. There was a registered manager at the service at the time of our 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.

The registered manager had an understanding of her role in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of liberty Safeguards (DoLS). However, staff we spoke with did not. Mental capacity assessments had not always been completed for people to assess whether they had the capacity to make informed decisions.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

# Summary of findings

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans were in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. People told us they liked the food provided and we saw people were able to choose what they ate and drank.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

Staff told us the service had an open and inclusive atmosphere and senior staff were approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

We found one breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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?**

Good

The service was safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were stored and administered safely.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people. There were enough staff to keep people safe.

**Is the service effective?**

Requires improvement

The service was not always effective. The service did not always carry out assessments of people's mental capacity and staff were not always aware of their responsibility with regard to Deprivation of Liberty Safeguards (DoLS).

Staff undertook regular training and had one to one supervision meetings.

People had choice over what they ate and drank and the service sought support from relevant health care professionals where people were at risk of dehydration and malnutrition.

People had access to health care professionals as appropriate.

**Is the service caring?**

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

**Is the service responsive?**

Good

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

# Forest View 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 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.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection team consisted of two inspectors, a specialist advisor with a background in nursing and dementia care 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.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine people who lived in the service and four relatives during the inspection. We spoke with the registered manager, the deputy manager, one senior care worker, three care workers, and the chef. We looked at 12 care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, medicines records, finances records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe living at the home. No one that we spoke with raised any concerns about their safety. One relative told us, "[Relative] is safe enough because they [staff] look after her night and day time."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they had received training in safeguarding adults and records confirmed this. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "Safeguarding training we do every year. I would report to the manager." Another staff member said, "I would report to the manager. If I got no satisfaction I would go to CQC. Whistleblowing gets discussed in meetings." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

The registered manager told us and we saw records that showed there had been one safeguarding incident since the last inspection. The registered manager was able to describe the actions they had taken when the incident had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Care files each contained a set of risk assessments, which were up to date, detailed and reviewed regularly. These assessments identified the risks that people faced and the support they needed to prevent or appropriately manage these risks. Risk assessments included moving and handling, skin care, communication, nutritional, falls risk assessment, personal care, medicines and challenging behaviours. For example, one person had been assessed at risk of refusing personal care. The risk assessment gave staff guidance such as "staff to use gentle persuasion. When [person] refuses then it sometimes work if staff leave her and return a bit later to try again. All refusals to be recorded." We saw people had consented to and participated in these risk assessments wherever possible.

Medicines were managed safely and staff followed a medicines policy. All medicines were stored securely in a locked room and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent. Medicines audits were carried out on a weekly basis.

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. References were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's needs, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. The registered manager was available at the service five days a week offering additional support if this was required. Our observations and people and their relatives told us there were always sufficient numbers of staff on duty. One staff member told us, "When someone is sick they will get someone to cover." Another staff member said, "They will cover if people need to go to appointments."

The service had contracts in place for the regular servicing and maintenance of equipment. We saw records of maintenance and regular health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, emergency lighting, fire equipment, call bells and hoists.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements

Good

# Is the service safe?

that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been considered and recorded.

Requires improvement

# Is the service effective?

## Our findings

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had not always been completed for people to assess whether they had the capacity to make informed decisions before a DoLS application was made. We saw that three people had a DoLS authorisation in place and that this was held within their care records. The registered manager was aware of their responsibilities under the MCA and DoLS. Where people lacked capacity we saw that the correct processes for making best interests decisions on their behalf had been followed. However, the care staff we spoke with did not have a good understanding of DoLS and the MCA and were unable to tell us who was subject of DOLS. One senior staff member when asked about DoLS told us incorrectly, “That is the reporting of dangerous diseases to social services.” Another staff member said, “It is some sort of safeguarding. I’m not sure if anyone has a DoLS.”

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us the staff were very good and supported them well. One person said, “I am happy here.” One relative told us, “Most of the staff have been there a long time so they know [relative] well.” Another relative said, “Good people look after [relative].”

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, “The training is good. The last training was manual handling.” Another staff member said, “Any training I want to do I approach the manager and she will organise it.” Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files confirmed that staff had received the training for their role which ensured they could meet people’s individual needs. This included training in topics such food hygiene, medicines, manual handling, first aid, death and dying, aggression, risk assessments, fire safety, equality and diversity, stroke awareness, diabetes, mental health, safeguarding adults, health and safety and infection control. Staff were trained to meet people’s specialist needs such as dementia.

Staff received regular formal supervision and we saw records to confirm this. One staff member said, “I get a one to one quite often. We talk about the residents and what they need.” Another staff member said, “Supervision is every two months and it is very useful.” Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out. New staff worked alongside more experienced staff within the service before working unsupervised and they completed an in-house induction plan. One staff member told us, “I had induction and shadowed a staff member for a month.”

Records showed people’s needs were assessed in order to identify their support needs regarding nutrition. Details of people’s dietary needs, food preferences and likes and dislikes were recorded in their care plan. Daily food and fluid intake was monitored for people who were at risk of malnutrition. Records showed people’s weight was monitored regularly. If there were significant changes they advised the GP.

People were supported to have a balanced diet that promoted healthy living. The service had a monthly rotating menu. We looked at the menu and found that choices of food and drink were varied and nutritionally balanced including fruits and vegetables. People had access to snacks and drinks throughout the day and fresh fruits were available for them. People confirmed they could choose alternative meals not on the menu. The kitchen staff were aware of people who were on specialised diets and explained the meal preferences for these people which was reflected in the documentation we looked at. One person said, “The food is on the whole good. The chef would make something special if requested.” Another person told us, “The food is pretty good." We overheard one person say to a staff member at the end of the meal, “That

Requires improvement

# Is the service effective?

was lovely, thank you“ One relative said, “Good choice of food.” Systems were also in place to meet peoples' religious and cultural needs, for example arrangements had been made to supply food that reflected people's culture.

People we spoke with told us they could see a GP when they needed to. People's health needs were recorded in detail in their individual care files. People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, opticians, dentists and chiropodists had been recorded in people's care files. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. For example, records showed that a person had lost weight over a period of time and the service and contacted the GP to organise blood tests. One relative told us, “It was the care staff that discovered [relative] had breast cancer.”

Good

# Is the service caring?

## Our findings

People told us the staff were kind, caring and treated them with respect. One person told us, "The staff are so kind and are really looking after me." A relative said "They are very kind to [relative] and they understand dementia." Another relative said, "The care staff I can't praise enough."

There was a relaxed atmosphere in the service and we heard good humoured exchanges between people and staff. People looked comfortable with the staff that supported them, with many staff having worked at the service for a number of years.

Staff were observed to treat people with kindness were respectful and patient when providing support to people. Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. We observed staff interacting with people in a caring and considerate manner. People were relaxed around the staff and having conversations with them. For example, we overheard a staff member saying to a person at lunchtime, "Do you want to sit there or there?" and "Darling, which drink would you like?" One person told us pointing to a staff member, "She's my friend." We observed one staff member holding a person's hand while feeding them.

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own room or bathroom. We observed staff knocking on bedroom doors and waiting for a response before entering.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom and in the lounge which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. Relatives told us they were kept fully informed about their relative and were welcomed when they visited.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. A relative told us, "They [staff] did an assessment and asked me where [relative] was born."

Good

# Is the service responsive?

## Our findings

People and their relatives told us they received personalised care that was responsive to their needs. A relative told us, "[Relative] was agitated yesterday when I was there and the staff calmed her down." The same relative said, "They [staff] know when she is hungry or needs the toilet." A person said, "The staff are quite good."

People had their needs assessed by the registered manager or a senior member of staff before they moved into the service to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that an understanding of the people's needs was developed and recorded.

Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support and any behaviour support information. Staff knew about people's needs and their backgrounds and the care and support they required.

Records showed care plans had been reviewed regularly or as the person's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. Care plans were reviewed monthly and there was information and assessments on all aspects of daily living. Daily records were completed by staff and provided detailed information on people and how they had spent their day and what kind of mood they were in. These daily records were referred to as staff handed over to other staff between shifts.

People had access to planned activities and local community outings. The home employed an activities co-ordinator. Daily activities were on display in the communal areas. On the first day of our inspection activities were puzzles, board games, and movie club. The registered manager told us in the afternoon an entertainer was coming to sing to people which we observed. We saw people were singing along and enjoying themselves. One person told us, "She [activities co-ordinator] sometimes takes us out for lunch and it's a real treat." One relative said, "They try to involve them in activities like newspapers and drawing things. The activities co-ordinator tries to involve them all whatever stage they are at." During our inspection we saw staff sitting with people playing games, reminiscence sessions and sing-alongs.

Residents meetings were held on a regular basis to provide and seek feedback on the service. We saw from minutes of meetings topics had included activities, food menu, and any issues they may have. People were asked if they had any complaints about the service. Feedback from the minutes were positive about the service. One person commented in the minutes, "I think the food is lovely and I am pleased with the choices." One person had asked for more pasta and fish to be added to the menu and records showed this had been actioned.

People and their relatives we spoke with told us they knew how to make a complaint. They told us they would talk to the registered manager. A relative told us, "I would speak to the manager." The service had a complaints procedure on display in the communal areas. The complaints procedure contained details of who people could complain to if they were not satisfied with the response from the service and timescales for complaints to be dealt with. The registered manager told us the service had received no complaints since the last inspection.

Good

# Is the service well-led?

## Our findings

People who used the service and their family members told us they thought the service was well managed and they spoke positively about the registered manager. One person said, “She’s [registered manager] good.” One relative told us, “She [registered manager] is very good. Very compassionate and good with staff and residents.” Another relative said, “I think she is a nice person. Very good to people.”

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, “She works very hard. She is very fair and supportive. You can sit down and have a chat and she will listen.” The same staff member said, “She’s taught me quite a lot by watching her with residents. She is very patient.” Another staff member said, “She treats everyone with respect.”

The registered manager had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. All notifiable incidents had been reported correctly.

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics such as medicines, key working, care plans, activities, fire safety, pressures sores and appraisals. One staff member told us, “Staff meetings are every month. We can put across whatever we need to say.” Another staff member said, “In meetings we discuss what needs to be resolved.”

Systems were in place to monitor and improve the quality of the service. Records showed that the registered manager carried out regular audits to assess whether the home was running as it should be. The audits looked at the medicines, training, supervision, appraisals, care plan reviews, staff meetings and surveys. These audits were evaluated and, where required, action plans were in place to drive improvements. One staff member told us, “The manager checks the care plans and if the medication has been signed.” The providers also did a monthly audit check which looked at complaints, supervision, care plan reviews, food menu, health and safety, and staff and resident meetings.

Satisfaction surveys were undertaken regularly for people who used the service and relatives. The survey covered if staff were kind and friendly, are people given a choice, food menu, do staff sit and talk to you, can you go for a walk when you want and any other issues. Overall the results were positive. The service also did additional monthly surveys on specific topics. For example, September 2015 was on activities and October 2015 was on food. Overall the results were positive. One comment included, “I am pleased with all activities and we do exercise every day.”

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 | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Staff did not understand and work within the requirements of the Mental Capacity Act 2005 whenever they work with people who may lack the mental capacity to make some decisions. Regulation 13 (2) |