Sanctuary Care Limited

Forest Dene Residential Care 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on 9 May 2016. The service was meeting legal requirements at our last inspection in July 2014.

Forest Dene Residential Care Home provides personal and respite care to 38 people, some of whom may be living with dementia. On the day of our visit there were 38 people using the service.

There was a registered manager in place who showed us around on the day of the visit. 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 told us they were safe and secure living at Forest Dene. Staff were aware of how to recognise and report abuse and had attended appropriate training.

Medicines were stored, handled and administered safely by staff who had been assessed as competent. Where required, appropriate advice and guidance was sought to ensure medicines were administered safely.

People were supported to eat a balanced diet. We observed staff prompting people to eat and drink and saw that hot and cold drinks were readily available.
Advice from other professionals such as the GP, dietitian and therapist was sought and incorporated into people's care plans. People told us they had access to a GP when required and some had visits from the district nurses for specified daily or weekly treatment.

Staff were aware of and had attended training on the Mental Capacity Act and were aware of how this applied in daily care delivery. Staff were aware of the need to follow appropriate guidance in order to ensure that where people lacked capacity best interest's decisions were made. They told us they always waited for people's consent before delivering care.

Staff were supported by means of regular meetings, supervision and annual appraisals. We saw evidence that staff had the opportunity to discuss any issues and identify any further training or support they required to enable them to support people effectively.

There were robust recruitment policies and practices in place which included relevant checks to ensure only staff that had provided appropriate references, proof of ID and had undergone criminal checks would work with people. A comprehensive induction when staff started and an annual training program for existing staff was in place to ensure staff kept up to date practice and delivered care safely.

Care, including activities, was planned together with people and their relatives when they first started to live at Forest Dene and this was reviewed regularly to ensure it reflected people's current needs. People's life history, likes and dislikes, and their social, emotional and physical needs were outlined so staff had clear guidelines on how to effectively support them.

People were aware of the procedure to follow if they wanted to make a complaint or raise a concern. The complaints process was displayed at the main entrance clearly outlining the three stage processes for all to refer to. We found complaints were investigated, acknowledged and responded to in accordance with the service's policy.

People were treated with dignity and respect. Staff addressed people by their preferred name and responded to call bells in a timely manner.

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. People told us they were safe and secure at Forest Dene and trusted staff. Staff were aware of the procedures in place to safeguard people from harm. They were able to recognise and report any allegations of abuse.

Medicines were administered and handled safely by staff who had been assessed as competent. Where errors were identified these were addressed and reflective practice occurred to ensure staff learnt from the mistakes.

Infection control guidelines were followed to ensure people were protected from cross infection.

Regular health and safety checks were completed to ensure the environment was safe. Risk assessments were in place with advice on how to mitigate the identified risk to people and reduce avoidable harm.

Is the service effective?

Good

The service was effective. People told us they received food that met their needs. Hot and cold drinks were available throughout the day. People were supported to access healthcare professionals when needed or when their condition deteriorated.

Staff had attended training about the Mental Capacity Act 2005 and were aware of how to apply it in their daily practice. They were aware of the steps to be taken in order to ensure people were only lawfully deprived of their liberty when it was in their best interests.

Staff had attended training and were supported by means of regular supervision and yearly appraisal to ensure they reflected and improved on practice where required. Where staff indicated an interest in a particular aspect of care, they were encouraged to become a champion in that area.

Is the service caring?

Good

The service was caring. People told us staff were kind and caring. Staff responded to people in a timely and sensitive manner.

We observed staff treated people with dignity and respect and called them by their preferred name.

People had access to advocacy services when required.

Is the service responsive?

Good

The service was responsive. People told us their views were listened to. The complaints procedure was displayed at the entrance explaining the three stages for everyone to see.

Care plans were person centred highlighting people's preferences and past, present and future aspirations.

Activities were available for people who wished to participate with regular outings to places suggested by people using the service.

Is the service well-led?

Good

The service was well led. People, staff and relatives told us the registered manager was approachable.

There were robust quality assurance and monitoring processes in place including regional manager checks, night checks, medicine audits and infection control.

Staff were aware of their roles and responsibilities and worked in line with the services vision and values.

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 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.

The inspection was unannounced and took place on 09 May 2016. It was completed by an 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.

Prior to the inspection we reviewed information from notifications from the service, the local authority and Healthwatch. We also received a concern from a family relating to medicines management.

During the inspection we spoke with 14 people and eight relatives. We interviewed two care staff including a team leader, the deputy manager, the registered manager and the regional manager. We also spoke with the activities coordinator, the chef and a member of the domestic staff. We reviewed four care plans, six medicine administration records and five nutritional intake charts.

Good

Is the service safe?

Our findings

People told us they felt safe living at Forest Dene. One person said, "It is safe. To be honest I've never really thought about it. But I don't feel in trouble here." Another person said, "This place is very safe. The environment helps me especially when I first moved in. I had problems walking around on my own. The staff are also very helpful." A third person told us, "I get what I want and I trust the staff to do it. I never felt unsafe here." Relatives also told us they thought people were safe.

Appropriate guidelines were put in place and followed by staff to protect people from avoidable harm and potential abuse. Staff were aware of and explained how they would recognise and report potential abuse. They had attended training and were aware of where to locate the policy and the contact details of the local safeguarding team. We reviewed safeguarding notifications and found that action plans had been completed where appropriate and learning from incidents was evident as staff were able to tell us. Incidents, accidents and safeguarding concerns were managed promptly, and where required, investigations were completed and action plans were developed to ensure similar incidents and accidents were prevented. Monthly reports were sent to the provider in order to keep a track of all clinical incidents and learn from them.

Staff said there was a culture of learning from mistakes and an open approach. They were aware of the whistleblowing process and told us they would not hesitate to raise any concerns about care delivered. There were policies and procedures for managing risk and staff understood and followed them to protect people. Restrictions were minimised so that people felt safe but also had freedom within and outside the service. There were risk assessments for people within the home and when out in the community. These included but were not limited to fall, mobility skin and nutrition. The risk assessments included strategies to make sure that identified risks were anticipated, and managed. Staff were aware of these and told us they kept them up to date.

Staff had attended equality and diversity training and could demonstrate how they respected people's human rights and diversity when delivering care by promoting choice and not restricting people. Where people behaved in a way that may challenge others, staff managed the situation in a positive way and protected people's dignity and rights. We saw evidence of regular reviews including behaviour charts and how they used these to work with people, supporting them to manage their behaviour. Staff made an effort to seek to understand and reduce the causes of behaviour that distressed people or put them at risk of harm.

Staff managed medicines consistently and safely. Medicines were stored and disposed of safely. We reviewed medicine administration records and found no discrepancies. People told us they received their medicines as prescribed although they could not always remember why they were taking medicines. One person said when asked about medicines, "Same time everyday but I forgot what they are for. I am pretty sure someone has explained it all to me." Another person said, "Medicines are almost brought around at the same time everyday. Yeah I know what they do." We observed medicines being administered safely with staff checking they had the right person and the right medicine and waiting for people to take their medicine

before signing the medicine administration record.

Where appropriate, the service involved people in regular reviews and risk assessment of their medicines and supported them to be as independent as possible. There were medicine risk assessments for each person. Where people had limited capacity to make decisions about their medicines, the correct procedures were followed. Staff we spoke with were aware of the need to involve the pharmacist, the GP and an advocate in cases where medicines were to be given covertly. Controlled drugs were audited and signed over by each team leader on each shift to ensure any discrepancies were quickly noted, investigated and rectified.

The premises and equipment were checked and serviced regularly to reduce the risk of injury caused by the environment people live in, and looks for ways to improve safety. This included weekly fire tests and kitchen audits. A business continuity plan was in place and known by senior staff. Staff used equipment correctly and carried out safety checks before using it to meet statutory requirements and to keep people safe.

Staff followed policies and procedures that met current national guidance and were kept up to date. Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene. We saw soiled line was disposed of correctly. Domestic staff used different colour coded mops and cloths appropriately and ensured cupboards and trolley containing potentially harmful substances were kept secure and out of reach for people.

People on the whole thought there were enough staff with the exception of three people and two relatives who said that assistance to go to the toilet during mealtimes was sometimes delayed whilst staff attended to other issues. One person said, "There is always someone around if you need them." Another person said, "I've not had any problems with getting hold of anyone." There was enough staff on duty that had the right mix of skills to make sure that people were safe. This included making sure there was a team leader on each shift. Staff told us they worked well as a team and that they thought there were enough staff to support people at all times. We reviewed staff rotas dated three months prior to the day of inspection and found staffing to be consistent with what staff told us. The service also used dependency scoring to determine the needs of people. Staff told us staffing would be reviewed at times to reflect the needs of people and gave examples where staffing levels were reviewed, for example, to accompany people to appointments.

Recruitment systems were robust and made sure that the right staff were recruited to keep people safe. These included ensuring continual work history with no gaps, two verified references and disclosure and barring checks to ensure staff were suitable to work in a social care environment. At times people were involved in the second stage of the interview process.

Good

Is the service effective?

Our findings

Eleven out of fourteen people told us that they thought the service was well run and that staff understood their needs. One person said, "Staff are good. They know their job." Another person said, "Yes staff are very good. I can ask them anything and they will try and answer it or find someone that can." A third person said, "Staff seem well trained, they help me with everything I need. I just don't need a lot of help." The remaining three thought some staff were better than others at understanding their needs but felt no staff ever ignored them.

Staff had a thorough induction when they began to work at the service that was in line with the Care Act 15 standards (Core induction modules recommended for all care staff to complete.) Staff attended annual training both as e-modules and as classroom based training in areas such as infection control, safeguarding, health and safety. One staff member told us, "The manager is very good at ensuring that any out of date training is refreshed. We are given the opportunity to say what training we need to further enhance our skills and knowledge." This gave them the skills and confidence to carry out their roles effectively so that people experienced a good quality of life and had their needs met.

We reviewed staff files and found regular supervision and yearly appraisal was in place. This was used to develop and motivate staff and review their practice and knowledge of providing care that met people's needs. Staff told us supervisions were useful and were a two way process in which they felt they could express any positive or areas for development. Volunteers were also supported and trained for the role and tasks they carried out. We saw volunteers doing one to one activities such as going out for a walk and sitting and interacting with people who used the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff had a good working knowledge of the Deprivation of Liberty Safeguards and the main requirements of the MCA. They put these into practice effectively, and ensured that people's human and legal rights were respected. Staff explained and asked people to give their consent to their care and support. Staff always considered people's capacity to take particular decisions and know what they need to do to make sure decisions is taken in people's best interests and involve the right professionals.

People experienced positive outcomes regarding their health. Staff knew people's routine health needs and preferences and reviewed them as when their needs changed. The registered manger engaged with health and social care agencies and acted on their recommendations and guidance in people's best interests. Appropriate referrals were made to other health and social care services. Despite the one complaint we received prior to the inspection relating to communication failure between the service and other agencies,

the service took preventative action at the right time to keep people in good or the best of health.

People's needs and preferences were taken into account when the premises were adapted or decorated. The environment was designed and arranged to promote people's freedom, independence and wellbeing using decoration, signage and other adaptations. The dementia unit had lots of different coloured doors and signage to aid people to easily find their room or the bathrooms. Specialist or adaptive equipment was made available as and when needed to help people remain as independent as possible

People were protected from the risk of poor nutrition and dehydration. Risk assessments were completed and people identified as high risk due to swallowing problems or other medical conditions were referred to the dietitian. Staff were aware of people on special diets and could tell us how these diets were met. People's needs were regularly monitored and reviewed by relevant professionals and people using the service were actively involved in this.

People said the food was good and mealtimes were ok. They had no concerns about the menu and the quality of food provided. One person told us, "I've always been a fussy eater. But they do their best [in providing food I like]. Yesterday I didn't have dinner so they made me a cheese sandwich which I like." Another person said, "I love the food, I really do like it. You can pick what you want. The choices are one or two things then they will make you something else if you want." We saw and people told us there was always drink when they needed. One person said, "A couple of times you get tea but staff are always asking you if you want some water or juice." Another person said, "Yes, I get a drink when I want it." There was a "night bites" menu which people could access out of hours. People gave feedback regularly about meals during residents' meetings. There was also a comments' book specifically for meals that people could use. In addition, when people first moved into the service, nutritional needs and assessment was completed outlining people's likes and dislikes.

Good

Is the service caring?

Our findings

People, their relatives and other people who had contact with the service told us staff were considerate and caring, with the exception of three out of 14 people who told us they had encountered an incident where some staff had been uncaring but this was not a regular occurrence and when reported was addressed by the manager. One person said, "Yes, they are very good and very caring. They always listen to everything I say and try to understand it." Another person said, "Yes staff are wonderful." A relative told us, "Staff have been great. They have helped mum to settle in." Another relative said, "Staff come across as caring and look out for each resident's needs."

People received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and goals. Staff gave examples of how sometimes people would have a hard time settling in and how they tried to help people settle in by engaging in activities or conversations that interested them. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. Staff understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way.

When people were nearing the end of their life they received compassionate and supportive care. Staff told us how they looked after people and their relatives towards the end of their life to ensure that people's wishes were respected and that their dignity, comfort and respect was preserved. We saw 'thank you' notes from bereaved relatives that confirmed the compassionate care they received. We saw evidence of input from various professionals such as the GP and district nurses to ensure people (when it was their wish) were enabled to have a pain free experience during the last hours of their life.

People were supported to express their views. Staff told us and we saw them giving people information and explanations they needed and the time to make decisions about where they wanted to eat or go. Staff demonstrated how they communicated effectively with every person using the service, no matter how complex their needs were. They gave examples of how they would communicate with people non-verbally and cited several instances where people with advanced dementia had become none verbal and how they managed to still get a response from them through non-verbal means. Staff told us they would always refer to the registered manager or deputy manager who would signpost people and their relatives to other agencies in order to access advocacy support and services where available.

People told us they were treated with dignity and respect and that their confidentiality was maintained. One person said, "Staff respect my personal space." Staff told us they knocked and waited for a response before entering people's rooms and did not unnecessarily expose people during personal care. People wore clean clothes and were addressed by their preferred names. People's records were kept in a locked cupboard to ensure that they were only accessed by staff. Staff told us they would not divulge any personal information without people's consent in order to respect their right to confidentiality.

We observed staff spending one to one time with people, listening to what they had to say. During our inspection staff answered call bells quickly. They responded kindly to people who appeared confused by

engaging in meaningful activity or conversations. Staff spoke fondly of people they looked after and demonstrated empathy for people and their relatives.

Good

Is the service responsive?

Our findings

People said they received care that met their individual needs. One person said, "I can do what I want, can't grumble." Another person said, "They do try their best but you can't always do what you want. I like listening to music which I can do." Another person said, "Staff listen and help me do the things I can no longer do."

People received consistent, personalised care and support. They were involved in identifying their needs, choices and preferences and how they were met. Before people started living at Forest Dene an initial assessment of needs was carried out and a visit was arranged. This included past medical history, life story, physical, social and emotional needs. People's needs were assessed and recorded in their care plan and were reviewed monthly using a resident of the day system (a system of setting aside a day to review a person's care needs as well as ensuring that their room was deep cleaned).

People were encouraged to make their own decisions about the way they wished to be cared for and who they wanted to be involved. Care plans included people's religious and cultural beliefs, their hopes and wishes for the future and specified if they wished care to be delivered by same gender staff.

People were given a choice of where they would like to receive their visitors. Staff maintained regular contact with families to ensure that they were aware of their relatives' well-being. Handover meetings at the beginning of each shift were in place to ensure relevant information was passed on verbally. A communication book, where information was documented and handed over to a suggestion box was displayed at the front reception. During "Residents' and Relatives' meetings" people were encouraged to discuss concerns. Annual satisfaction surveys were also completed to ensure people's voices were heard and any suggestions made were implemented.
People were encourage and supported to fill in surveys by their families. The recent results of the surveys were displayed around the home.

People, and those that mattered to them, were actively involved in developing their care and support plans where possible. A key working system was in place to ensure records were kept up to and to build a good rapport between people, their relatives and staff. Staff made sure people were empowered and included in this process. They knew about the need to strike a balance when involving family, friends in decisions about the care provided and making sure the views of the person receiving the care were known, respected and acted on.

People were protected from the risks of social isolation and were encouraged to maintain contact with their friends and relatives. Relatives told us they could visit at any time during the day until 8p.m. We saw that volunteers also took people out for walks at their request and sat and spoke with people who wanted to chat.

Staff told us that activities were available and that people were able to choose what they wanted to do. On the morning of the inspection we saw the activities coordinator leading a session in which people discussed various activities and the outings they would like during the summer season. We noted people's options

were considered. We saw a person helping to pair and fold socks as they wanted to be occupied. There were several places for people to sit and read, or watch television or participate in activities. In the afternoon we observed some chair exercises taking place. Eleven out of 14 people told us they enjoyed the activities. One person said, "I like to sit here and watch TV. I have talked to them about going for a walk outside. I need someone to come with me but I seem to be getting stronger." Another person said, "I have someone help me go for a walk outside. We can go to cafe and sit and have a drink. Sometimes I don't like the activities and they don't force you."

People were able to raise concerns or complaints. One person said, "I don't like to rock the boat but will complain if I need to. Haven't ever needed to." Another person said, "[There are] one or two challenging problems that are minor that I don't like. I tell the staff and they try to deal with it." The registered manager told us that concerns and complaints were seen as a learning experience and as part of driving improvement. We saw that complaints were logged, acknowledged and investigated and responded to in a timely manner. Where possible, with the exception of one which was still ongoing, complaints were resolved. Staff were aware of the complaints procedure which was also displayed at the main entrance for all to see and refer to when needed. We saw that issues and suggestions raised during residents' meetings were recorded and reasons for accepting or not taking suggestions were made clear.

Good

Is the service well-led?

Our findings

People, their family and friends were involved in how the service was run. They told us that meetings were held where issues such as food, redecoration and activities were discussed and people's views taken into account. One person said, "We have meetings to discuss what we want." Another said, "Yes, we can have a say on what we do, eat, drink and where we go." A relative said, "We are kept informed and feel involved. So far, any suggestions we have made have been accommodated." Annual satisfaction surveys were completed and results were analysed in order to improve the service. The 2015 satisfaction showed that 90% of the people who responded were happy with the communication and information within the service.

People, staff and relatives told us the service was well run by a visible and approachable registered manager. One person said, "[The manager] comes around and talks to us. [The manger] is really nice." Another person said, "[The manager] is very responsive to our needs. [The manager] is not harsh and is very simple in the way [the manager] does things. [The manager] might be strict to staff but not to us." Staff told us there was a positive, person-centred, open culture in the service. They told us they would not hesitate to go to the registered manager or the deputy at any time if they had any issues or concerns. They were able to challenge and report any concerns noted relating to care delivery without any fear of being victimised.

The registered manager ensured that all notifications and conditions of registration with CQC were understood and met. One person said, "The manager is very nice, she comes round and checks how we are doing. She sorts everything out including my hospital appointments." Another person said, "In my opinion they do a really good job supervising everything. The top man also comes around and is very friendly."

The service had a clear vision and values that included keeping the person and kindness at the centre of all care delivery. Staff understood these values and demonstrated them throughout the inspection by responding to people in a timely manner and demonstrating knowledge of people's likes and dislikes. One staff member said, "We are here to ensure people get the care they need. It is our duty to listen and understand people's frustrations."

Staff understood their roles and reporting structures and told us they could get hold of senior management out of hours when required. Managers led by example and encouraged staff to take on lead in areas such as dementia, dignity and end of life care. They supported staff and gave constructive feedback and made sure resources were available to enable and empower the staff team to develop and to drive improvement. Staff confirmed that the regional manager came regularly to the service and we noted they were known by people and staff by name.

There were robust quality assurance arrangements to ensure people received care that met their needs. These included in-house and outside contractor audits to ensure the quality of care delivered was consistent. Weekly medicine audits, monthly premises management audits, and employee file audit were completed. In addition monthly compliance visits by the regional manager, infection control, medicines, health and safety and staff files were audited. Any actions identified were rectified within an agreed timescale.