St. Giles Homes Limited

Forest Home

Inspection report

58 Swan Street
Sible Hedingham
Halstead
Essex
CO9 3HT

Tel: 01787460361

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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

Forest home provides accommodation for up to 39 older people. The service does not provide nursing care. At the time of our inspection there were 31 people living at Forest home.

There was 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.

When we inspected this service in February 2015, there was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines. During this inspection the stock balances for some of the regularly prescribed medications did not tally with the records. At this inspection we found the provider had taken action to address these concerns.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly. However, on the day of inspection we identified a medication error, the registered manager was alerted and followed the medication error procedure that included checking with the GP that the person was not at risk. Following this inspection the registered manager sent us full details of the actions they had taken.

Only senior staff are responsible for administering medication but this error had not been identified. We have made a recommendation about the management of some medicines.

People were cared for by staff who had a good understanding of protecting people from the risk of abuse and who understood how to meet peoples care needs safely. Staff knew their responsibility to report any concerns and were confident that action would be taken to protect people .

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Regular safety checks were carried out on the environment and equipment.

New staff received induction training to provide them with the skills to care for people. Staff files showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and identify any necessary training.

People needs were met promptly. Both relatives and staff said that there were sufficient staff numbers to meet people's needs and we saw staff responding to people in a timely way. People's rights and freedoms were respected by staff.

People who lived at Forest Home had access to healthcare professionals and appointments were

documented with outcomes implemented in care plans. We found staff had responded promptly when people had experienced health problems.

The registered manager had received training and understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found the service was caring. People told us staff were kind and patient. We observed staff were warm and friendly when they interacted with people.

Quality assurance systems were in place to drive improvements. People and relatives were encouraged to give their views about the service. A complaints procedure was available and people knew who to speak to if they had a concern.

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 safely recruited and deployed in sufficient numbers to keep people safe.

Risk was appropriately assessed and regularly reviewed.

Medicines were safely stored and administered. Where errors had been identified, appropriate action had been taken.

Is the service effective?

Good

The service was effective.

Staff were regularly supervised and trained in a range of relevant subjects.

People's consent to care and treatment was sought.

People had regular access to healthcare professionals such as doctors, district nurses, dentists and chiropodists.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and kindness.

Staff understood people's likes, dislikes, needs and preferences.

Staff respected people's privacy.

Is the service responsive?

Good

The service was responsive.

The service was responsive.

We saw that people made their own choices about their daily lives. There were organised activities for people if they wanted to participate.

The service offered people a number of ways to express their views. No formal complaints had been received recently.

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Is the service well-led?

Good

The service was well-led.

Staff were positive about the registered manager and the support they received from the senior team.

The staff that we spoke with were motivated to provide good quality care.

The service completed a range of audits which allowed effective monitoring of quality and safety.

Forest 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.

We undertook an unannounced comprehensive inspection of Forest Home on 07 June 2017. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During our inspection we spoke to five people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and 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 four relatives of people living at the home during the inspection. We also spoke to one healthcare professional during the visit.

We spoke to the registered manager, one senior and five care staff. We also spoke to the chef. We looked at records relating to the management of the service such as, care plans for five people, the incident and accident records, medicine management and staff meeting minutes.

Good

Is the service safe?

Our findings

At our last inspection of the service we found a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines. This was because the records of some people's medicines did not agree with the actual stock of medication at the service. We checked the stock at this inspection and found that all medicines checked were correct. We found one medicines error during the inspection which was reported to the registered manager who took action to remedy the error.

We observed a member of staff administering medicines and saw they used safe procedures. Care plans included a list of people's medication, what it was for and when it was administered. Staff told us, and records confirmed, that they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. However only senior staff administered medication. Medicines were managed safely and effectively and there were regular medication audits in place.

The service had a clear medication policy in place which was accessible to staff. Risk assessments specific to medicines were in place for people who were supported to take medicines. Where people had been prescribed 'as needed' medication (PRN) such as pain relief or medicines to aid their sleep, guidance was not available to staff to determine when to use these medicines. For example, where people were unable to communicate verbally that they were in pain, or anxious, there was not a personalised guidance document contained in the medicine record that instructed staff when to use these medications. We discussed this with the registered manager and following this inspection they completed these protocols.

People told us they enjoyed living at the home and they felt safe. One person said, "I have just come out of hospital, glad to be back here." Another person told us, "I like being here."

Staff had completed training which provided them with the knowledge about how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies.

Risks associated with people's individual support needs had been assessed and informed their support plans. For example, risks associated with falls, weight loss, skin integrity and moving and positioning had been planned for. Measures had been put in place to guide staff in how to minimise any risks. Risk assessments were in place for diabetes but did not include signs and symptoms of low or high blood sugar and instructions for staff on what action to take. We discussed this with the registered manager who told us staff had received training in this area, but agreed this information would be helpful to add to the risk assessments.

Plans were in place to advise staff about what action to take if an emergency situation arose and staff told us that they felt confident in the on-call system that was in place to support them over night and at the weekends. We saw evidence that regular checks were completed on other aspects of the service with regards to their safety. For example, electrical condition, gas safety, hoists, water temperatures and fire

safety equipment. Each check had been conducted by an external professional and was supported by an appropriate certificate.

Staff we spoke with were clear about the help and assistance each person needed to support their safety. During the inspection, we saw staff helping people with their mobility; this was done safely with staff giving reassurance. A healthcare professional told us, "I did an equipment review today, staff were very good and nothing is too much trouble. Staff are very knowledgeable about people's needs."

During the inspection we saw that there were sufficient staff available to keep people safe from harm and meet their needs. The registered manager told us that the service had a dedicated, stable work force and that the use of agency staff was not required because they were able to fill any staffing gaps created by events such as sickness or annual leave by the existing staff team. This meant that people received support from regular, permanent members of staff who understood the needs of the people that they cared for and who knew them well.

We looked at the recruitment files of five staff members and saw that the service had a robust recruitment policy in place to ensure that staff were recruited safely. Each staff member attended a face to face interview and all the required employment background checks, security checks and references were reviewed before they began to work for the organisation. This process ensured that the provider made safe recruitment choices. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

The main part of the home was a fifteenth century building with a number of later extensions built on. The older part had some uneven floors and differences in floor levels, negotiated via small ramps. Despite this, people that used the service seemed to manage these areas without difficulty. There were also numerous hand and grab rails in evidence and these provided additional support, adding to the safety. People were very positive about the cleanliness of the home and the staff who kept it clean. All areas were clean and odour free and had staff had access to personal protective equipment.

Good

Is the service effective?

Our findings

All new members of staff completed an induction programme. The induction programme included training sessions on health and safety, safeguarding and whistleblowing as well as completing shadow shifts with more experienced staff members before being included onto the staff rota. Before working alone observations of practice were carried out to ensure that they had the necessary skills to care for people.

Training was completed on the computer alongside a workbook. An assessment of the staff members understanding of their training was then marked externally before a certificate was issued. Staff had to undertake the training again if they failed the assessment. First aid training and fire awareness was face to face. People expressed confidence in the staff skills, one person said, "I am very happy here, they look after me really well."

All of the staff members that we spoke with told us that they felt well supported and confirmed that they had regular planned supervision sessions and an up to date annual appraisal. Supervision and observations of staff practices were completed for all staff on a regular basis to ensure staff were putting into practice the training they had undertaken. For example, observations of manual handling practices were undertaken along with communication and dementia awareness. One staff member told us, "There's never a time when you are not supported."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service was operating in accordance with the principles of the MCA and that two authorisations were in place and an application had been made for a further three to the local authority. On discussion with the registered manager they informed us that they would be putting in applications for other people where their capacity was in question.

Capacity assessments clearly indicated that some people living at Forest Home were not able to provide meaningful consent, but we saw evidence that families and professionals had been involved in best-interests decisions regarding various aspects of people's care. The registered manager was aware that mental capacity assessments should be decision specific and had sourced a new capacity assessment form that the service would be using. Staff had received training in and understood the principles of the Mental Capacity Act and told us that, even though people may have dementia and not be able to make big decisions about their care, they were usually able and encouraged to make day to day decisions such as

what they wanted to wear or what they wanted to eat.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. For example, during lunch everyone requiring clothes protectors were asked first, before staff put them on.

People we spoke to were positive about the food, one person told us the food is, "Always very good." Another person said, "The food is absolutely lovely, always very tasty."

We observed lunch in the dining room. The tables were well laid with matching crockery, cutlery and condiments. There was a good atmosphere in the dining room and staff chatted with people as they waited for lunch. It was noted that some people had been brought into the dining room quite early which meant they had to wait a long time before lunch was served. Staff did mitigate this wait by sitting and chatting with people and serving a choice of drinks, staff told us that it did not usually take this long. The registered manager told us that there was a longer delay than usual and they would monitor this going forward.

The food arrived plated with lids and each lid had a person's name on. One person told us, "I do not like carrots." When this person was served with their roast chicken, there were no carrots on the plate. They added, "They always remember." Another person sitting nearby discussed with staff that they had back pain, the staff member went and got the person a cushion to rest their back on and asked if they would like some pain relief, which the person accepted. Staff were very attentive to people's choices and requests. A choice of juices was brought round regularly and glasses were kept topped up. Usual condiments were available but we also observed a staff member had brought a person mustard and vinegar, as they liked this on their food.

Staff supported people to make choices about what they ate and a menu was taken around in the morning. However, people were able to choose an alternative if they decided they did not want what they had chosen in the morning. The chef told us, "People can always ask for something different and we will accommodate them it is never a problem."

The chef was knowledgeable about people's dietary needs and told us that communication between themselves the manager and staff was excellent and they were kept fully informed about people's nutritional requirements.

People were appropriately supported to access health and other services such as GP's, dentists, opticians and chiropodists when they needed to. One health care professional told us, "This is one of the best care homes, we hardly ever get a problem, the communication is excellent and you get a really good handover about people here."

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated kindly and with dignity. One person told us, "We really can't fault them, they work very hard and they are always so cheerful and kind." A relative commented, "I couldn't wish for a better place for '[family member. The staff here are very good with [family member] and they are more like part of the family than carers. They are so friendly and the care is wonderful."

We observed staff interactions with people throughout our inspection. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. People were interacting with each other and staff in communal areas, we observed staff supporting people to go into the dining room, and this was done with positive interaction from staff. For example, one person received lots of praise and encouragement as their independence was being promoted to walk to the dining area with their walking aid. Whilst many people required support to get up or go to bed, they all stated that this was flexible and they had a say in the timing. One person told us that staff helped them with washing and dressing first thing, but they got themselves to bed. They said, "I try to stay as independent as possible, and they let me do that."

We observed staff interacting with people, laughing and joking with them and engaging them in conversation in areas of interest to the person. Staff could be heard to reminisce with people about their past life.

Staff comments included, "I love coming to work it is great to see a smile from the residents makes my day." And, "People have such interesting life stories it is great to be able to chat about them. Amazing what they can remember." One staff member had come in on their day off to support one person with advanced dementia to attend a hospital appointment, the staff member told us this was because the person felt more relaxed with them. We heard them have a conversation discussing the appointment and that they would go out for lunch afterwards.

Some people had visitors that came for lunch once a week and staff told us that if possible they would collect one person's relative and then take them home after their visit because they knew how important it was for their relative to see them. One relative who regularly came for lunch with their family member said, "I couldn't wish for more from a home. They are like a second family to me. Staff are so friendly and the care is wonderful. I am not just saying that, I've seen how they treat other residents. I am so glad we found this place."

One person told us that whilst they were not currently a resident, they had been in the past and expected to be again in the near future. They explained, "I come here once a month to see my friends, staff and residents. Staff are so kind, one of the off duty girls picked me up this morning from my home and brought me in. Isn't that lovely?" They added that the staff member had also offered to take the person home.

We saw that people had input in planning their care and support where possible and where they wanted this

input. We saw that care plans had been reviewed and updated where required and had been signed by the person or their family to indicate they agreed with the care plan.

One person told us, "Staff are really very good here". They went on to tell us that staff supported them with personal care, they added, "It is something I never thought I would have to do, but it's not a big issue to them, and I know I have no other choice. No-one gets cross or irritated, they just take it in their stride". We saw that people were able to express their views and make choices about their care on a daily basis. There was a noticeboard in the communal hallway which contained information for people about events that were happening.

People's privacy and dignity were respected throughout the inspection. We heard one person being asked discreetly if they needed the toilet before entering the dining room and observed staff knocking on people's bedroom doors before entering. All bedrooms at the home were being used for single occupancy. This meant that people were able to spend time in private if they wished to. We spoke with some people in their bedrooms and saw these had been made into personal places with people's own belongings, such as photographs and ornaments to help them to feel at home.

Some people had made decisions with their family that they did not wish to be resuscitated in the event of cardiac arrest, and this had been clearly recorded on a Do Not Attempt Resuscitation form. For people who had these, their care plan was in a red folder as opposed to a blue folder for people who did not have one. This helped staff to see at a glance who had a relevant Do Not Attempt Resuscitation form.

Good

Is the service responsive?

Our findings

Care plans were person centred and contained information and guidelines which enabled staff to provide care in accordance with people's expressed wishes and preferences. We looked at five care plans and saw that they had been reviewed on a regular basis. One staff member told us, "Communication here is really good." They went on to explain that the senior staff have a weekly meeting and any information is then cascaded to all staff. Staff told us that they have a handover at the end of each shift between the senior staff and all residents are discussed along with an update on anyone's changing needs. Therefore, people had consistent up to date care given to them by all staff.

The service had two activity members of staff that worked alternate shifts. The registered manager told us they also have a volunteer who comes in three times a week to support the activity staff. On the day of inspection people were playing bingo, singing to music and taking part in a movement to music session.

Staff were also observed having a 1:1 chat with people in their rooms and discussing the news and weather. When we spoke to some people they said that they joined in occasionally but most seemed to keep themselves company. One person explained they preferred to stay in their room and read or watch television and occasionally went out with their family at the weekends. They told us, "They are very good here and support me in whatever I want to do. No one nags at me to do this or that, they tell me what is on and if I want to join in, I do. Mostly I don't though."

There was an activities folder in place with a list of activities available to people. Staff told us they had recently had a visit from some pygmy goats and some chicks, they told us this had been successful and this was evident from the photographs we were shown. Other activities included a spa day which involved people having foot spas, nails painted and their hair done.

We noted there were televisions in most of the communal rooms but also lounges where people who wanted a quieter environment could sit without a television. The environment was homely and there were books, games, magazines, and items around the home for people to use. There were budgies in one of the lounges.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

We checked the record of complaints to see how the registered manager dealt with these. The service had not received any recent complaints but we noted that one concern had been investigated and addressed.

Good

Is the service well-led?

Our findings

Staff told us that they felt well supported by the registered manager and the senior staff. One staff member told us, "I like working here; you get a lot of support, I left and came back after a week." Another staff member said, "I'm comfortable enough that if I need support I can just go and ask someone."

People told us they felt happy talking with the staff who supported them and with telling them how they wanted to be supported. Everyone we spoke with told us that they felt that they were involved how in how the care was delivered and how they wanted things done. We saw during the inspection that the registered manager and senior staff were accessible and spent time with the people who lived in the home engaging in a positive and informal way with them.

People who used the service and their relatives were also very positive about the registered manager and the management of the home. One relative told us, "Staff are very good and welcoming here. I moved [family member] from another home and the care here is much much better, their health has improved since they arrived. Very happy with the home and the management."

Staff reported that they felt that the management culture was an open one in which they could raise any issues. One staff member told us, "We always get support, their door is always open."

There were systems in place to monitor the quality and safety of the service. The registered manager used an internal audit tool that looked at a different area or system every month. These audits covered Health and safety, staffing, dietary care and nutrition, person centred care and medication. This audit tool also incorporated obtaining people's views and in November 2016, a questionnaire for people that used the service was sent. We saw that where checks had picked up shortfalls, action had been taken to address these. It was noted that the registered manager had identified that two people had mentioned doors banging at night. They followed this up with a discussion with night staff about how to reduce this noise. Medicine audits were completed by senior staff and we found that they had not identified one of the errors we found. We recommend that the registered manager has greater oversight of the audit process as part of the management of medicines.

An external quality monitoring visit by the Local authority had been carried out recently and the service was rated 'Good'

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any identified trends had measures put in place to minimise the risk of occurrence.