

Clarendon Care Group Limited

# Foresters Nursing Home

## Inspection report

Walton Pool  
Clent  
Stourbridge  
West Midlands  
DY9 9RP

Tel: 01562883068

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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

### About the service

Foresters Nursing Home is a nursing home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

Foresters nursing home is situated in a rural location. It is in an adapted building with bedrooms available over three floors. There were lounges and dining areas on two floors with access by lifts and stairs.

### People's experience of using this service and what we found

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient, knowledgeable staff were available to meet people's needs. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. The premises were free from odour, and staff followed infection control and prevention procedures.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. People enjoyed the meal time experience, and relatives and friends were welcome to share this experience. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were caring. The atmosphere within the home was friendly and welcoming and staff were considerate towards people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People were supported by staff who had the guidance and knowledge about how to meet people's needs and support them as an individual. People had some interesting things to do and the registered manager was improving how people spend their time. Complaints were investigated, and outcomes acknowledged and improvements made when needed.

People's concerns were listened to and action was taken to improve the service as a result. The registered manager and her management team were open, approachable. Systems were in place to improve the quality of care provided. The new registered manager had improved the culture at the home and was taking positive actions to benefit people living at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published on 9 January 2017) insert date last report published in

brackets.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Foresters Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of an inspector, a Specialist Adviser who was a Nurse, 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.

#### Service and service type

Foresters Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care

provided. We spoke with 12 members of staff including the regional manager, deputy manager's, senior care workers, care workers and the cook. We spoke with a professional who regularly visited the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they were safe.
- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action.
- We saw examples where incidents had been reported and these were actioned appropriately.

Assessing risk, safety monitoring and management

- People said staff managed any risks to their safety. One person told us, "I feel safe because I am part of it not on my own any longer. I am well looked after. I never felt safe on my own, but I do now. I get on well with them, to me this is home."
- Risk assessments were up to date and reviewed when required. Staff had a good understanding of peoples risks and knew how to mitigate them. For example, one person was at risk of choking, staff ensured they consistently observed the person when eating to ensure the person was safe. Staff had a good understanding of this and the information was clearly recorded.

Staffing and recruitment

- People and their relatives said there were sufficient staff on duty keep people safe. One person told us, "Yes I am safe it's the management it's the way it's done."
- Staff told us there were enough staff and the registered manager would arrange cover if needed from agency staff familiar with people living at the home when possible.
- The regional manager explained that staffing levels were kept under regular review to ensure there were enough staff to meet people's needs. They told us they used regular agency staff to ensure they had sufficient staff. There was an on-going recruitment campaign for care staff to fill vacancies.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service.

Using medicines safely

- We saw one example where medicines were not stored safely, there was a lack of understanding by staff about safe practice for the storage of this medicine. The regional manager took immediate action and clarified to staff how this medicine should be stored. Other medicines we saw were stored safely.
- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and there were regular checks to

ensure they followed safe practice.

- Where people were prescribed as and when medicines there were protocols in place to ensure staff followed consistent guidance.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- The environment had been identified as needing refurbishment, however some areas such as the clinical room and medicines trolley would benefit from more regular deep cleaning.
- The registered manager was working to improve the standard of infection control.

#### Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, falls were recorded and reviewed by the management team to ensure lessons were learnt and people did not continue to be at risk. We saw there were appropriate referrals were made to support this.
- Staff knew how to report accidents and incidents and told us they received feedback about any changes as a result of incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to coming to the home and this formed the basis for the delivery of their care.
- People's outcomes were good. For example, one family member told us about how their relative had improved since arriving at the home. They said their family member was much more settled at the home and staff supported their family member really well.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as food records to prevent malnutrition, were completed consistently. Where people were unable to verbalise their pain levels staff followed the Abbey pain scale to manage people's pain.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff told us they had completed training when they first started their role. They were supported by experienced staff who shared best practice knowledge. They said they had the information they needed to support people well. They also told us the management team completed competency checks so they were confident they were completing their role effectively.
- Staff said they were supported with all the training they needed to ensure they could meet people's needs. One member of staff explained they had dementia training which had really improved their practice when supporting people at the home.
- Ongoing training updates were arranged for staff, and staff said they were encouraged to further develop their knowledge and skills through vocational training.

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with said the food was lovely and they enjoyed the social experience at meal times. We saw people were offered choices with their meals and if people wanted something different they could just ask. When people needed support with their meal this was provided in a dignified and respectful way.
- People were offered drinks and snacks through the day and enjoyed their meal time experience.
- The cook was aware of people's needs and ensured there was suitable food provided.

Adapting service, design, decoration to meet people's needs

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access.

- The registered manager had identified areas for refurbishment, such as improving signage for people living with dementia. There was also a plan to improve people's access to the outside area to help with people's well-being.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People could access healthcare services when they needed.
- We received positive feedback from the GP about how staff supported people and managed their health conditions. They told us appropriate referrals were made and their guidance followed.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff consistently obtained consent for people's care and support. All the staff we spoke with had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- When people could not make a decision, the management team completed a decision specific mental capacity assessment and the best interest decision making process was followed and documented.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "It's restful here they are very kind."
- One relative said "It's fantastic you can't fault it I can have a meal, they make me a drink. Whatever I want I can do. They treat me as part of the family." Other relatives said staff were patient and supportive to people living at the home.
- We saw examples of staff being kind and caring throughout the inspection. Staff were quick to identify when people needed extra support and provide what they needed.
- We saw staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights. Staff were patient when people were struggling with their understanding and offered reassurance that was individual to the person.

Supporting people to express their views and be involved in making decisions about their care

- Staff asked people what they wanted to do and offered choices to meet people's needs. One member of staff used a distraction technique to support one person who had become anxious. This person became visibly more relaxed after the support from the member of staff.
- One person told us they chose to stay in bed and staff support them to do this. One relative said, "[Family member] makes choices about where they want to be, they walk about and can go to their room".
- The registered manager had tried to establish meetings with people and their families. These had not been well attended and the registered manager was looking at how to improve this to give people an opportunity for feedback.
- Relatives told us they felt involved in the care of their family member and were kept included and updated by staff and the management team. One relative said, "You can always speak to someone they ring us if there are any problems"

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and encouraged to be independent where possible.
- We saw staff were careful to close doors when assisting people in their own rooms. Staff also knocked on people's doors before entering and ensured people's dignity was maintained when supporting people to mobilise.
- Staff were respectful of people's needs, for example making sure they were at the same level as people when they spoke with them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said they received the support they needed.
- Information was gathered from people living at the home and their families to build a detailed picture about each person care needs, preferences and history. We saw staff were able to provide personalised care tailored to the needs and wishes of the individual.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. Staff had detailed information available through hand held electronic devices which were updated immediately when there were changes to ensure staff were providing consistent care.
- Relative's told us people had personalised support and they were kept up to date with what was happening with their family member. One relative said, "You can always speak to someone they ring us if there are any problems."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of the accessible information standards and told us of ways in which they were meeting the standards. For example, they provided information in different formats if needed.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally, staff observed people's facial expressions to gauge their preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- People told us they were well looked after. One person said they staff had supported them with their hobby which they really enjoyed. They told us, "I can't better them they are helpful people, [staff] bring in their old magazines for me. Some of these places are like warehouses, you sit round waiting to die it's not like that here"
- Relatives said their family members were well cared for but there was not always a lot for them to do. All

relatives said they were welcome at the home and could visit whenever they wanted.

- We saw there was an activity program advertised, however these were not completed over our inspection, the activities co-ordinator was not at work during our inspection. We saw staff playing games with people such as dominos. Staff told us they were able to spend time with people.
- The regional manager told us the registered manager was working with staff to improve the activities available, we saw clear records of what people liked to do and their interests.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. We saw where complaints were made these were investigated and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous learning in the future.

End of life care and support

- Staff told us they were skilled to supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes. We saw people's views and preferences about their end of life care were recorded for staff guidance when needed.
- There were systems in place to provide support for people and their families at the end of their life. We saw the registered manager was in the process of improving one bedroom to create a better environment to support families when needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives said the management team knew them well and treated them as individuals. We heard and saw examples of person-centred care from staff and the management team.
- The registered manager completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Relatives explained they had confidence in the management team and staff.
- All the staff we spoke with said the new registered manager had made improvements to create an open and positive culture at the home. Staff said they felt the management team listened to their feedback and ideas. There were further improvements identified involving refurbishment of the environment and dementia focussed plans such as the access to the outside for people living at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were confident they would be notified if there were any concerns about their family member. Relatives confirmed they were consistently told when there had been a fall, or their family member was unwell.
- We saw when there were complaints raised the registered manager spoke with the person where possible to fully understand and resolve the issues. The registered manager always apologised whatever the outcome of the complaint.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives gave positive feedback about the accessibility of the registered manager.
- The management team and staff were clear about their responsibilities and the leadership structure. The regional manager regularly visited the home. Staff were confident that the management team would listen and support them when they needed it.
- The registered manager was clear about their responsibilities for reporting to the CQC and regulatory requirements. Risks were identified and escalated where necessary.
- Staff were confident they could speak with the provider if they wanted to escalate concerns and action would be taken.
- The registered manager had an action plan to take forward improvements to the service which was

reviewed regularly with the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team and questionnaires. We saw when feedback had been gathered it had been analysed and shared with people, relatives and staff. This then was added to the improvement plan to follow through with changes.
- The registered manager was working with families and people at the home to encourage them to attend regular meetings to review the quality of care provided.

Continuous learning and improving care

- The provider spent time at the home and drove through improvements. For example, working through audits which feed into action plans to facilitate improvements.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.
- The provider held regular meetings with managers across their services to share best practice and update on service developments and health and safety alerts.

Working in partnership with others

- We heard positive feedback from the GP that management and staff worked effectively with them to improve people's health and well-being.