

Lady Forester Hospital Trust

Lady Forester Residential & Day Care Centre

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 

Overall summary

We carried out this inspection on 29 October 2014. The inspection was unannounced.

Lady Forester Residential and Day Care Centre provided care and accommodation for up to 13 older people with a range of needs. There were 12 people living at the home when we visited and 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.

Policies, procedures and training were provided for staff in protecting people from potential harm. Staff were aware of how to report bad practice if required.

Summary of findings

Risk assessments were in place which minimised risks to people who used the service and staff that provided support. These were detailed and were made available to staff in order to reduce the risks that certain tasks posed.

We observed and people told us there were sufficient numbers of skilled staff employed at the service. Staff we spoke with knew people's needs well. We observed people were treated with respect and dignity throughout our inspection.

We saw there were recruitment procedures in place which the management team followed. This ensured only people that were suitable to work with adults were employed.

The provider supported staff with training in essential topics. Support meetings and annual reviews of their personal development took place which ensured staff were supported to undertake their duties. We saw staff were confident in providing support to people who lived at the service.

Staff we spoke with had a good understanding of what the Mental Capacity Act and Deprivation of Liberty Safeguards meant for people who lived at the service even though no one who lived at the service had an agreed authorisation. During our inspection we did not see anyone who had their liberty deprived in anyway.

We received positive feedback from people who used the service about the care they received. We also received positive feedback from a relative we spoke with. It was evident people made their own decisions about how they preferred their care to be provided and that staff promoted people's independence where possible.

People told us they had access to healthcare professionals when they required it and they felt their medicines were managed well. We saw that there were systems in place to safely manage people's medicines.

Some people told us they enjoyed the food at the service and said there were always alternatives available if they did not like what was on the menu.

Positive feedback was given about the management team and people told us they felt the service was managed well. The provider had a number of ways of monitoring the service which involved people in the process. These included people contributing to an annual survey about the service. Although people did not have any complaints at the time of our inspection the provider had a complaints procedure in place for anyone who wished to raise a complaint.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt the home was a safe place to live.

Staffing levels met the needs of people who lived at the home.

Individual risk assessments were available which identified where a person needed to be protected against receiving unsafe care or treatment.

The home had systems in place to manage the safe administration and disposal of medicines.

Good



Is the service effective?

The service was effective.

Staff were trained and supported and had the skills and knowledge to meet people's needs.

People were supported to maintain good health and had access to healthcare professionals when they required it.

People's dietary needs were catered for and specialist advice was sought when required by professionals.

The management and staff team had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which safeguard people who lack capacity to make their own decisions.

Good



Is the service caring?

The service was caring.

People felt cared for and their privacy and dignity was respected by staff who knew them well.

Staff supported people to be involved in making decisions about their care and support. Staff made sure people had information in a way they could understand.

People were treated with respect and sensitivity throughout our inspection. People were supported to maintain important relationships.

Good



Is the service responsive?

The service was responsive.

People's care was reviewed and staff responded appropriately if people's needs changed which ensured their needs were met.

People were supported to follow their own hobbies or interests which met their needs.

The provider had a complaints procedure in place. There had been no complaints since our last inspection it was made available in the reception area.

Good



Summary of findings

Is the service well-led?

The service was well led.

Relatives and staff agreed the home had an open and inclusive culture where people came first.

The management team were clear about their role, purpose and actions they needed to take to develop the service.

All of the staff we spoke with were positive about the registered manager and deputy manager.

The provider had systems in place to continuously monitor the quality of the service.

Good



Lady Forester Residential & Day Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 October and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed the Provider's Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to send us (by law). This information enabled us to ensure we were addressing potential areas of concern. We also contacted commissioners of the service to gain their views about the home.

We spoke with four people who lived at the home and one relative. We spent time observing staff interact with people who lived at the home. We looked at records in relation to two people's care. We spoke with three care workers, the deputy manager and the registered manager. We looked at records relating to the management of the service, staff recruitment and training records.

Is the service safe?

Our findings

People who lived at the service told us they felt safe. One person told us, “I’ve felt safe here. Staff watch me when I’m walking because when I first moved here I could hardly walk”. They went on to tell us, “I go out on my own now but they make sure I have my address with me so if anything happens people would know where I live”. Another person told us, “I’ve always felt safe here, from the day I moved in”.

The provider had policies and procedures in place for staff to be able to report any bad practice without their identity being shared with anyone at the service. This is known as whistle blowing. Staff also knew that there was a policy on protecting people from harm. Staff were able to tell us what they believed bad practice meant and examples of what they would immediately report to the management team. We saw staff clearly understood what should be reported. This meant that staff knew how to respond appropriately if staff had any concerns over the safety of people who lived at the home.

One person told us, “The staff are always around to make sure we are safe and I know I wouldn’t come to any harm. I trust them fully”. We saw risk assessments were in place that identified when and how people were to be supported. This ensured that people were supported appropriately and in a way that promoted independence. Staff we spoke with knew about risk assessments that were in place for people and how to report new risks to the management team. This meant they would be able to manage these appropriately. We saw risk assessments had been reviewed which meant the provider ensured that people would remain safe whilst living at the home.

We observed and people who lived at the home told us they felt there were enough staff to keep them safe and

meet their needs. We spoke to the management team about staffing levels and we were told that they had the flexibility to adjust staffing levels should people’s needs change. One person told us, “There’s always enough staff around, you never have to wait long before they come to you if you call them”. We observed that staff responded to people in a timely way. We also saw staff spend time talking with people, and people enjoyed the involvement of staff during the course of the day. Staff were not rushed and spent as much time as people needed with any assistance they provided. The home was relaxed as people came and went throughout the day.

We spoke to people who used the service and they told us there were never any concerns with their medicines. One person told us, “My medicines are always given on time. They have never run out of my tablets and the staff always watch me until I’ve taken them”, another person told us, “I prefer the staff to give me my medicines and I’m happy with the arrangement. I never go without; they all know what they are doing”. Staff told us that they had received training in safe handling of medicines and their competency was checked regularly. We saw training records that confirmed this. This meant only staff who were competent and trained handled people’s medicines. The provider had a policy in place for the safe handling of medicines. We noted that through auditing of medicines it had been identified that the room temperature was too cold. This had been rectified at our inspection. We found that there was a system in place to record, administer and dispose of medicines safely.

Records that we looked at showed staff were only employed after essential checks were carried out. This ensured staff were fit to carry out their roles. All of the staff we spoke with had been recruited in line with the provider's recruitment process.

Is the service effective?

Our findings

People who lived at the service told us they thought the staff knew them well and were confident when they supported them. One person told us, “The staff know what they are doing here; they know what I need without me having to keep repeating myself”. Two other people told us, “All of the staff are confident at what they do” and “The staff go about their work in a professional way, they all seem very knowledgeable”.

Staff had a good understanding of what their responsibilities were under the Mental capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). A DoLS application may be made by if it was felt necessary to restrict a person’s liberty to keep the person safe. The registered manager informed us that there was no-one who used the service under a DoLS authorisation, nor were there any applications in progress. We did not see anyone who had their liberty restricted.

We saw that staff received training in essential topics that the provider saw as being necessary. One staff member told us, “Training is good”. Another staff member told us, “All my training is up to date”. Another staff member told us, “The manager makes sure we are fully trained and we go on refresher training courses”. This meant staff received training to support the people who lived at the service. We saw people who lived at the home were supported by staff who demonstrated they had the knowledge and skills when assisting people. For example we observed staff obtain consent before being assisted to the toilet.

One staff member told us, “We are supported fully here, we meet regularly but we can speak to the management team in between meetings if anything crops up”. Another staff member told us, “We meet individually and as a group. It’s good to get together to discuss things. It makes you feel a part of it all”. Staff told us they met as a staff team every three months and these meetings were mainly held to discuss changes at the service, best practice and an opportunity to bring all the staff together for support from each other. We saw minutes of the last staff meeting that confirmed what staff had told us. Having such opportunities meant staff were supported by the management to do their job.

Some of the people told us they liked the food. One person told us, “It could be better”, another person told us, “I’m not keen on the food but I hear changes are about to happen”. Another person told us, “The food is a bit bland”. Another person told us, “There’s something different every day and you are given a choice”. A relative told us, “Since [resident name] has been here their diet intake has improved”. The registered manager was aware about the mixed reviews regarding the food. They told us a new chef had been recruited and would be starting in the near future. We saw menus were displayed and they demonstrated that they had been designed for the season of Autumn and Winter. One person told us, “If I don’t like what’s on the menu they always offer me something else”. This meant although there were mixed reviews about the food the registered manager was aware and was confident meals would improve under a new chef.

We saw the home catered for special diets to meet people’s individual needs, for example, diabetic diets. Staff told us they did not have anyone with cultural dietary needs but they could provide these as and when required. People were offered hot and cold drinks throughout the day and we also saw people had access to drinks in between the staff offering drinks to them.

We saw one person had been referred to the speech and language therapist because the staff had identified the person had swallowing difficulties. The staff were following instructions from the therapist which ensured the person received a pureed diet. This meant staff pureed the person’s meal into a consistency they could manage.

One person told us, “I attend the diabetic clinic once a month and the district nurse sees me every day to check my blood sugar levels”. Another person told us, “I had chest pain and the staff got me to hospital straight away”. We saw in care records that people were visited by healthcare professionals such as the chiropodist and GP. People told us visits were arranged in a timely manner when they requested. One person was being visited by the district nurse for wound management treatment. We saw staff re-position the person as instructed by the nurse and this was recorded to demonstrate the support provided. This meant that staff followed the directions of health care professionals which ensured people received the support they needed.

Is the service caring?

Our findings

People we spoke with told us they felt cared for by the staff. One person told us, "Everybody helps you, everything is nice. I've been very happy". Another person told us, "Staff are kind, caring and brilliant". Another person told us, "I was happy the day I moved in and I continue to be happy. All the staff are caring". We saw staff were attentive to people's needs. Staff showed people kindness in the way they spoke with them and supported them. The home was welcoming and people who lived there were relaxed. People told us that because the home was small there was a friendly, family feel to living at the home.

One person told us, "They cover me with a towel when they are washing me". Another person told us they draw the curtains and make sure the door is always closed". Another person told us, "They knock my door and never enter until I tell them they can. I always get my mail given to me un-opened, I wouldn't like someone reading my letters". Another person told us, "I am never shouted at or spoken to rudely". We observed people were assisted to the toilet in a quiet and discreet way and care staff were professional at all times. We saw how staff treated people with respect and addressed people in a courteous way. Visitors told us they were able to see their relative in private and that there were no restrictions on visiting times.

People made their own decisions about their care and support. We spoke to one person who has made significant progress at the home. They told us how they had achieved this with the assistance of the staff promoting their independence. This showed how people received care in a way that they wanted to and which enabled them to progress and become more independent.

One person told us, "I think the staff would find someone to assist me with any private matters if I needed that sort of help. At the moment my son visits me and does all my important things".

At the time of our inspection there was no one living at the home who had the support of an advocate. An advocate is someone who provides support to a person independent from the service. We saw literature available on display to inform people of advocacy services should they need to contact one. Everyone we spoke with told us they were supported by a relative and they were happy with these arrangements.

We saw a volunteer at the home. This person used to work at the home and now returns to help out on a regular basis. Another person working at the home had semi-retired. We observed people responded well to these people and that a caring relationship existed between them. The home benefitted from the involvement of these people.

Is the service responsive?

Our findings

People told us they were consulted about their care needs and how they preferred to be supported. One person told us, “I remember the manager came to visit me at my home before I moved here. My daughter was there too and we had a long chat about what sort of things I needed. They wrote a lot of things down”. Another person told us, “They always ask me if everything is okay and we have meetings with my family and the social worker has also been there to make sure everything is going well”.

One person told us, “I’ve never been one to mix. I’ve been alone for many years and that’s the way I like it. I knit and read and that’s just how I like to spend my time. I can go to the lounge and dining room if I want but I don’t want to so I don’t go. That’s nothing to do with not being offered to go. I just don’t want to”. We saw people were supported to exercise their choice in following their own interests. During our inspection we saw people chatting with each, playing bridge, completing individual word search challenges and jigsaws. One person told us, “I used to go to church but now I can’t go the vicar visits me. I like to be able to see the church from my bedroom because it reminds me of when I used to visit there”. Two people told us they chose to take Holy Communion from the visiting church. This showed that people’s individual religious needs were supported.

One relative told us, “There have been reviews of [person’s name] care and I have been involved with them. [person’s name] has also been to those meetings”. We saw in one person’s records that their goal was to return to the community and this had been achieved. The person told us all about their progress and their move to the community was imminent. We saw that people were consulted about their care needs and had their care reviewed. This meant that people received personalised care that was responsive to their needs and kept under review.

People who lived at the home told us they felt comfortable to talk to the management about any concerns. One person told us, “I’ve never had to complain but I’d speak to the manager if I needed to. Another person said, “There’s nothing to complain about here. They are always asking if everything is ok”. And another person said, “I know there’s a form you can fill in but it wouldn’t ever come to that here”. The provider had a complaints procedure in place which was available in the reception area. Although there had not been any recent complaints we could see that there was a procedure for staff and the provider to follow. All of the staff we spoke with explained what they would do if someone made a complaint to them. One staff member told us, “I would take them to the manager to get the complaint sorted”. Another staff member said, “If it’s something I could sort out I’d do it there and then. If it was a more serious complaint I’d take it to the manager.”

Is the service well-led?

Our findings

People told us that the registered manager and deputy were 'very good'. One person told us, "I see the management a lot. I could approach them about anything". Another person told us, "The management are very approachable here". One relative told us, "I think the home is run well".

The registered manager and deputy both told us they had a good relationship with people who lived at the home and staff. They were available to people throughout our inspection and were welcoming to a visitor during our inspection. The registered manager told us, "We set out clear expectations to the staff when they join us. They are clear that people here are individuals and should be treated with dignity and respect at all times. Although we have had no reports of bad practice, staff know they are expected to report concerns if they witness anything". We saw the registered manager and deputy approach people in a professional and respectful manner which showed they promoted a positive culture throughout the home.

Staff told us they understood the provider's values and philosophy of the service. One staff member told us, "We were told at induction what was expected of us in terms of doing the job and the standards that were expected of us". They told us, "There's a programme of training and there's good team work here". Staff told us that meetings were held. Staff told us that meetings were held and they felt the registered manager was open and honest and led the home well. Staff also told us they received regular support meetings and an annual review of their personal development. Staff told us that the meetings gave them the opportunity to share any concerns they had.

One person told us, "I feel able to speak out if there's any concerns and the management team listen and act on issues I have raised. People told us they were looking forward to carrying out some winter planting of pansies which had been raised by some people who lived at the home. This showed the provider had listened to people's ideas.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred at the home. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Accident forms had been reviewed by the registered manager so that emerging risks were anticipated, identified and managed correctly. Infection control audits were also undertaken which ensured that the home complied with the requirements of the Code of Practice for health and adult social care and related guidance about good practice.

The provider had a number of ways to assess the quality of the service. The registered manager told us a survey had been carried out recently and the analysis was still to be completed. We looked at responses received and comments included, "Staff are very nice and helpful" and "I am very happy here". Surveys about the quality of the service had been sent to people who used the service and their relatives/representatives; it did not include other people in the community who visited the service such as healthcare professionals. The registered manager told us they would include these people in the next survey. This meant that the service would be able to consider any feedback from people that visited the home who were involved with people's care.