

UK Healthcare Group Limited

# Forge House Services Limited

## Inspection report

Forge House  
60 Higher Street  
Cullompton  
Devon  
EX15 1AJ

Tel: 0188432818

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Forge House Services Limited is a residential care home. It is registered to provide personal care and accommodation to up to 11 people. The home specialises in the care of people who have a learning disability. At the time of our inspection there were 9 people living at the home.

Forge House Services Limited is a detached 2 storey building in the market town of Cullompton. The home provides level access to the garden, lounge and dining room, with people's bedrooms on the ground and first floor.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

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.

Significant improvements had been made since the last inspection. People were enabled to be involved in decision making as they were able, regarding their food choices. People were no longer subjected to restrictive practices regarding a healthy diet for all. Improvements had been made around people's mealtime experiences which were personalised to each person.

People had their own bedrooms and had access to shared facilities including a garden. People were protected from the risks associated with the spread of infection and were supported to take their medicines safely.

Improvements had been made to the environment with people involved in the decision making. Environmental risks we identified at the last inspection had been addressed and risks associated with fire evacuation had improved.

People were enabled to access specialist health and social care support where appropriate.

Risk assessments had been completed in a person-centred way for all identified risks to people.

People's care and support plans had been rewritten and were more personalised and gave staff clearer guidance to support people safely. Care plans and risk assessments were regularly reviewed and involved relatives and advocates as appropriate. Improvements were needed to ensure care records displayed people's names, the date they were written and who had written them.

The registered manager had a system to review and investigate accidents from re-occurring. This included looking for trends and identifying any learning to reduce the risk of an incident happening again.

#### Right Care:

Improvements had been made since our last inspection. The registered manager had reported safeguarding concerns appropriately to CQC, and/or the local safeguarding authorities. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

A lot of work had been undertaken to improve people's care and support plans to reflect people's individual needs and aspirations. People had care and support plans that were personalised, holistic and reflected their needs and aspirations. Relatives confirmed they were included in decision making about their relative's care.

Staff knew people's needs and were kind and caring. They supported people in a more person-centred way and promoted their dignity, privacy and human rights.

People were supported to eat and drink enough to maintain a balanced diet. Staff involved people in choosing their food and plan their meals. People were observed enjoying the food at the home.

Staff supported people to maintain their health and worked jointly with healthcare professionals to improve outcomes for people.

People were still able to participate in group activities if they chose but were also encouraged to pursue their own individual interests and spending time in their local community.

#### Right Culture:

Improvements had been made to ensure staff placed people's wishes, needs and rights at the heart of everything they did. Improved information in care records and planning involving people about their preferences enabled staff to have a more consistent approach to support people.

As part of the local authority, Provider Quality Support Process (PQSP). The registered manager had regular input from health and social care professionals. They were responsive to feedback from all areas as they wanted to improve the service.

The registered manager was working with staff to ensure any risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People received support from staff who knew them well. Staff told us the culture of the service had improved since our last inspection. One staff member said, "Things are much better, everyone is getting more choice and more independence."

The registered manager and management team took a genuine interest in what people, staff and other

professionals had to say. The management team worked directly with people and led by example.

Routines within the home were more personalised to individual people. The registered manager was aware of CQC's framework in relation to inspecting services for people with autism and learning disabilities and was working with staff to ensure support for people followed these principles.

The registered manager and staff team had worked with people to enable them and those important to them to work with staff to develop the service. Relatives and staff confirmed they would be able to raise concerns to enable improvements to be made to the service. Relatives were asked by the provider about their opinions of the service.

Staff were recruited safely and there were enough staff on duty to meet people's needs. People were protected from abuse and poor care. The provider supported staff with training and supervision and appraisals were scheduled. Staff had completed appropriate training to support and understand people's individual needs and provide enabling support to people. The registered manager had scheduled learning disability and autism training for April 2023. People at the service lived with learning disability and autism and this training would assist staff to have a better understanding and be able to support people safely.

The provider had more robust systems in place to monitor the quality of the service to people. There were improved audits being undertaken and actions taken when things went wrong. These actions were added to the provider's service improvement plan as required.

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 Inadequate (Published 11 November 2022).

#### Why we inspected

We carried out an unannounced targeted inspection of this service on 26 May 2022 where we identified some improvements could be made to person centred care and how people are supported to make choices. This inspection was not rated.

We then undertook a full comprehensive inspection in August 2022 and found 9 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and 1 breach of Regulation 18 (2) of the Care Quality Commission (Registration) Regulations 2009. We issued the provider with 2 warning notices and 8 requirement notices and rated the service inadequate.

The provider completed an action plan to show what they would do and by when to improve.

We then undertook a targeted inspection to check whether the Warning Notices we had served following the August 2022 inspection, in relation to Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met. The overall rating for the service was not changed following that targeted inspection and remained Inadequate.

We undertook this comprehensive inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the

service can respond to COVID-19 and other infection outbreaks effectively.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Forge House Services Limited

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

Forge House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Forge House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

Following the CQC August 2022 inspection, Forge House was placed in a local authority whole service safeguarding process. They received support from the local authority Quality Assurance and Improvement team, a specialist nurse and occupational therapist and other health and social care professionals. CQC received all the minutes and reports from this process and attended the local authority whole service safeguarding meetings, which were also attended by the provider and registered manager.

Forge House came out of the whole service safeguarding process on 19 December 2022 and are receiving ongoing support from the local authority, Quality Assurance and Improvement team, in a Provider Quality Support Process (PQSP).

We looked at all the information we had received about and from the home, this included the provider's service improvement plan. 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.

## During the inspection

Inspectors visited Forge House on 29 March and 4 April 2023. We spoke with and communicated with 2 people who used the service. Some people we met were not able to verbally communicate with us. Their experiences were captured through observations, interactions they had with staff and their reactions.

We spoke with 10 members of staff including the registered manager, deputy manager and provider's compliance manager.

We reviewed a range of records. This included 4 people's care records and a variety of records relating to the management of the service, including policies and procedures were reviewed.

We also sought feedback from professionals involved in the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

The provider had implemented improvements since our last inspection. These improvements had been undertaken with the support of the local authority Quality Assurance and Improvement team and health and social care professionals. The Care Quality Commission (CQC) need to be assured going forward that the changes made ensures consistent good practice over time.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the inspection in August 2022 the provider had failed to assess, monitor and manage risks to service users' health and safety and provide safe care and treatment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and returned in December 2022 to check the warning notice had been met. We found although improvements had been made not enough improvement had been made and the provider remained in breach of regulation 12.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager and staff team had reviewed and rewritten people's care plans. The care plans guided staff on how to support people's behavioural, physical or mental health needs. Behavioural support plans had been sent to other professionals for review and were accessible to staff.
- Risk assessments had been completed for all identified risks to people. For example, one person's risk assessments included, supporting their anxiety, accessing the community, choking, financial abuse, mobility, personal safety and Covid 19.
- We discussed with the registered manager the need to review a risk assessment they had put in place for a person who was at risk of falls when using the stairs. The risk assessment required more detailed guidance for staff to support them safely. The registered manager said they would review the risk assessment.
- Environmental risks we identified at the last inspection had been addressed. This included a new door on the kitchen. The kitchen could now be locked to ensure people's safety when staff were not present.
- Other environmental risks we had identified at the last inspection were being addressed. This included thermostatic mixing valves (TMV's) being fitted which blends hot water with cold water to ensure constant, safe water temperatures to prevent vulnerable people from scalding themselves.
- Some people in the home could harm themselves or others when they were distressed. Staff were trained to use physical interventions, using the safest and least restrictive methods, as outlined in people's support plans.

- Staff were recording accidents and incidents at the home. The registered manager had a system to review, investigate and prevent them from re-occurring. This included looking for trends and identifying any learning to reduce the risk of an incident happening again.
- Accidents and incidents were being reported to outside agencies as required.
- Risks associated with fire evacuation had improved. Work had been completed to fit door handles on the fire exit doors to the back garden, so staff could re-enter the property during an evacuation, should the doors close.
- There were individual personal emergency evacuation plans for people in place to keep people safe in an emergency. Staff understood these and knew where to access the information.
- An external company had completed a fire risk assessment which arrived during the inspection. The registered manager and compliance manager started working on an action plan to improve fire safety while we were at the home.
- A new maintenance person had recently joined the team. They were very knowledgeable about the checks they were undertaking and had a good understanding about maintenance issues. We discussed with the registered manager the need to have a clearer process for staff to record any maintenance concerns they found. This would support the registered managers oversight of maintenance issues.
- External contractors undertook regular servicing and testing of fire equipment to ensure people and staff member's safety.

#### Systems and processes to safeguard people from the risk of abuse

At the inspection in August 2022 the provider had failed to have systems in place to ensure people were protected from abuse and neglect. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager had effective systems and processes in place to safeguard people from the risk of abuse.
- People were relaxed when staff approached them, and people actively sought out interaction with the staff. Relatives felt people were safe and were complimentary about the staff at the home. One relative told us, "I cannot give any specific examples of the excellent service the Forge House staff have always provided, but I am sure I would know if (person) was not happy there. Long may it continue!"
- Safeguarding incidents were reported to the local authority as required.
- Staff had completed safeguarding training and understood their responsibility to report abuse and neglect and felt confident to do this. Staff confirmed they had confidence in the management team to deal with concerns appropriately. One staff member told us, "I would go to (registered manager), I have faith in him".

#### Staffing and recruitment

At the inspection in August 2022 the provider had failed to ensure recruitment practices were safe. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 19.

- Improvements had been made and there were safe recruitment processes in place. This included checks with the Disclosure and Barring Service (DBS) and taking up appropriate references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We discussed with the registered manager that we could not be assured that one staff member had no employment gaps. They gave us assurances that these had been explored and said they would review the staff file and ensure these were documented.
- There were sufficient staff to meet people's needs. People did not wait for support when they requested it and staff were available in communal areas.
- Staff told us there were usually enough staff. However, last minute absence could impact staffing levels. They confirmed the management team always tried to fill unexpected absences.
- The registered manager and provider were committed to keep people safe and used agency staff to fill planned gaps when required.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the home.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. Cleaning schedules were in place and an infection control audit had been completed.
- Staff had received infection control training to ensure the safety of people.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections and responding effectively to risks and signs of infection.
- We were assured that the provider was using PPE effectively and safely.

#### Visiting in care homes

- The provider had visiting arrangements in place that aligned to government guidance

#### Using medicines safely

- People received their medicines safely from staff who had received specific training to carry out the task.
- Medicines were administered in accordance with the prescription and in ways that suited the person.
- Some people were prescribed medicines, such as pain relief, on an as required basis. There was guidance in place to help staff to administer these medicines safely in line with people's needs.
- There were suitable arrangements for ordering, storage, recording and disposal of medicines, including those needing cold storage or extra security.
- Daily checks and audits of medicines were completed, so that any issues could be identified in a timely way.

# 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 our last rated inspection, we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The provider had implemented improvements since our last inspection. These improvements had been undertaken with the support of the local authority Quality Assurance and Improvement team. The Care Quality Commission (CQC) need to be assured going forward that the changes made ensures consistent good practice over time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

At the inspection in December 2022 the provider had failed to ensure personalised assessments and care plans were in place. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care and support plans had been rewritten and were more personalised. One member of staff told us, "The care plans are being updated, they (people) are being asked more about life skills and choice of meals."
- Staff supported people to identify what they wanted to achieve. Staff had spent time with people and recorded their aims for 2023. For example, one person wanted to access the local community more regularly and to go on holiday.
- Speaking with staff it was evident they were extremely knowledgeable about the people they supported. Meaningful and trusting relationships had been formed.
- We discussed with the registered manager that not all care records displayed people's names, were not dated and did not show who had written them. This made it difficult to accurately identify when people's needs had changed and who had recorded the change. The registered manager said they would work with staff to improve staff recording.
- Relatives told us they were happy with the care their loved ones received. 'One relative told us, 'I feel very strongly that the staff have the resident's best interests at heart and they in turn respond with obvious trust and affection.'
- People were observed enjoying the food at the home. They were involved in making their meal choices and were encouraged to be independent. We observed one person making their own hot drink and another preparing their breakfast. They were totally engaged and although the process wasn't fast, staff were

respectful and stood back and monitored from a distance. The registered manager told us in their provider information return (PIR), 'We use picture cards and items of reference to support the residents to plan their days and meals. We use mood cards to access their mood if they appear unhappy, we use healthcare cards for them to use if they are in pain or would like to see a healthcare professional'.

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

- There were health action plans in place to identify and support people to work towards goals to be healthier or stay healthy.
- In order to identify if people were becoming unwell, people had a document in their care folders, called, 'Soft signs I am unwell', to guide new staff.
- People were referred to health care professionals to support their wellbeing and manage risks.
- The registered manager completed a weekly virtual 'ward round' with a nurse practitioner from the GP surgery. This meant people were receiving input with their physical health from a professional who knew them. The nurse practitioner told us, they had no concerns, the weekly interactions continued, and the registered manager was 'open and helpful'.

Staff support: induction, training, skills and experience

At the inspection in August 2022 the provider did not ensure that staff received effective and sufficient training to enable them to carry out their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had received training relevant to their roles. We reviewed the current staff training matrix and saw that staff had completed the provider's mandatory or refresher training. There was a program of further and refresher training planned for 2023 which staff were scheduled to attend.
- The registered manager had scheduled learning disability and autism training for April 2023. People at the service lived with learning disability and autism and this training would assist staff to have a better understanding and be able to support people safely.
- One person's behaviour support plan stated this person needed support with a sensory diet. Staff spoken with did not know what this was and had not received training in this. We discussed this with the registered manager, and they agreed to look at ensuring staff understanding.
- The registered manager understood the principles of Right Support, Right Care, Right Culture CQC guidance. They had been working with staff to ensure people were supported consistently and effectively to achieve positive outcomes, learn new skills and plan for the life they wanted to live.
- Staff had completed prevention and management of violence and aggression (PMVA) training. This meant staff were trained in how to restrain a person safely, who had a physical intervention plan which included on rare occasions needing to be restrained.
- Staff described their induction process and that it had made them feel welcome and supported when they first joined the team. They had been allocated time to read the provider's policies, paperwork and people's care plans. They also said how they had completed shadow shifts working alongside experienced staff.
- Staff had received regular supervisions and the registered manager confirmed they were planning to complete staff appraisals.
- The registered manager told us in their PIR, 'New staff complete a 3 month induction with regular meetings to ensure they are supported and feel happy in their roles.'

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

At the inspection in August 2022 the provider had not ensured the premises was clean and suitable for the intended purpose. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The provider had made Improvements to the environment at the home. This included redecoration of communal spaces, improved lighting in the main lounge, handrails on the stairs and on the first floor and new flooring in some areas with further areas to complete. Staff told us people had been included in the choice of the colours in the communal areas using paint charts.
- Work had also been completed to improve the electrics to enable an improved laundry room.
- The registered manager told us about plans to add an addition onto the home. This would create a bespoke bedroom for a person living at the home and change the communal space which would also make it brighter.
- People's bedrooms were clean and personalised and decorated in a colour and style of their choosing.

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

At the inspection in August 2022 the provider did not ensure that people's human rights were respected, and that appropriate mental capacity assessments and best interest decision making processes were in place. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had also failed to ensure systems were in place to ensure people were protected from abuse. This forms part of a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11 and Regulation 13.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Significant improvements had been put in place which enabled people to be involved in decision making as they were able, regarding their food choices. People were no longer subjected to restrictive practices regarding a healthy diet for all. Everybody at the home had access to snacks and condiments to use with their meals.
- People had Mental Capacity Assessments and Best interest decisions in place. Although we identified there was not one in place for one person who had a seat belt on their wheelchair, which staff were only able to release due to the mechanism. The registered manager said they would complete an assessment.
- People's consent to care had been sought where appropriate and relatives with the legal authority had been consulted when needed.
- Staff had completed Mental Capacity Act training and staff spoken with were able to tell us how the MCA impacted their work.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At the inspection in August 2022 the provider had also failed to ensure people were always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- Staff supported people to express their views and make choices each day about what they wanted to do. A daily plan for care and activities was used to guide staff which had been created with people. The registered manager told us in their provider information return (PIR), 'At forge house we use picture cards to encourage the residents to make decisions for themselves. At the start of a day staff will sit with the residents and plan how they would like to spend their days using pictures to create the plan.'
- The registered manager and staff had introduced and were looking at further ways they could promote people's independence and enable them to try new experiences. For example, one person had crossed the road independently and work was being undertaken to enrol at local clubs. A staff member told us, "Things are much better, everyone is getting more choice and more independence."
- The registered manager and staff were seeking feedback about the quality of the service from people who used the service using their preferred communication methods.
- We saw improvements in people's care plans regarding respectful terminology. However, there were still a few comments which were not always respectful. We discussed these with the registered manager, and they said they would review and rewrite these care plans.
- People's confidential information was stored appropriately when not in use.
- We observed staff interactions with people which were caring and showed people were treated with kindness and compassion. Staff knew people very well and understood their likes, dislikes and preferences.
- Comments from relatives included, "I am confident that my (relative) is treated with respect and kindness and that means everything to me."



# Is the service responsive?

## Our findings

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

At our last rated inspection, we rated this key question requires improvement. At this inspection the rating has changed to good. 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; 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

- People received personalised care and support to meet their needs. Staff knew people very well and they knew their likes and dislikes. Support plans were more detailed and ensured the support people received was coordinated, consistent and planned. This meant that people could achieve positive outcomes, and their routines were personalised to them.
- Staff had worked with people to identify their life skills, what they would like to achieve and what support they would need in order to achieve them. One person had said they would like to cook and prepare their own drinks, clean their room, make their own bed, and go shopping. Staff were working with them to achieve these goals.
- There was a care plan format in place which were regularly reviewed. These reviews were more effective than we had previously seen but required further improvement to identify areas which needed to be reworded to be more respectful. The registered manager had recorded in the provider information return (PIR), 'Over the last 12 months the home has gone through a significant culture shift in the way the staff approach the daily aspect of supporting our residents. With a greater emphasis on independence, choice and promoting aspirations and goals which are reviewed monthly.'
- The registered manager and staff were working with people and their families where appropriate in reviewing their plans in a meaningful way.
- Improvements had been made around people's mealtime experiences. People were using crockery and cutlery appropriate to their assessed needs. The mealtime structure was personalised to each person. For example, breakfast was not at a set time but as people got up and chose to have their breakfast. We observed one person had their breakfast at 11 o'clock and had their lunch later.
- Staff were working with people to spend time in their local community. This included, going out for meals, doing their own shopping, feeding lambs and walking a relative's dog. They were also considering other areas of interest which people might like to explore. For example, a hydrotherapy pool and a day service. The registered manager recorded in their PIR, 'We have started using technology to support residents to maintain contact with their families via facetime and skype. Now the world has opened up following the pandemic we have been able to access the local community again.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. We observed how people freely and comfortably communicated with staff using their preferred method of communication.
- The registered manager told us in their provider information return (PIR), 'One resident's primary mode of communication is finger spelling (the British Sign Language (BSL) alphabet), staff are trained and supervised to learn this mode of communication. The individual will help support the newer staff in these supervisions and help provide the training.'
- To minimise people's anxieties about new visitors, staff showed people photographs of entertainers scheduled to come to the home.

#### Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. The registered manager said there had been concerns raised about people gaining weight. They said they had been liaising with families and appropriate health care professionals regarding these and were working with each person individually regarding a plan of care.
- Relatives told us they were happy with the service and had no reason to complain. They said they had confidence in the registered manager should they raise a complaint.

#### End of life care and support

- One person had an end-of-life plan in place. The registered manager confirmed they were working on completing end of life care plans for everybody at the home. They had been working with health care professionals regarding documentation and training.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The provider had implemented improvements since our last inspection. These improvements had been undertaken with the support of the local authority Quality Assurance and Improvement team. The Care Quality Commission (CQC) need to be assured going forward that the changes made ensures consistent good practice over time.

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

At the inspection in August 2022 the provider failed to ensure that systems and processes were operated effectively to ensure a positive culture. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 17.

- The registered manager and provider had an improved oversight of the service. The management and staff team completed a program of audits which identified concerns and action was taken in response. This included, a daily audit, medicine audits, infection control and environment and accidents and incidents audits.
- The registered manager also completed a manager's monthly audit which looked at areas which included, fire safety, risk assessments, safeguarding alerts, infection control and staff training. The registered manager told us in their provider information return (PIR), 'New audit and quality assurance systems have been introduced looking for patterns and trends which helps us mitigate and where possible reduce behaviours.'
- The registered manager had completed a 2022 behaviour review for each person at the home. This looked at recorded behaviours each month to assess if there were any triggers or times where a person required additional support.
- The provider had produced a service improvement plan (SIP) which set out the areas they were working to improve.
- The registered manager had improved their understanding of CQC's policy on Right support, right care, right culture and had made changes at the home to ensure there was not a closed culture. The registered manager told us in their PIR, 'All staff have been expected to help drive the culture change at the home and create a positive working environment which promotes and enhances the choices and independence of the residents we support.'

- The systems in use to ensure people were safeguarded against discrimination, harm and abuse were more robust. Staff recorded incidents clearly. The registered manager had a system to look at triggers and analyse incidents, themes and trends for each person. When required incidents were reported externally in an open and honest manner.
- As part of the local authority Provider Quality Support Process (PQSP) the registered manager had regular input from health and social care professionals. They were responsive to feedback from all areas as they wanted to improve the service.
- One relative told us, "The Manager and care staff, many of whom have worked at Forge House for years, I know to be dedicated and insightful as to what works for each individual resident, their likes and dislikes with regard to activities, food and their preferred daily routine."

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

At the inspection in August 2022 the provider failed to ensure that systems and processes were operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager and staff team had worked hard to improve the culture at the home. A health care professional had recorded on a professional survey response, 'The Home Manager has an excellent knowledge of the residents and advocates appropriately. He is very welcoming of professional visits and openly shares relevant resident information. There has been considerable scrutiny of late which he has not only welcomed but, as a result, has made such significant changes to the benefit of the home and the residents. I am very impressed.'
- The registered manager was being supported by the provider's compliance manager and a new deputy manager who had started at the home 6 weeks before our visit. It was evident that the management team were working well together and had the same goals to improve the service for the people living there.
- On a day-to-day basis there was a clear staff structure at Forge House which staff understood. This included team leaders, shift leaders and seniors, each with their own roles and responsibilities.
- Improved governance processes had been implemented which monitored the care and support people received. The provider had implemented a service improvement plan (SIP) which was regularly reviewed and updated when areas were identified for improvement.
- The provider's compliance manager ensured the provider was kept informed about the progress at Forge House and where they had identified areas for improvement. One of the providers regularly visited the home to assure themselves that people and staff were being supported safely and effectively.
- Relatives told us they had seen improvements although confirmed they had not had many concerns about the service before. One relative said, "Things have progressed very well, although I didn't have many criticisms before."

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

At the inspection in August 2022 the provider had failed to notify CQC about incidents as required was a breach of Regulation 18 (2) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 (2).

- The registered manager submitted notifications about incidents as they are required to do by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Relatives and visiting professionals had been asked to complete Quality Assurance Questionnaires at the beginning of 2023. These had been very positive about the service. The registered manager said they would collate the responses and share.
- Staff told us they felt supported in their role and enjoyed working at Forge House. They had received regular supervisions with their line manager and attended staff meetings to be kept informed and to share their views. Minutes of staff meetings showed that staff were able to express their views and were informed about what was happening at the home. For example, the March 2023 staff meeting included, 'what staff felt could improve at Forge House'.
- Suggestion boxes had been placed outside the main front door and in the staffroom, to encourage staff and visitors to make comments and if needed to raise any issues.

Working in partnership with others

- Since the last inspection the service has been in a local authority PQSP process. This had involved input from external agencies to support the service to improve. The registered manager had worked with all of these professionals to implement their suggestions.
- The registered manager told us in their provider information return (PIR) that they were working with the local colleges supporting students to undertake work experience placements at Forge House.