

Forest Court Care Limited

Forest Court Care Home

Inspection report

Bradley Court Road
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Gloucestershire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Forest Court Care Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to people who live with dementia and who live with other needs which have an impact on their mental health. At the time of our inspection there were 33 people using the service.

People are accommodated in one adapted building across 2 floors. On the ground floor there are several communal rooms for people's use. Additional space also allows people to walk with purpose. An enclosed garden, with a circular footpath, is accessible from one of the communal rooms. People have their own bedrooms with toilet and washing facilities. There are additional communal toilets and bathrooms which have been adapted to support people who are less able to bathe independently.

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

All of the 8 relatives we spoke with provided us with positive feedback, about how staff kept their relative safe, how they were kept updated about their relative's health and how they were supported to be involved in the planning of their relative's care. They found the staff to be supportive and friendly and described the registered manager as being approachable and easy to speak with.

There were arrangements in place to support people to stay safe. The provider was reviewing their processes to ensure they could continue to support people safely, in the event of delayed ambulance response times. This included emergency situations associated with seizures and falls.

We have made a recommendation in relation to the provider's pre-admission assessment record.

There had been challenges in recruiting and retaining staff, but the provider had taken action to ensure there remained enough staff to meet people's needs. Successful recruitment of staff from overseas had helped to improve this situation. The provider had reviewed their recruitment processes to ensure robust recruitment practices were maintained.

People's medicines were managed safely, and people were supported to take their medicines as prescribed. This included when people lacked the mental capacity to consent to take medicines which they required for their physical or mental health. Staff worked closely with the attending GP to ensure people's medicines

were appropriately reviewed.

Measures were in place to keep the environment maintained and clean. Actions were taken to prevent the spread of infection.

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's relatives and representatives were consulted and kept informed about people's care and supervision needs. Care was planned in discussion with people and their representatives to ensure care was personalised and delivered in people's best interests. People's care and support was adjusted when their health declined and at the end of their life to support a comfortable and dignified death.

People were supported to take part in activities which were both therapeutic and socially beneficial. The activities co-ordinator worked alongside the care staff when people expressed signs of distress, and used activities which were meaningful to people to help retain their wellbeing.

The provider's representatives had processes in place to monitor the quality of services being provided to people and to ensure the business remained financially viable. The registered manager and operations manager provided leadership and guidance to staff so they could carry out their roles effectively and safely. They ensured the service's policies and procedures were updated and best practice guidance was in place for staff to follow.

Staff meetings and daily staff handovers took place to aid effective communication between staff about people's needs. There were processes in place to assess, monitor and act on risks.

Plans were in place to reintroduce face to face relative meetings, following restrictions during the pandemic. Processes were in place to respond to feedback received and to listen to and address any complaints.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 April 2020). The rating following this inspection remains the good.

Why we inspected

The inspection was prompted in part due to concerns received about how people were supported to move, how their personal care was delivered, the administration of medicines and the management of the service overall. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please

see the safe, responsive and well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Forest Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Forest Court Care 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 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Forest Court Care Home 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. Forest Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who had visited the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people's relatives to gain their view of the care provided. 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 spoke with 14 members of staff which included the nominated individual, operations manager, registered manager, deputy manager, a nurse, 3 care staff, one agency care staff, the activities co-ordinator, 3 housekeeping staff and the maintenance person. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 6 people's care records and a selection of records related to the management of people's medicines. We reviewed the recruitment records of 3 staff and the service's training record.

We also reviewed records and documents relating to the management of the service which included a selection of procedures and protocols, audits, maintenance records and meeting minutes.



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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed and action taken to support people's safety. This included risks related to people's health, such as the development of pressure ulcers, loss of weight, poor mobility, falls, seizures and people's anxiety. A relative of a person with several health-related risks said, "They let me know if there are any changes, they tell me everything that goes on with him. I have no concerns for his safety, they are patient and kind."
- Risk assessments were recorded and reviewed to ensure the actions taken to reduce risks remained effective in keeping people safe. This included moving and handling risk assessments and safe ways of working.
- New emerging risks were reviewed. This included making sure appropriate action could be taken to keep people safe in an emergency, in the event of a delayed response by an ambulance.
- Environmental risks were managed and reduced through the provider's maintenance and health and safety arrangements.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to recognise abuse and knew how to report related concerns. Senior staff ensured relevant safeguarding information was shared with external agencies such as the police and CQC. This enabled these agencies, who have safeguarding responsibilities, to ensure people were safeguarded.
- Staff were aware of the provider's process for reporting poor care and managers took action to address incidents of reported poor practice.

Staffing and recruitment

- There were enough suitably trained and skilled staff to meet people's needs. The provider had experienced challenges in retaining and recruiting staff and had taken action to address this.
- Successful recruitment of new staff had helped to ease this challenge. This had included the recruitment of suitably skilled staff from overseas. Comments included: "There is always enough staff around" and "There is sufficient staff, attentive care and nursing staff, there has never been a time, we've observed that they are short of staff."

- The provider's recruitment process included checks through the Disclosure and Barring Service (DBS), which provides information including details about convictions and cautions held on the Police National Computer. Police checks in staffs' country of origin had also been completed. Gaps in employment had been explored and references from previous employers had been sought prior to staff working with vulnerable people. The information helps employers make safer recruitment decisions.
- The provider had arrangements in place to induct new staff into their policies and procedures and to support and monitor them whilst they settled in.

Using medicines safely

- People's medicines were stored and administered safely. Relevant records were maintained.
- People were supported to take their medicines to maintain their physical and mental wellbeing. This included when medicines needed to be administered covertly, hidden in food or drink, in the person's best interest.
- Staff worked closely with the attending GP to ensure people's prescriptions remained relevant to people's health needs. Anti-psychotic medicines and their effect on people were closely monitored. A relative said, "(Name's) meds were changing her behaviour, so they were changed, they let us know straight away."
- Staff were made familiar with risks associated with certain medicines so they could take appropriate action when needed. This included blood thinning medicines which increase the risk of internal bleeding when people fall.
- Protocols were in place for the administration of medicines prescribed to be given 'as required' to ensure these medicines were administered appropriately and safely.

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 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.

- Staff were working within the principles of the MCA. People's consent was sought prior to care and treatment being provided. Where people were unable to make independent decisions about their care and treatment, their mental capacity in relation to this was assessed. Where needed, decisions about care and treatment were made in people's best interests and people's care and treatment delivered in the least restrictive way possible.
- Best interest decisions had been made by appropriate person's such as a GP, senior staff members and people's representatives. One person's representatives said, "(Name's) medication is given covertly, they consulted with me, and I agreed to it. They don't go for medication first, they give it to her only when they need to, not as the first option."
- At the time of the inspection there were no additional conditions relating to people's authorisations.

Preventing and controlling infection

- People lived in a clean environment. The housekeeping team followed a set cleaning schedule which included a mixture of daily routine cleaning and deep cleaning on a rotational and as required basis. A relative said, "it is clean and always warm"
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was responding effectively to risks and signs of infection. Although staff were aware of people's individual vulnerability to infection, recorded risk assessments were not in place, for those more vulnerable, outlining the actions being taken to reduce risk to these people.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date.
- At the time of the inspection there were no restrictions on visiting. Although staff preferred visitors to pre-arrange their visits so these could be safely supported, ad-hoc visiting was also supported.

Learning lessons when things go wrong

- Managers had reviewed the feedback provided by IPC health care professionals and had implemented some of their recommendations to enhance their IPC arrangements.



Our findings

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People's care was planned with their involvement and the involvement of their representative/s. This meant details about people's preferences, likes and dislikes, and what mattered to them, were included.
- People's care was delivered according to their care plan. A relative said, "They (staff) definitely know what they are doing, they talk it through with him, and ask for his cooperation."
- Care plans were regularly reviewed to ensure they remained relevant to people's needs and preferences. Care plans and care delivery was adjusted when people's needs altered. A relative told us they had a care plan meeting booked with staff.
- Care was planned and delivered to support people's independence, help them retain skills and promote their wellbeing. A relative said, "At the other home she was hoisted, at this home they try and encourage her to be more independent, it's lovely to see her using some form of independence." Another relative said, "We think very highly of them (the staff), really pleased, very happy with the level of care." The relative explained, during a visit they had observed a person needing assistance. They said, "The carer (member of staff) immediately supported her, the resident came first."
- Technology was used to support the delivery of timely care to keep people safe. Equipment such as sensor alarm pads and door sensor alarms, activated when people became mobile, helping staff to know when people needed support or supervision.
- Action was taken to ensure care was planned in line with best practice guidance such as that provided by the National Institute for Health and Care Excellence's (NICE) for the care of seizures.

End of life care and support

- People's end of life wishes were discussed with them and with their representative/s. These were recorded so staff could support them at the appropriate time. A relative who had been involved in this process said, "End of life care, it was positive to put it down, our views, and what we wanted, there was attention to detail."
- Staff worked with the GP, pharmacist colleagues and people's representative/s to ensure care and treatment met people's needs and to ensure when people approached the end of their life, arrangements were in place to support a comfortable and dignified death.

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's communication and dementia care plans provided staff with guidance on how to support people's needs and how information should be provided to them. One person responded better to staff by them asking closed ended questions. Another person required staff to repeat information to them several times over so they could follow what was being said.
- People who lived with a learning difficulty and dementia had hospital passports. This document accompanied them when they went into hospital. The passport provided information for hospital staff on how to communicate with the person, how information should be provided to them, their likes and dislikes as well as their personal care needs. This was to support the continuance of personalised care during their time in hospital.
- Information could be provided to people in different formats if needed; different languages or large print.

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

- An activities co-ordinator supported people to take part in activities which were both fun and therapeutic. People took part in group activities which supported social interactions and required people to use their social skills. People were also supported on a one to one basis by the activities co-ordinator if this better suited the person's needs.
- People's involvement in the activities provided was recorded and later evaluated. This was so the activities co-ordinator could ensure activities, remained beneficial to the person's wellbeing.
- All staff were aware of the people who were at risk of loneliness and isolation and they ensured they interacted with them as they moved around the care home.
- Staff provided support to people during times when their relative/s visited, sometimes needing to remind them who their visitor was and supporting people to return to their relative when they had become distracted and walked away. We also observed staff providing comfort and reassurance to people's relatives when visiting became difficult.

Improving care quality in response to complaints or concerns

- The provider had arrangements in place for concerns and complaints to be raised, listened to and addressed. A relative told us about a concern they had raised with the registered manager and they confirmed the registered manager responded, took action and their concern was resolved.
- Prior to the inspection we had shared concerns which had been forwarded to us, with the provider's operation managers and these had been fully investigated and responded to. Learning had been taken from these concerns and adjustments had been made to improve processes which supported people's safety and care.



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 good. At this inspection the rating has remained good. 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

- The registered manager, with the support of their operations manager and senior staff team promoted a person-centred approach to people's care. People were involved in the planning of their care and their representative's involvement in that, was recognised as being key to helping the person live well with dementia.
- Staff were empowered and supported, through the training and guidance they received from senior staff, to deliver care to people which supported their safety and wellbeing. Comments from relatives, about the care and support provided included, "They (staff) are incredibly supportive towards her and have the patience of saints." Another relative said, "We think very highly of them (the staff), really pleased, very happy with the level of care." The relative explained, during a visit they had observed a person needing assistance. They said, "The carer (member of staff) immediately supported her, the resident came first."

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

- The registered manager understood their legal responsibility to be open and honest with people and their representatives.
- People's representatives were informed about things which had involved their relative and informed about the action taken in response. A relative said, "We were notified immediately when she had a fall" and another relative said, "They always ring us to let us know of any issues or concerns, they ring straight away." Another relative told us staff informed them straight away of any bruising found on their relative and let them know if they could not identify the reason for the bruising.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and senior staff were clear about their responsibilities and the roles they were employed to fulfil. Staff were supported to develop their skills so they could perform their roles confidently and effectively. Two staff told us how supportive senior staff had been in helping them to settle into their new roles.
- There were processes in place for risk management actions to be discussed and reviewed. These included daily heads of department meetings, staff handover meetings and clinical risk meetings.
- Checks were completed to ensure relevant procedures and protocols were in place for staff to follow and to ensure these were aligned to best practice guidance. During the inspection, this was done in relation to care planning for seizures, to ensure care plans met with guidance provided by the National Institute for Health and Care Excellence's (NICE) on seizure care planning.
- The provider had systems and processes in place which enabled them to effectively assess, monitor and improve the quality and safety of the service. These included the completion of audits and implementation of improvements actions. Following a recent Dignity in Dining audit improvements were to be made to how people were supported to make food choices. The operations manager, on behalf of the provider, visited the service regularly and followed up planned improvement actions to ensure they were completed.
- Representatives of the provider received a regular management report from the operations manager, informing them of the service's performance and of any improvement or refurbishments needs. At the time of the inspection a representative of the provider confirmed they had been informed about the need to refurbish one of the communal toilets and they were able to tell us about the progress they were making in organising this work to be completed.
- All managers understood the regulatory requirements and they ensured these were met. This included notifying the CQC of certain events involving people, such as any serious injuries, deaths and allegations or acts of abuse.

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

- Contact had been maintained with people's representatives through the pandemic's restrictions. This had been done by telephone, email and the use of social media. A relative said, "(Registered Manager) is approachable, as are most of the staff; carers (care staff) and nurses. I can ask them questions and get answers." Another relative said, "(Registered Manager) is wonderful, marvellous, if she sees me, she says, "(Name) are you okay? and the staff always acknowledge you."
- A face to face relatives meeting was being organised for March 2023 and formal feedback from relatives was planned to be sought in the next few months. We were informed the feedback received and the actions taken as a result of that, would be made available for relatives to read.
- Meetings were held with staff groups to update them on service plans and progress but also to gain their feedback. Staff had requested to have a meeting with the Directors, and this was being organised. Satisfaction questionnaires were last sent to staff in 2022 and action in response to the feedback provided was taken. This was discussed with us during the inspection and had resulted in some issues being resolved.

Working in partnership with others

- The registered manager and senior staff team worked with commissioners of care to ensure people could access the support the service provided when needed.
- They also worked in partnership with local health and adult social care professionals to ensure people's needs were met.
- The activities co-ordinator was working on building links with local schools and colleges so relations could be built which would benefit both parties.

