

Royal Bay Care Homes Ltd

Forest Hill House Nursing Home

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 ●

Summary of findings

Overall summary

Forest Hill nursing home is a residential care home for up to 36 older people with dementia and mental health needs. The building offers accommodation over three floors with lift access to each floor. People have access to communal lounge and dining areas, a conservatory and accessible garden and outside space. There were 26 people living at the home at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from the risks of abuse because staff understood the potential signs and how to report concerns. There were sufficient numbers of safely recruited staff available to meet people's needs and staff knew people well and understood the risks they faced and how to manage these. Accidents and incidents were reported, recorded and learning shared with staff. People received their medication safely and these were mostly recorded accurately. Although medicines were audited, these were only completed monthly so there was a delay in picking up errors.

We have made a recommendation about the systems for oversight of medicine administration.

People were involved in pre-admission assessments which identified their physical, religious, emotional and mental health needs to ensure that these could be effectively met. There were assessments of capacity and decisions made in people's best interests where required. People had a choice of meals and drinks and spoke positively about the food. Staff received regular support through supervision and had access to relevant training opportunities to provide them with the correct skills and knowledge for their role.

People were supported by staff who were kind and compassionate in their approach. We observed the use of gentle, tactile contact and staff communicating with people in ways which were meaningful for them. People were offered choices about how they spent their time and were supported with respect by staff who protected people's dignity and promoted their independence. Visitors were welcomed whenever they wished to visit and were encouraged to feedback through regular meetings and annual surveys.

People's care records showed that their support was reviewed at least monthly and was therefore responsive to changing needs. People were supported by staff to engage in a range of social opportunities and the registered manager explained about plans to make activities more person centred at the home. People and relatives were aware about how to raise concerns if needed and felt that these would be listened and responded to. End of life care was person centred and planned with people to ensure that wishes and preferences were understood and respected.

Feedback from people, relatives and staff was that Forest Hill was well managed. Everyone spoke positively

about the registered manager who placed an emphasis on ensuring they worked with staff on shifts and was available and approachable. Feedback was gathered and used to drive changes at the home and audits were used to identify any gaps or trends to continually improve the service people received.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Forest Hill House Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 8 April 2018 and was unannounced. The inspection continued on 9 April 2018 and was announced.

The inspection was carried out by one inspector and an expert by experience on the first day and by one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in dementia care and care home services.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to the inspection.

During the inspection we spoke with 11 people who used the service and six relatives. We also spoke with nine members of staff, the registered manager, deputy manager and clinical director. We received feedback from two professionals who had knowledge of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of records during the inspection, these included five care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments and meeting minutes. We looked at three staff files, the recruitment process, training and supervision records.

Is the service safe?

Our findings

People were protected from the risks of abuse by staff who understood the signs to be aware of and were confident to report. Staff gave examples of potential concerns including "unusual bruising, finger marks, you notice body language and interactions", "extra bruising, agitation". There was a safeguarding policy in place which included details about types of abuse, guidance about what to do and external contacts. People were protected from discrimination because staff had completed training in equality and diversity and recognised and respected people's individuality.

Staff had a good understanding of the risks people faced and their role in managing these. Risk assessments were detailed and included actions in place to manage risk. For example, one person had moved into the home with pressure areas. They had a risk assessment which gave clear guidance about what actions were required to manage this risk. These included pressure relieving equipment, nutrition, assistance to move regularly and involvement of external professionals. Another person was identified as a very high falls risk. The home had advocated to receive additional support for this person and there were staff in place who monitored this person closely 24 hours a day. Since this support had been put into place, the person's injuries from falls had reduced because staff understood this risk and responded quickly.

People were supported by sufficient numbers of staff to meet their assessed needs. We observed that call bells were answered without delay and that where people needed two staff to assist them safely, this was available. People and relatives told us that there were enough staff to provide support and the registered manager explained how they monitored and adjusted staffing levels in response to the support people required. The service used agency staff but tried to ensure that these were regular staff who had worked at the service so that they knew and were familiar to people.

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. Some recruitment files did not provide sufficient evidence of applicants' conduct in their previous job roles. Two of the directors responded promptly to this. They amended the recruitment checklist to ensure that this was in place for future applicants and shared this learning with the rest of the services owned by Royal Bay Care Homes Ltd.

Staff ensured that people received their medicines as prescribed and we saw that recording and disposal systems were in place. Where some medicines required additional checks, these were in place and we observed that staff explained to people what their medicines were for. Where people had medicines prescribed 'as required', staff asked people whether they wanted these and recorded in their Medicine Administration Record (MAR). There were some recording errors and we found that one person had not received their pain relief medicine on two occasions in the past fortnight. There were monthly audits in place which identified any gaps in recording but this meant that any issues were not raised until the end of the month.

We recommend that the service consider good practice guidance around the systems for oversight of safe medicines management.

Infection control audits were carried out regularly and staff had access to appropriate Personal Protective Equipment (PPE) which we saw being used during the inspection. Staff told us that there was always PPE available and that this was used when serving food or assisting people with personal care. People told us that staff always used gloves when assisting with personal care and threw these away afterwards.

Fire evacuation procedures were in place and each person had a Personal Emergency Evacuation Plan (PEEP) which included details of what support they would need to evacuate the premises safely. There were regular checks of the fire alarms, fire doors and fire safety equipment.

Accidents and incidents were reported by staff, recorded and used to identify any learning or actions needed. The registered manager explained that they shared any learning with staff through team meetings and supervisions. Staff told us how they reported incidents and what had happened as a result.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people were unable to make decisions in relation to specific areas of their care and treatment, assessments of capacity and decisions in people's best interests had been made. MCA assessments were decision specific and included explanations of how decisions had been made. Best interests decisions included those important to people and again, evidenced how decisions had been made.

Where people had DoLS authorisations in place, these were recorded and applications made when they were due to expire.

People were involved in pre-assessments which considered their physical, social and mental health needs before moving to Forest Hill. One relative explained "They (staff) did an assessment. Visited (name) in hospital and talked to staff". Another relative explained "we came and had a chat with the registered manager.....really helpful". We saw that pre admission assessments considered people's spiritual and religious needs and also included the views of those important to people.

Staff had the correct knowledge and skills to support people and received relevant training and development opportunities for their roles. Staff told us that they received enough training to provide them with the knowledge they needed to support people. Topics included end of life care, dementia, pressure sores prevention and awareness and diet and nutrition. Staff spoke with enthusiasm about recent dementia training they had received and the learning that they had taken from this.

New staff to the home were supported through an induction and probation period and completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

People were supported to have a balanced diet and where people needed foods prepared in a certain way to eat safely, this was accommodated. People had choices about their meals and staff gathered this information for the chef daily. If people didn't want what they had chosen, alternatives were prepared

promptly by the chef. Feedback about the meals was positive with comments including "there's a good variety of food – they come round with a menu and theres a reasonable selection", "they try to give you what you like" and "its nutritious, there's variety. Nice deserts. Always a choice.Its bang on time, no-one is kept waiting". Staff had all received food hygiene training and the kitchen had been awarded a five star food hygiene rating.

People were supported to receive person centred, consistent support when they went to hospital or transferred between services. Forest Hill used a form which was completed and given to emergency services to ensure that relevant information about people was shared so that they could receive appropriate care. The home were also using the 'red bag pathway', designed by the National Institute for Health and Care Excellence (NICE) to support transitions for people. The red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their hospital episode and is returned home with them.

People were supported to receive prompt access to healthcare services when required. Comments included "I can always see the doctor if I want to" and "If I need a doctor they just phone the practice". Another person told us that they preferred to use their own optician and this was arranged for them. One professional told us 'The staff at the home know the patients well and will communicate their worries and concerns to me in a timely manner '. They went on to explain that the service sought clarity on clinical issues where needed. Peoples care records included contact with a range of external health professionals including dietician, GP and diabetes nurse.

People were able to access all areas of the home and go out if they wished. The home had signage which included pictures to help people to orientate and as well as room numbers, people's bedrooms had a box photograph frame. The registered manager explained that these had been recently added to enable people to add a photograph or small item to assist them to identify and orientate to their room. We observed people being supported to access the garden and sit at the front of the property during the inspection to enjoy the sun. The deputy manager explained that they worked with people and their families to ensure that they were respectful of, and enabled people to maintain their personal relationships and had provided a sign for relatives to use on their loved ones door to make staff aware that they wished to have privacy in their rooms.

Is the service caring?

Our findings

People and relatives spoke positively about the staff team, explaining that they were caring and compassionate. Comments about staff included "I think it's the over the top little things they'll do. Everyone's an individual", "They are wonderful. They have a lot of hard work because it's an old building... They don't seem to worry", "I feel very well cared for. (staff name) has a lovely kind voice. (Staff name) doesn't just ask the question, they do it with their heart". A professional told us that staff were 'pleasant, approachable and caring'. We observed staff interacting with people using tactile contact and conversation about topics which were of interest to people. When people were becoming agitated or upset, we observed that staff spent one to one time with them, interacting in ways which helped to calm the person. For example, a staff member sat with a person who was distressed and stroked their hands. After a few minutes this visibly reassured and calmed the person.

People were offered choices about their care and treatment and the home was flexible in its approach to ensure that support was person centred. Staff explained how they offered choices in ways which were appropriate for people. For example, some people had limited communication. Staff explained how they offered two choices so that the person could indicate their preference. We observed people making choices about their day including what they wished to wear, what they wanted to eat and how they wanted to spend their time.

Staff communicated with people in ways which were meaningful to them. For example, we observed staff kneeling with people so that they were able to see their faces when they spoke with them. Staff explained how they used facial expression to understand where people were unable to verbally communicate their needs and wishes and we saw that pictures of meals were used so that people could see the options and indicate their choices. Where people were unable to verbally communicate if they were in pain, the home had pain assessment charts in place to ensure that staff monitored any visual signs that the person was in pain. Some people used other methods of communicating and a relative explained "they(staff) always make sure their talking book is with them and used".

Staff were respectful of people's privacy and dignity and we observed that they knocked and waited before entering people's bedrooms. People told us that staff respected their privacy and comments included "If they (staff) want to come in they always knock first" and "If they (staff) are seeing to me and I have my gown off, they cover the part they're not dealing with. They use a towel. They're very thoughtful". One person also explained that they were encouraged to be independent and said "I do my own teeth, wash my front and under my arms. They do my back. I've got to keep my independence".

Relatives explained that they felt welcomed when they visited Forest Hill and were able to come whenever they wished. Feedback was positive and comments included "They're very welcoming of me. (Person's name) is always ready if I'm going to take them out", "Even if they're busy they'll always offer drinks and say hello", "Come in whenever we want and are always welcomed".

Visitors were asked to sign in when they arrived at the home and we saw that confidential information was

stored securely using an electronic system. Staff used this system to record information about people's care and treatment and had individual secure logon's to ensure that this data was protected.

Is the service responsive?

Our findings

People had care plans which were person centred and included details about what was important to them and their likes and dislikes. Records reflected monthly reviews and we saw that updates were made where there were changes in people's presenting needs. Staff knew people well and were able to tell us about their individual preferences and how they supported these.

Communication between staff was effective and meant that staff could be responsive to people's changing needs. A staff member explained that they had regular handovers and also used a communication book to share relevant information. We observed staff updating each other about how people were and what support they required.

People were encouraged to engage in activities at Forest Hill and told us about some of the activities they enjoyed. Examples included a person being supported to go to a garden centre and choose a plant, a person having their nails and hair done and planting in the raised beds in the rear garden. There was an activity staff member working on weekdays but not weekends. Other staff told us that activity staff left games and resources out for them to spend time with people at weekends. Several people at Forest Hill did not want to engage in group activities and/or chose to spend time in their rooms which meant that they were at risk of being isolated. The registered manager explained that one activity member of staff was leaving but a new activities person was planned to start. They told us that they wanted to enable a more innovative approach to how staff engaged with people and the new staff member would be working to create personalised opportunities for people to spend time in ways they wished. They had also started to create a 'wishing tree' for people. This was used by staff to encourage people to think about something that they would really like to do and staff would then work to try to enable this to happen. One person had said that they really wished that they could go out to enjoy a cream tea with their family. The registered manager said that they would try to arrange this.

People had calls bells available to ask for staff assistance when needed and other technology was used by staff to alert them if a person got up to walk, if they were at an identified risk of falls. The registered manager told us that they wanted the new activity staff to consider ways of using technology to engage with people and consider further opportunities.

People at Forest Hill were able to attend regular services held at the nursing home by a local vicar. The option to attend local churches was also offered if this was important to people. People's spiritual, cultural and religious beliefs were understood by staff and respected. Records reflected people's beliefs and what support they required from staff to support these.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. We saw that the 'service user guide' was

available for people in large print if they needed this and that staff communicated with people in the ways outlined in their care plans. For example, one person had sight and hearing loss. Staff spoke with them clearly and at the side of the person where their hearing was stronger.

The service had not received any complaints in the 12 months prior to our inspection, however people and relatives told us that they would be confident to raise any concerns if they needed to and felt that these would be listened to and acted upon. There was a complaints policy in place which included details of the process and timescales for complaints to be investigated and responded to.

Compliments about the staff and service were recorded and we saw that comments included 'thank you to all of you who looked after (name) with such care and kindness. We know (name) appreciated your cheerfulness, patience and kindness', 'know (name) could not have been looked after better and (name) was as happy and comfortable as they could be' and 'lovely touches like (arranging) a table for (person's name) and I which was very sweet and special'.

People were supported at Forest Hill to receive personalised end of life care and care records reflected people wishes and preferences. The service had been awarded 'Beacon' status with a national framework for end of life care. A professional told us they had worked with a staff member in relation to one person and told us they had a 'very good understanding and knowledge of end of life care'. The deputy manager explained that they understood the importance of discussing people's preferences and tried to do this soon after people moved into the home to ensure that wishes were discussed and shared with staff. The registered manager explained that they had managed to support a person to move back to the community to die as this had been their wish. A relative explained that their loved one had received a high standard of end of life care at the home.

Is the service well-led?

Our findings

Forest Hill had a registered manager who had been in post since July 2017. 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.

Feedback from people, relatives, professionals and staff was consistently positive about the registered manager. Comments we received included "(registered managers name) is very, very nice – couldn't get anyone nicer. (name) will actually listen to you", "excellent. They've been our main contact.....impressive service", "the heart of the place is good, and that comes from the top" and "registered manager is always on the floor and will come and help provide care".

The registered manager was available and helpful throughout our inspection and spoke with pride, enthusiasm and warmth about the people who lived at Forest Hill, and their staff team. They explained that they covered some shifts where needed and explained "to be honest with you, I love that". They enjoyed providing care and support to people and ensured that they were able to do this alongside their management role. This meant that they were visible and had strong working relationships with staff who fed back positively about the support they received.

The staff team had a clear staff structure with a deputy manager and nurse support lead roles alongside trained nurses and care staff. Staff were confident about their roles and responsibilities and explained how shifts were organised and managed. Night staff told us that they felt supported and were able to contact the registered manager out of hours if needed. One staff member told us that the registered manager had responded quickly when they had rung them in an emergency.

The registered manager told us that they received regular support from the provider and also registered managers at other homes run by Royal Bay Care Homes Limited. The provider had several directors who each had responsibility for different areas of governance; this meant that there were quality assurance systems at provider as well as location level.

Feedback was gathered through regular surveys. These had last been sent out to people, relatives and professionals involved with Forest Hill in 2017. Responses had been used to drive changes at the services. Feedback received and actions taken were displayed in the foyer at the home. For example, people had requested salmon be added to the menu which had been acted upon. Other feedback had indicated that the conservatory was not a useable space and blinds had been added to reduce the temperature, we saw people using this space on both days of our inspection.

There were regular meetings for people and relatives and also meetings for staff. Again these were used to discuss any issues and provide updates. Feedback was then used to drive changes. For example, staff had highlighted that they needed additional staff at a key time of the day. This had been listened to and the registered manager explained that they were trying to consistently provide an additional member of staff at

this time. Visitors had also raised the need for external lighting for when they left in the evenings. This had been put into place.

Forest Hill worked in partnership with other agencies and sought advice and guidance where needed. The registered manager and deputy manager told us that they contacted the local authority and clinical commissioning group to seek advice and guidance when required. They had also worked closely with the speech and language therapy team to advocate for a person's wishes to eat a food which was considered a risk. This joined up work had been a good example of positive risk management and the outcome had been that the person was able to eat the food they loved with close monitoring to manage the risk.

Quality assurance measures were regular and used to identify gaps and trends and drive improvements. The registered manager explained that some staff held additional responsibilities to monitor areas of practice and there were monthly audits providing oversight of the service. These included accidents and incidents, infection control and pressure area care. The provider also carried out regular monitoring and action plans were in place to make changes where needed.