

Forest Edge Care Home Limited

Forest Edge

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?

Requires Improvement 

Overall summary

The inspection took place on 13 and 14 October 2014 and was unannounced.

Forest Edge is registered to provide accommodation and support for 32 older people who may also be living with dementia. At the time of our inspection 29 people were living at the home. The home has a garden to the rear of the premises with raised flower beds and a patio area that people using the service were actively encouraged to use.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Staff understood the needs of the people and care was provided with kindness and compassion. People, relatives and health and social care professionals told us

Summary of findings

they were very happy with the care and described the service as excellent. One health care professional said: “This is really a nice calming place to live. People are always well turned out, clean and tidy, as is the home”. People were supported to take part in activities they had chosen. One person said: “I can do whatever I want here. They always listen to me and I am extremely happy, the care they give is the best. I can’t fault anything”.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at Forest Edge and fully understood their roles and responsibilities.

The provider had employed skilled staff and took steps to make sure care was based on local and national best practice. Information regarding diagnosed conditions was documented in people’s care plans and discussions around risks to health and wellbeing were discussed each day.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people’s support was personalised and tailored to their individual needs. Each person and every relative told us they were continually asked for feedback and encouraged to voice their opinions about the quality of care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as

being required to protect the person from harm. People’s freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people’s changing health needs. One health care professional said: “They (the staff) always contact us if they are unsure or need advice”.

Staff spoke with people in a friendly and respectful manner. The service had a personalised culture and people told us they were encouraged to raise any concerns about possible abuse. One member of staff said: “Everyone knows they can contact CQC because we talk about it in our meetings” and “The home is managed well. The atmosphere in the home is caring, kind and friendly”.

Staff were knowledgeable about their responsibilities in reporting abuse and keeping people safe. Staff told us they knew of the provider’s whistle blowing procedures and would not hesitate to raise concerns externally if they suspected or were aware of abuse.

Care plans contained sufficient detail about how to identify risks and to ensure people’s independence was respected whilst maintaining their safety and wellbeing

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and a ratings limiter was applied to the “well led” section of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff could identify the different signs of abuse and knew the correct procedures to follow should they suspect someone was being abused. Records showed they had undertaken training in safeguarding adults at risk.

The service had sufficient numbers of suitably skilled and competent staff on duty at all times to ensure people were safe.

Staff were able to tell us what actions they would take and where they would seek additional professional guidance should anyone display behaviours that may challenge others.

Good



Is the service effective?

The service was effective. People and their relatives were involved in their care and were asked about their preferences and choices. They received care and support by staff who were trained to meet their individual needs.

The provider assessed people's dietary needs and delivered effective care to people requiring help to eat and drink. Referrals to health care professionals happened quickly when people became unwell.

Staff received induction training using the Skills for Care Common Induction Standards (CIS) to ensure they met the required standard to deliver effective care.

People's freedom was not unlawfully restricted because the provider had good checks in place to assess and monitor people's capacity to make decisions.

There were procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People and relatives told us staff were kind, compassionate and treated people with dignity and respect.

Professionals, relatives and people told us Forest Edge provided good care.

People living at Forest Edge, their relatives and health care professionals had involvement in implementing and reviewing people's care.

Good



Is the service responsive?

The service was responsive. Staff communicated with health or social care professionals to make sure people's health care needs were properly addressed and regularly reviewed.

The provider investigated incidents and accidents to identify risk and to ensure lessons were learned so that people were cared for safely.

Good



Summary of findings

The complaints procedure was included in the service user guide and was also displayed in the reception area of the home. People told us complaints were always received and resolved quickly by the manager in a respectful and reassuring way.

Is the service well-led?

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. This was a limiter to the rating of this section.

Staff consistently told us the registered manager was very supportive of them and leadership of the home was good. The registered manager was open approachable and willing to listen to any suggestion staff made to maintain and improve the service.

People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service and facilities. The registered manager monitored incidents and risks to make sure the care provided was safe and effective.

Requires Improvement



Forest Edge

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 October 2014 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service and provider. We had received one positive comment in relation to the high standard of care delivered and one negative comment in respect of the competency of the current registered manager.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

During our visit we spoke with the registered manager, five care staff, two kitchen staff, one cleaner, 15 people using the service and four relatives of people using the service. We reviewed four care plans for people using the service, staff duty rosters and eight staff recruitment files. We also looked at feedback questionnaires from relatives and the homes internal quality assurance audit which was dated September 2014. We observed interaction throughout the day between people living at Forest Edge and care staff.

Following our visit, we telephoned three health care professionals to discuss their views and experiences of the care provided to people who used the service. We spoke with representatives from the local authority commissioners who arrange placements for people requiring care services. All the people we spoke with gave consent for us to use their feedback and comments in this report.

Is the service safe?

Our findings

People consistently told us they felt safe, respected and supported. One person said: “I have no worries about my safety here, the carers are all wonderful”. Another person said: “I have been here for a long time and I have always felt safe. If I didn’t feel safe, I know who to talk to and they would definitely help me, but I have never had to raise any concerns”.

Staff received training in safeguarding of adults and were required to update this on an annual basis. They were able to recognise and understand abuse, identify areas to prevent abuse from happening, respond appropriately and make the necessary reports to the registered manager and external agencies.

A ‘Safeguarding Agency Adult Protection Policy’ available in the home documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission, the local authority, and advocacy agencies. Staff understood the safeguarding policy and were knowledgeable about their responsibilities in reporting abuse. Staff told us they knew of the provider’s whistle blowing procedures and would not hesitate to raise concerns externally if they suspected or were aware of abuse.

Staff were knowledgeable about how to protect people who may display behaviours that may challenge others. The registered manager told us no one in the home displayed behaviours that placed people at risk of abuse or distress. One member of staff told us: “If someone’s behaviour became challenging I would work with the registered manager and other health care professional to ensure the home could meet that person’s needs”.

Assessments contained sufficient detail about how to identify risks and to ensure people’s independence was respected whilst maintaining their safety and wellbeing. Staff were talking with a person who was encouraged to use the passenger lift instead of the stairs. The member of staff told us: “After reviewing the person’s risk assessment the decision had been made with the persons input to encourage them to use the passenger lift instead of the

stairs because of their limited mobility and frailty”. We looked at the persons care plan and found a record of a conversation between the person and the home around encouragement to use the passenger lift.

Arrangements were in place to review risk on a daily basis. Documentation showed staff discussed risk to people in respect of moving and positioning, emotional wellbeing, and incidents or accidents. One member of staff told us: “Every time we come on duty we have a meeting and we talk about everyone in the home. We are made aware of any new risk to people and any changes in their care that could put them in a vulnerable position”.

The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people’s individual needs. For example, the registered manager was able to demonstrate a recent need to have additional care staff on duty for a person requiring one to one support. Relatives told us there were sufficient numbers of suitably skilled staff available to meet people’s needs. People living at the home told us there was always enough staff on duty to look after them and help them if needed. They told us they “never had to wait for a long time” for help. Staff told us they all worked well as a team and all said staffing of the home was more than adequate to meet peoples needs.

Forest Edge had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults at risk.

People living at the home and relatives consistently told us that staff responded swiftly to requests for assistance. For example people with continence needs were attended to quickly to reduce the associated risks of tissue damage. This response minimised and maintained people’s dignity.

Arrangements were in place for the safe storage and management of medicines. People told us they were satisfied with the support they received with their medication needs and told us that frequent medication

Is the service safe?

reviews took place. Relatives told us their family members received pain relieving medicines when required and documentation stated reasons for administration and the dosage given.

Staff were following safe administration practices and staff were able to describe the provider's medication policy in

good detail. One person said: "We have had training in medication and I know where to look for guidance if I need it". Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly.

Is the service effective?

Our findings

People told us staff were suitably trained and qualified to provide safe and effective care. One person said: “They (the staff) have good understanding of everything they need to do to help me and they do a really good job”. Another person said: “I can’t fault anything. The care staff understand what they need to do because it is written down in my file. We talk about the care I need a lot so they know what they are doing and it is spot on”. A relative said: “The care plans work well and help my mum to keep as independent as possible”.

Relatives and people told us Forest Edge had health care professionals visiting the home regularly. A relative said: “There are always different professionals coming in and out of the home. I can see that people’s health is so important here. The relationship the staff have with the doctors, district nurses and the hospitals is good”. A GP from a local practice said: “Since the new manager took over we now have weekly visits and the home is much more pro-active in the way it cares for people”.

People had access to health care services when they needed it. For example, on the day of our visit one person was being seen by a visiting dentist. A member of staff told us: “The dentist visits the home as and when they are needed. We have a good relationship with the dentist. They come in very quickly when we ask them to”. People’s care records showed other professional visits included chiropodist, optician and weekly GP visits. One member of staff told us: “The information contained in people’s health records was used to review and develop people’s care plans”. Another member of staff said: “We work with other organisations as best we can to make sure we follow best practice”. A relative said: “Since my dad has been at Forest Edge he has been well cared for by marvellous staff and doctors that know their residents. We thought that we were losing him but he is so much better. When I leave I know that he is cared for properly”.

People who could be at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink and were safe. Food and fluids for those people were monitored and recorded when necessary. One person was receiving a special diet to control weight gain and two people’s preference for a soft pureed diet were being met. People were provided with choice about what they wanted to eat

and told us the food was of good quality and well balanced. The chef followed a menu that took account of people’s preferences, dietary requirements and allergies. People enjoyed the meals provided. They told us meals were hot, plentiful and well presented and that meal times were a social event.

Staff received an effective induction into their role at Forest Edge. Records showed each member of staff had undertaken a Skills for Care Common Induction Standards (CIS) programme. CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Senior staff conducted competency checks at regular intervals on care staff to ensure they were appropriately skilled to meet people’s needs.

Supervision interviews for staff were undertaken by the registered manager every eight weeks. Training, personal development and people living at the home were discussed. For example, staff had undertaken learning in areas specific to people’s care needs such as person centred planning, safe handling of medication and moving and handling.

Staff told us the dementia awareness training was helpful and provided them with an understanding and confidence to deliver effective compassionate care to people living with dementia. One member of staff said: “Dementia is a very debilitating condition. Being able to have an insight into the challenges people face day to day helps us to ensure we can meet people’s needs and give the best possible care in a kind, understanding and compassionate way.

Staff asked people for their consent before personal care was given, during support at meal times and when helping people to the toilet. A relative said: “I see them (staff) always speaking to people about the care they are giving and always asking if it is ok to do it”. One person said: “They (staff) always ask me if it’s ok to wash me, they don’t do anything without my permission”.

Some people had been diagnosed with dementia which meant they may require support to make decisions. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people’s capacity to make decisions. Staff we spoke with were knowledgeable

Is the service effective?

about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. For example, one member of staff said: “If a person did not understand the consequences of their decision or were unable to retain information we would have to consider holding a best interest meeting”. Relatives consistently told us they were able to express their views about their family members care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to

protect the person from harm. No-one living at the service was currently subject to a DoLS, however the registered manager and staff understood when an application should be made, how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The registered manager responded effectively to ensure people’s freedom was not unlawfully restricted without authorisation from the local authority. They had identified a small number of people who may now require a DoLS assessment. Referrals had been made and the home was awaiting confirmation of these arrangements from the local authority. The registered manager also told us that following the recent Supreme Court ruling they had acknowledged a need for further training in relation to DoLS. This was planned for all staff in November 2014.

Is the service caring?

Our findings

People, their relatives and health care professionals consistently told us Forest Edge provided excellent care. Comments from people included: “This is a wonderful home, all the staff are fantastic and the care is really top notch” and “I have been in a few homes and this is the best, I am very happy here”. A relative said: “The staff care so much. They have brilliant banter with people and it really feels like it is their home”.

We spoke with a visiting dental nurse following our visit. They said: “They (staff) provide excellent care. The relationships they have with us ensures people are cared for to a very good standard. They have very good oral care practices at the home. The staff are very good at what they do and I would say they are an excellent home to live in and work in. The home is always alive and vibrant when I have visited with lots of happy smiling faces”.

Staff spoke gently with people, smiled, encouraged and provided reassurance when helping them with personal care. Staff consistently supported people throughout the day to be as independent as possible in a calming, friendly and reassuring way. People were able to make choices about how they spent their time. One person told us: “I am free to do what I want really. If I want to watch television I can, or If I want to sit and look at the beautiful gardens I can. It really is my choice”. One relative we spoke with told us: “There is always something going on here. It certainly is not a dull place to live”.

Relationships between staff and people were friendly and supportive. People told us they were treated with kindness and were supported to maintain their independence. One person described the service as having a “Lovely caring atmosphere”. Another person said: “The staff are like my family”. A relative explained they regularly observed the interaction between staff and people. They said: “I would watch the way staff interacted with my father, it was not forced, and the staff really do know and understand him so well. It gives me great comfort”. Staff assisted people in a kind and positive way and offered reassurance. One person going from one part of the home to another using a walking frame was being escorted by a member of staff. The member of staff was talking to them, continually offering support and encouragement by asking: “Are you ok?. Would you like to rest?. Take your time”.

Some people using the service were able to make daily decisions about their own care. During our observation, we saw people chose how to spend their time. People we spoke with told us they were able to choose what time to get up and how to spend their day. One person told us: “I really didn’t want to lose my independence by coming to live here but this isn’t like a care home. The staff really do let me live my life, my way. I am encouraged every day by the staff to live my life as normally as I can. They are brilliant”. People told us they were involved in reviews of their care and were also encouraged to involve family members if they wished.

Care records contained information in respect of people’s wishes and how they would like to be cared for at the end of their lives. We saw information which showed end of life decisions had been discussed and if people wished to be resuscitated. Appropriate health care professionals and family representatives had been involved in discussions to make sure people’s wishes were respected and to ensure people received appropriate care at the end of their lives.

People’s privacy was respected. People had freedom to move around the home and spent time in their rooms. Some people chose to spend quiet time alone. Bedrooms were personalised with people’s belongings, such as photographs and other small personal effects to assist people to feel at home. When people were being supported with personal care staff always ensured doors were kept closed.

Staff spoke with people about their personal interests and took time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. One person said: “I have things the way I want them and the staff always take my comments on board”. Notes from team meetings showed respect, dignity and person centred support was frequently discussed.

Staff completed a common induction programme which included learning about dignity and respect in a care home, person centred support and promoting independence. One care worker said: “The training is really helpful because it reminds you how important your role is as a carer. Making sure people are looked after with respect and giving the care at a pace that suits them. We treat everyone the same way but understand and respect their individuality. No two people are the same”. Training records demonstrated staff had completed refresher training in caring for people with compassion and dignity.

Is the service caring?

Care and support records showed people's relatives and professionals had been involved in implementing and reviewing people's care. A relative told us the staff contacted them regularly to update them and to invite them to care reviews. They told us: "I meet to discuss my

mother's care when necessary and they keep me informed of any changes as and when. My mother has a range of complex health issues and was prone to falling, however the staff here have managed that very well and she is doing well".

Is the service responsive?

Our findings

People were supported and their care was personalised. Changes were quickly identified and implemented into their care plans. One person said: “I have had a lot of reviews because I don’t keep very well and I am happy to be involved in talking about my care”. Another person said: “My care is exactly the way I want it, they help me to wash and they spend time talking to me when I need them”. A relative told us they looked at their family members care plans and found them to be an accurate reflection of what they needed.

Records were personalised and documented people’s interests, histories, wishes and preferences. Plans contained information about people’s preferred daily routines, for example, the times people wished to get up or go to bed at night. One record told us about someone who had travelled around the world and previously worked on trains. Care plans showed that talking with this person about trains was a good ‘ice breaker’ and would encourage conversation. On two separate occasions we observed staff speaking with the person about their life experiences, talking about places they visited and communicating with them in a sensitive, respectful and caring way.

The home had a varied activity schedule and included arts and crafts, music afternoons, social afternoons, crossword games, poetry readings and skittles. After lunch people were playing bingo in the small lounge. People were enjoying themselves. One person who was in the lounge but away from the activity told us: “I don’t go in for this sort of thing but I do enjoy the conversation. I could go and sit in another room but I like to be with people and although I’m not playing I still feel involved”.

Handover meetings took place daily and were an opportunity to review people’s health and wellbeing. This helped to ensure that there was effective monitoring of people’s needs within the home. In addition there were regular management meetings with the senior team. There was a record of these meetings and staff were given an opportunity to discuss issues affecting people using the service and practice developments to guide them in their role and responsibilities.

People received medical treatment in response to accidents and investigations were conducted

appropriately. For example, a recent incident record showed how staff responded effectively after one person had a fall. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. Relatives told us the staff were responsive to incidents. One relative said: “My mother had a fall once, the staff called an ambulance, called me and they went to the hospital with her. We spoke on the phone about what we could do to make things safer”. A doctor said: “The staff respond well to incidents and concerns about people’s health. If they ever have any worries they call us”.

Where necessary action was taken in response to changes in people’s needs. We saw a number of examples where staff had identified that people were unwell and had arranged for the person to be seen by their GP. For example, it had been identified that one person appeared unwell. We saw that the home contacted the GP who reviewed the person and commenced relevant treatment the same day. A member of staff told us: “We are straight on the phone to the doctor if someone is unwell. Sometimes we just know people are not well and they don’t like to complain. We talk to them and offer to get the doctor in just to make sure”.

Arrangements were in place to encourage feedback from people using the service. Meetings were held with people on a regular basis. The minutes of the most recent meeting showed that issues discussed included the food and activities. The registered manager told us how the service was implementing changes to the menu based on the feedback from people using the service. The service was also in the process of revising the daily activities within the home and this would include feedback and comments from people living at the home. This showed that people were listened to and their views were taken into account when shaping the service.

People and relatives told us they knew how to complain but felt happy with the care provided. The manager responded to a feedback questionnaire completed by a relative that suggested more activities. The registered manager responded to this suggestion by implementing a revised four week activity plan to include daily activities throughout the week in both the morning, afternoon and at weekends.

Is the service well-led?

Our findings

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. The registered manager told us he had started to complete the form and had submitted it in September 2015 however it had been returned with an error message and he had not re-submitted it. Because the provider had failed to submit a PIR a ratings limiter was applied to this section of this report.

People, relatives and health care professionals told us the management was good. People experienced a culture of respect, positivity and a “can do attitude”. People were smiling and laughing with the registered manager and with other staff. One person said: “The manager is very nice. We see him about the home almost every day and nothing is ever a problem for him”. Another person said: “Every member of staff is kind, caring and consistent in what they say and do. The only time you will find them (staff) sitting down is when they are talking to us”.

Staff were complimentary about the registered manager and told us they could access support when needed. One member of staff said: “If I need training or help with care I can ask the manager and he makes sure things get sorted”. Another member of staff said: “I have been watched by the manager when giving medication to make sure I do it properly. If I am ever unsure I can always ask. We have an open door policy here”.

As part of the registered manager’s drive to continuously improve standards he regularly conducted audits of medicines management, care records and health and safety. He evaluated these audits and created action plans for improvement, when improvements were required. One audit demonstrated improvements were needed in recognising when DoLS could apply. The provider organised training for each member of staff to help improve their knowledge and understanding of DoLS. The registered manager and staff told us the training had given them a better understanding of DoLS and helped them to evaluate people living at the home. This helped to ensure people were kept safe, free from harm, whilst being able to lead as normal a life as possible.

Staff were well supported to carry out their roles. Each shift was led by a senior member of staff who was supported by the registered manager. At weekends the head care worker provided management support. Staff were positive about the leadership of the home. They told us that the management team had a good presence within the home; they all agreed there was a culture of openness and fairness and that moral amongst the staff team was good. One member of staff said: “The manager is very approachable, you can go to him and voice your opinion, he takes it on board and acts on it”.

Meetings were also held with the whole staff group. Staff were encouraged to ask questions or offer comments or suggestions. This helped to ensure that the engagement and involvement of staff was promoted within the home. These meetings also helped to ensure that the registered manager remained informed about day to day issues within the home.

There were quality assurance systems in place to monitor and review the quality of the service. For example, the provider undertook regular visits to the home to speak with people, visitors and to inspect the premises. The provider also inspected documentation, set required actions to drive improvement and provided general feedback for the registered manager. The latest feedback from the provider following a recent visit stated: “To continue with high standards”. A recent quality assurance audit of the service conducted in September 2014 by an external professional highlighted, for example, a need for further training in consent and mental capacity. The provider had an action plan in place to address this with further training planned for November 2014.

The registered manager and staff told us they were very proud of the home and the care and support they provided. One member of staff told us: “I don’t see Forest Edge as a place of work; I see it as a person’s home. It is such a lovely place to work”. A relative told us: “We have been visiting for a number of years and the staff have not changed much at all. For me that just shows how happy people are to be working here”. One person using the service said: “I couldn’t wish for a better place to enjoy the twilight years of my life. Everyone is lovely”.