

Barchester Healthcare Homes Limited

Forest Hill

Inspection report

Forest Hill Park
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We performed the unannounced inspection on 31 March 2015 and 01 April 2015. Forest Hill is a purpose built care home located in Worksop. There are 53 beds and care is provided for 32 people who have dementia and for 21 adults who have mental health needs, and the associated challenges. On the day of our inspection 26 people were using the service. The service is provided across two floors with a passenger lift connecting the two floors.

The service had a manager in place at the time of our inspection who was in the process of registering with the commission and have since been registered with the

commission. The previous registered manager left the service in February 2015 and the manager commenced their employment in January 2015. This provided the manager with support throughout the transitional period. 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.

Summary of findings

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager shared information with the local authority when needed.

People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were sufficient to support people's needs and people received care and support when required.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People who used the service, or their representatives when appropriate, were encouraged to contribute to the planning of their care.

People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People who used the service, or their representatives when appropriate, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's safety was promoted and the risk of abuse was minimised as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

People were supported by a sufficient number of staff to meet their needs.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Good



Is the service caring?

The service was caring.

People's preferences were respected and they were treated in a kind and caring manner.

People's privacy and dignity were supported and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

The service was responsive.

People were supported to make complaints and concerns to the management team.

People were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Good



Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration.

Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Good



Forest Hill

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 31 March 2015 and 01 April 2015. The inspection team consisted of two inspectors, one of which was a qualified pharmacist.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service to determine their views on the quality of the service. During the inspection we spoke with two people who were living at the service and two people who were visiting their relations. We spoke with five members of staff and the manager.

We looked at the care records of three people who used the service, two staff files, as well as a range of records relating to the running of the service, which included audits carried out by the manager.

Is the service safe?

Our findings

People told us they felt safe and were aware of what to do if they felt unsafe or were not being treated properly. One person told us, "I always feel safe here, if I didn't I would talk to the manager." A relative of a person who used the service also told us. "I feel my relative is safe and looked after."

People could be assured that staff were aware of their roles and responsibilities in reporting any issues of concern relating to people's safety. Care staff told us they had received training on how to identify signs of abuse. We found staff were able to provide a very good description of the different types of abuse that people could experience within a nursing home setting. We spoke with a qualified nurse and found they had a comprehensive understanding of the local authority safeguarding procedures and knew how to contact the local authority to share any information of concern about the quality of service provision. This information was supported by our records which showed appropriate referrals had been made the Local Authority safeguarding teams when required.

We saw that people were encouraged to move freely within the communal areas or return to the bedrooms when they wished. We saw staff were proactive in monitoring people within the communal areas to ensure their safety was maintained.

We found risks to individuals were identified thus ensuring their safety. For example, we saw some people had bed rails fitted to prevent them falling out of bed. Records showed that risk assessments identified that regular checks were required to promote people's safety and records showed the checks were being undertaken. Where the risk assessments had identified people were at risk of pressure ulcer formation appropriate pressure relieving equipment had been provided and was in use. We also found that where people were accessing the community appropriate risk assessments had been performed to ensure their safety at those times.

On the day of our inspection we saw there were a sufficient number of staff on duty to maintain a constant presence in the communal areas throughout the home. We saw staff were able to respond quickly when people needed support.

Systems were in place which analysed people's needs. These were to determine how many staff would be required to support people. Visitors to the home said they sometimes had concerns about the number of staff deployed and felt that on occasions an additional member of staff would have enhanced the service, especially in the evenings. The manager told us that whilst the staffing level was assessed as appropriate they were in the process of increasing them at busy times, such as the evenings, in order to improve the service.

Staff told us that they felt there was enough staff to meet people's needs. One member of staff told us, "I think the staffing levels are very good here and I really don't have any concerns at all."

People could be assured that staff employed at the service were suitable to work with people using care services. Records showed people were only supported by staff who had been safely recruited and had undergone a thorough pre-employment screening procedure, including a Disclosure and Barring Service (DBS) check, as part of the recruitment process.

People who used the service told us they received their medicines as they required them. We found that only qualified nursing staff administered medicines. The nurses had received training in this area and had also received supervision from senior staff to ensure they remained competent.

On the first day of our visit we saw medicines were administered safely and staff followed appropriate procedures to do this. Also to ensure that medicines were kept safe, we saw these were stored securely. Where necessary medicines were temperature controlled to ensure the effectiveness was not compromised.

However on the second day of our visit we noted that on one occasion a cup of tea, which contained covert medicine, had been left unattended for a short period of time in a communal area by a qualified nurse. This could have potentially resulted in the medicine being mistakenly ingested by another person. This issue of concern was also brought to attention of manager who took immediate actions to improve this element of service provision to ensure that this would not happen again.

We found a significant number of people had agreements from their General Practitioners (GP) for their medicines to be given covertly. These people had mental capacity

Is the service safe?

assessments and best interest agreements in place for this specific activity. We found that in the upstairs unit, mental capacity assessments and best interest assessments were variable in quality but the manager addressed this issue in a timely manner during our visit.

Is the service effective?

Our findings

People could be assured they received care from sufficiently skilled and competent staff. On commencing employment staff were required to undertake a corporate induction process. Staff told us they felt the induction was comprehensive and met their needs. They also told us they were supplied with ongoing training when needed to provide effective care. This information was supported by records examined on the day of our inspection. They verified that staff received regular training in a wide range of subjects such as moving and handling, food safety, infection control and safeguarding vulnerable adults.

People benefited from staff that were effectively supported by senior colleagues who had ensured staff had received supervision on a regular basis. One member of staff said, “I have had supervision from the head of the unit. We discussed my training and development needs. I can also go to my line manager with any issues, I feel fully supported.”

People were supported to make decisions about their care and to provide consent wherever possible. We found that where people had been assessed as lacking capacity to make decisions best interest assessments had been performed and people’s relatives had been encouraged to contribute to the decision making process when required. Throughout our inspection we observed that staff asked people for their consent before providing any care and support.

People benefited from staff who had a good understanding of the Mental Capacity Act 2005 (MCA) and described how they supported people who lacked capacity in decision making. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw there were assessments being carried out to assess people’s capacity to make certain decisions and where it was determined they did not have the capacity, a decision was being made in their best interests. Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. At the time of our inspection we found that mental capacity assessments had been undertaken and appropriate DoLS were in place.

People were supported to eat and drink enough to help keep them healthy. People we spoke with told us that the food was varied and of good quality. One person said, “The food is lovely and I have put on weight.” A visitor to the home was also very complimentary about the quality of the food, They told us, “The food is excellent, lots of different options.”

We observed people having their lunch time meal. The dining room tables were very well presented and people appeared to be enjoying their meals. People were given good sized portions of food and fluids were readily available. The meals appeared to be appetising and nutritious as the meals incorporated a variety of fresh vegetables. Supportive equipment such as specialist utensils and plate guards were available when needed to aid people’s independence and staff were available to provide support to people who needed assistance. We found that where staff had assessed people as needing special diets, for example soft or pureed food, these were catered for. We also found that meals for people who chose to adopt a meat free diet, such as vegetarians and vegans, could be catered for. This showed that people’s preferences were identified and met.

People told us they had access to health care professionals and staff had sought advice from external health care professionals to support them with their health care needs. One person said, “They (staff) will call my doctor if I need to see them.” Staff also told us that advice from health care professionals would be obtained if they had any concerns about people’s health and wellbeing.

This information was also evidenced within records which showed that staff sought advice from a range of external professionals, such as general practitioners, dieticians, falls prevention teams and opticians, when needed. We also found that advice and guidance from health care professionals was acted upon. For example records showed that staff had gained, and were following, advice from a tissue viability specialist for a person who had developed a pressure ulcer. Staff were also supporting a person who had diabetes we found the person had a care plan in place which incorporated information from a specialist in this area and we found staff were following the guidance within the plan. This showed that people were supported to maximise their health and wellbeing.

Is the service caring?

Our findings

People felt happy living at the service and felt the staff were caring. One person told us, “I do think the staff are caring.” A visitor to the home also felt the staff were caring and considerate, “They told us, “The staff are fantastic and caring.”

We saw that staff interacted with people in a relaxed and caring manner. They responded to people’s requests for assistance in a timely way and provided people with time to converse with them in caring manner. For example we saw one person had become confused and was unsure about their location within the home. A member of staff put their arm around the person and then held their hand. They slowly explained to the person where they were and reassured the person they were safe, which the person gained reassurance and comfort from.

We found staff appreciated the importance of person centred care. One member of staff told us, “In a home like ours we just can’t be task focused; we have to be flexible to people’s needs. It’s all a matter of getting our priorities right and respecting people’s wishes.”

We saw that staff ensured people could make their own choices and decisions in relation to how they spent their time at the service. For example, we saw people who preferred to spend their time seated near the nurse’s station were encouraged to do so. They appeared to be enjoying the interactions with staff and other people residing at the home. We spoke with a relative who was visiting their relation. They told us they were involved in the

making process on behalf of their relation as they had been assessed as lacking capacity. They told us they felt their contribution was valued and respected by the staff and felt any issues would be acted upon.

We found staff spoke to people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. We saw staff were patient and understanding when supporting people. For example we saw a person exhibit inappropriate behaviour within a communal area. We saw that a member of staff addressed the issue in a calm manner. They used distraction techniques to good effect and escorted the person from the public area to the privacy of their own bedroom.

People we spoke with told us that staff respected their privacy and dignity. One person said, “They (staff) always respect my privacy.” We found people had access to private areas within the home which they could use if they wished. We observed people going to and from their bedrooms and sitting in different areas throughout the home. We also found members of staff were appreciative of the importance of maintaining people’s privacy. One member of staff told us, “Privacy must always be maintained. We ensure bedroom doors and curtains are closed when assisting people, its basic stuff but very important.”

Visitors to the home told us they could visit their relation at any time and visits were not restricted in any way. They told us they had always been made very welcome by the staff who they felt were caring and had not witnessed staff being uncaring.

Is the service responsive?

Our findings

People had the opportunity to get out and about and pursue their interests and hobbies. One person told us, “I like to go shopping; I’m going into town later today to buy a new jacket.”

We saw staff were proactive in promoting people’s choice. Throughout our inspection we observed people moving freely about the service without restriction. People were undertaking activities of their choice and were able to retire to their bedrooms or move to alternative communal areas within the service when they wished.

We found that the activities programme was facilitated by two designated activities coordinators (one for each floor). They told us they were in the process of updating people’s files to ensure the activities provided were responsive to people’s individual needs and interests. Records showed activities such as art and crafts sessions, taste experience sessions, baking and interactive entertainment such as board games and guest entertainers were provided. We also found people could utilise the home’s mini bus to access areas of local interest such as garden centres and public houses.

People could be assured that they would be supported to have a say in the planning of their care package, if they were able to. Where people were unable to contribute to the process best interest assessments had been undertaken so people’s relatives could be encouraged to contribute to the process. This meant people and their representatives when appropriate could be involved in planning their own care and people’s changing needs could be identified and responded to in a timely manner.

People could be assured that staff would be responsive to potential risks which could compromise their health and wellbeing. For example where people who had difficulty in

maintaining their skin integrity or had a chronic illness such as diabetes documentation was in place to address the issue. We found the documentation would be effective in supplying staff with the information to support people with these health care needs which were sufficiently detailed to fully inform staff of strategies to respond to them. We also found that staff were fully aware of the content of the documentation which were reviewed on a monthly basis to ensure they were pertinent to people’s changing needs.

Staff told us they valued the care plans and appreciated the importance of ensuring they were up to date. One member of staff told us, “The care plans are all up to date. We need them to know what people’s needs are, they (care plans) are located in the locked office for security but all the staff can access them.”

People felt they could speak with any of the staff if they were unhappy with the service and felt comfortable in doing so. One person said, “I have nothing to complain about but if I did I would talk to the manager.” A visitor to the home also felt confident in discussing any concerns with the management team and said, “I would be happy to discuss any concerns with the manager.”

There was a complaints procedure for staff to follow. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team. They also felt complaints would be responded to appropriately and taken seriously. Furthermore, the contact details of the service were available via a web site which provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have.

Records showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisations policies and procedures.

Is the service well-led?

Our findings

There was not a registered manager in post at the time of our inspection. However the registered provider had recruited a new manager and they had commenced their registration with us.

People could be confident that they could approach the manager if they wanted to discuss anything with them. On the day of our visit the manager was visible around the service and we observed staff were comfortable in approaching them. We also noted that the manager had a good rapport with people residing at the home and spoke with them in a respectful and considerate manner.

People residing at the home, and their relations, were invited to attend monthly meetings to discuss any developments in the service. They were encouraged to discuss topics such as the provision of activities and any menu changes. We also found that a family support group was in place to provide a facility to support the relatives of people residing at the home if required. A representative from the group told us they felt the newly appointed manager would be effective in their role. They also said they felt comfortable in discussing any areas of service provision with the manager as they were approachable and made themselves available.

Staff also told us the manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home. Staff felt that any concerns would be listened to and acted upon by the manager and felt they were proactive in developing an open inclusive culture within the service. One member of staff told us, "The manager is firm but fair; they are open to new ways of working and new ideas."

People benefited from interventions from staff who were effectively supported and supervised by the management team. Staff told us, and records showed, that staff had attended supervision sessions and annual appraisals. Staff told us the meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision.

Throughout our inspection we observed staff working well together and they promoted an inclusive environment. They were supporting each other and it was evident that an effective team spirit had been nurtured.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures without fear of retribution from the management team. One member of staff told us, "If I had any concerns I would whistleblow without hesitation."

People residing at the home, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service. This was achieved by sending out annual surveys. The manager told us information from the surveys was correlated and a report was formulated which showed the home was exceeding the organisations expectations. The manager also told us that the consultation process could be used to identify where improvements to service provision could be made and they would be repeating the process in 2015 so they had a tool to determine if the quality of the service was continuing to improve.

Internal systems were in place to monitor the quality of the service provided. These included audits of the environment, care plans and medicines management. They were undertaken by the heads of two units on a monthly basis. The home manager and the regional director also performed unannounced visit in the evenings to satisfy themselves that the service was meeting its objectives. The manager was able to show us effective systems were in place for monitoring the frequency of significant incidents, such as falls, within the home to ensure they could initiate strategies to minimise similar incidents happening again.

We found supplementary records provided the nursing staff with the opportunity to calculate people's ideal fluid intake so they could monitor this area and respond to any concerns such as dehydration. We found the records had not always been filled in correctly. We also found the storage of archived supplementary records was not effectively managed. Whilst we did not evidence any negative outcome for people who used the service there was a potential risk that the monitoring of people's fluid intake would be ineffective. We discussed this concern with the manager and received confirmation following our inspection that this issue of concerns had been addressed.

Is the service well-led?

The manager also told us that all staff would be instructed on the importance of maintaining effective supplementary records and they would continue to

monitor staff performance through the organisations auditing process. This shows that people could be assured that the manager was proactive in making improvements when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.