

Miss Itrat Batool

Forest Grange Care 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

This inspection took place on 30 March 2016 and was unannounced. When we last inspected this home in April 2013 we found it compliant with all the regulations we looked at.

Forest Grange Care Home is a residential home which provides support to people who have learning disabilities. The home is registered with the Commission to provide care for up to six people. At the time of our inspection there were six people living at the home however one person was away visiting relatives. There was a registered manager at this location. 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.

People who used the service and their relatives told us that the home was safe. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were robust systems for checking that medication had been administered in the correct way.

Relatives told us that they were very happy with the care provided. We saw that people were obviously happy around staff and with the support they were receiving. People had opportunities to participate in a range of activities in the home and community.

People's relatives and friends were made welcome by staff and there were quiet areas where people could entertain them.

People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect. There were extensive communication aids available to help people express their views.

Staff working in this home understood the needs of the people who lived there. We saw that staff communicated well with each other and spoke highly of the management and leadership they received.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

When appropriate the registered manager had involved other health professionals in making best interest decisions about how people needed supporting. However when the support people received risked restricting their freedom, the registered manager had not approached the local authority for approval.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The registered manager sought and took advice from relevant health professionals when needed. A health professional told us they were pleased with the support people received.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences.

There was effective leadership from the manager to ensure that staff were well motivated and enthusiastic. The manager assessed and monitored the quality of care consistently through regular audits of events and practice.

The manager consulted with people in the home and their relatives to find out their views on the care provided and used this information to make improvements, where possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were comfortable around staff and relatives told us they trusted the staff would keep people safe.

There were enough members of suitably recruited staff to meet people's needs.

Staff knew how to keep people safe and managed people's medicines safely.

Is the service effective?

Good ●

This service was effective.

People were involved in making decisions about their care. There were communication aides to help people express their preferences and choices.

People received care from members of staff who were well trained and supported to meet people's individual care, support and nutritional needs.

Is the service caring?

Good ●

This service was caring.

People and their relatives told us that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and took these into account when planning the care and support.

Staff spoke fondly about the people they supported.

Is the service responsive?

Good ●

This service was responsive.

People were involved in planning their care and maintained relationships which were known to be important to them.

The manager and staff responded appropriately to comments and complaints about the service.

Is the service well-led?

This service was well-led.

The registered manager provided staff with appropriate leadership and support.

The registered manager had good systems to monitor the performance of the home.

People expressed confidence in the registered manager and staff enjoyed working at the home.

Good ●

Forest Grange Care 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.

This inspection took place on 30 March 2016 and was unannounced. The inspection team consisted of one inspector.

As part of planning 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with two people who used the service. We also spoke with a director of the service, registered manager, four care staff and an administrator. We also spoke with a health professional on the telephone. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We sampled the records, including people's care plans, staffing records, complaints, medication and quality monitoring.

After the visit we spoke with the relative of one person on the telephone and requested further information from the registered manager.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe in the home. When asked if they felt safe, one person who used the service said, "Yes." We observed that people who were unable to speak were confident to approach staff for support and reassurance and that staff were constantly taking an interest in their welfare. A relative we spoke with said, "I know people are safe, I can relax."

The staff told us and records confirmed that they received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused including reporting their concerns to external agencies. There was information and guidance about reporting concerns around the home for staff and visitors. This information was available in formats which met people's specific communication needs. This meant that action would be taken if people were at risk of abuse.

People were encouraged to have as full a life as possible, whilst remaining safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. These included how to support people whose behaviour may cause them or others harm.

Staff told us and the records of two new members of staff confirmed that suitable checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. One member of staff stated the registered manager would not confirm their employment until satisfactory checks and references had been received. The registered manager had taken additional action when necessary to ensure suitable references were obtained.

We saw that there was enough staff on each shift. A member of staff told us, "[Staffing] is not a problem." Relatives we spoke with said they felt there was enough staff to meet people's care needs and stated the registered manager was always available when necessary. Care plans identified that each person required support from one member of staff and we saw that there were sufficient staff on duty to achieve this. The registered manager told us they did not use agency staff as existing staff would work additional hours when necessary. The staff we spoke with said they were happy to do this. Both the registered manager and director for the service also said they would support people if required and could demonstrate a detailed knowledge of each person's care needs. This ensured that people were cared for by the number of staff with the skills and knowledge required to keep them safe.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location. There were aids in place to help people understand their medication and how it was administered. The medicines were administered by staff that were trained to do so. A health professional we spoke with said that staff understood the effect medication had on people and would make prompt referrals

when it was felt a person's medication required reviewing. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when they should be administered. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) and found that they had been correctly completed. There were also protocols in place to help staff identify when to give people their 'as required' medication. The registered manager and pharmacy supplier conducted regular audits of the medication and had taken effective action when any errors had been identified.

Is the service effective?

Our findings

The people and relatives who we spoke with told us that the staff were good at meeting their needs. A relative told us, "The journey residents have been on is amazing," and "The service goes above and beyond the call of duty." They gave us several examples of improvements in people's conditions that they had noticed when visiting the service.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. One member of staff told us, "The training is second to none. There are lots of opportunities." Staff received additional training when necessary to meet people's particular medical conditions. The registered manager told us that staff's training was being matched against the recently introduced 'care certificate' to ensure they had received all of the necessary introductory training. The care certificate is an identified set of standards that care staff should follow when carrying out their work. It is the new minimum standards that should be covered as part of induction training for new staff. We noted the registered manager had recently been presented with a substantial qualification in social care by the local Mayor and the provider had also been accredited with an "Investors in People" award in acknowledgment of their robust staff development programme.

Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. Staff could explain people's specific communication styles and how people express their feelings and needs through specific gestures. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. Care plans contained photographs and explanations of people's gestures and what they meant. The registered manager displayed a series of "Sign of the week," posters to help staff communicate effectively with people who were unable to verbalise their needs. The registered manager maintained summaries of each person's care plan which were made available to other health professionals when people attended health care appointments or required hospital stays. This meant that staff had the skills and knowledge required to meet people's specific needs.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis. They felt well supported by the registered manager and other team members. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. During our visit staff regularly asked people about how they wanted to be supported and we saw that people were supported in accordance with their wishes. The provider had held best interest meetings when people were thought to lack capacity and records showed that people had been supported in line with decisions made at these meetings. However they had not always approached the local DoLS authority when there was a risk that a decision could result in restricting a person's freedom, such as choosing to keep a person inside the home.

We saw that staff had carried out nutritional assessments in relation to people. They had sought and taken the advice of relevant health professionals, including speech and language practitioners in relation to people's diets. Staff we spoke with were aware of people's specific nutritional needs and additional guidance was available in people's care records.

People obviously enjoy their breakfast and lunch time meals and were given food staff knew they liked. When necessary people were helped by staff to eat and supported to be involved in selecting menu items. We saw that meal times were promoted as a social event and on the day of our visit staff were arranging a special evening meal to celebrate a person's birthday.

People in the home were supported to make use of the services of a variety of mental and physical health professionals including dentists and GPs. One health professional who we spoke with was very complimentary about the care people received. They stated that staff involved them promptly and were confident that staff would carry out their instructions correctly.

Is the service caring?

Our findings

A relative told us that the registered manager and staff were caring. Their comments included, "[Person's name] loves the staff. They are kind to him;" "They've developed a close relationship with their key worker," and, "The manager works hard at making the home into a family unit." When asked who their best friend was, a person pointed to a specific member of staff and said their name.

We observed staff were kind and patient with people and offered reassurance when necessary. Staff were very keen to tell us about how to communicate effectively with people who were at risk of becoming agitated or disorientated by strangers. Staff ensured people remained happy and relaxed.

We saw that there were clear records of how people wanted to be addressed by staff and heard staff addressing people by their preferred names. Staff knew what people liked to do and were keen to support people in their hobbies and keeping in touch with their families. One person was celebrating their birthday during our visit which included a special meal and presents from other people in the home and staff. The person was also helped to engage in a video call so members of their family could wish them happy birthday. People were regularly supported to engage in celebrations which were important to them.

A relative told us that the registered manager and staff asked them about how their loved one liked to be cared for and supported when they first started to use the service. We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. The relative of one person who were unable to express their preferences told us they were regularly asked if the service was supporting people in line with their known values and beliefs. There were opportunities for people who used the service and their relatives to attend meetings and engage in reviews of their care. Records showed that these were held regularly and were well attended. The registered manager had developed several forms of communication aids to help people express their views. All the staff we spoke with were able to demonstrate an understanding of people's chosen style of communication. This enabled people to say how and who they wanted to be supported by.

We observed staff respect people's privacy when delivering personal care and staff were able to explain the provider's policy. There were plans in place to support people whose behaviour could compromise their privacy and dignity.

The registered manager and staff demonstrated that they had a good knowledge of people's preferences in terms of their care and support. When they wanted, people were given responsibilities for completing audits around the home and encouraged to help with chores such as clearing up after lunch, tidying their rooms and putting away laundry. This helped to promote people's independence.

Is the service responsive?

Our findings

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day. People told us they felt there were enough activities available and people were supported to engage in activities they liked. A relative told us, "They are always off doing something." All the people who used the service regularly attended college and records showed they enjoyed this activity. One person was supported by staff to tell us the tasks they enjoyed doing at college such as baking. The registered manager told us and records confirmed that when people chose not to attend college their views were respected by staff.

People were encouraged and helped to maintain contact with friends and family members. Relatives told us they were encouraged to visit and take part in social activities in the home. There were dedicated quiet areas where people could meet with visitors and the registered manager told us this also gave people the opportunity to retire to their rooms when they no longer wanted to engage with people. When requested, people had been supported to participate in the wider community. This involved supporting people to visit shops and locations they said they liked such as the local park, cinema and pub.

The registered manager ensured people's care plans contained guidance for staff about people's preferences and how they liked to be supported. This information was updated as people's views changed as staff got to know the person and saw how they behaved in the home. Plans contained instructions for staff about how people had expressed what they needed and how they preferred to be supported. When necessary people had been helped by relatives and others close to them to help express their views and review their care.

The registered manager and staff had regular meetings with people living in the home. This provided an opportunity for them to raise issues and discuss plans such as activities they wanted to undertake. People had made suggestions and we saw that the registered manager had taken action such as arranging family visits and holidays for people.

The home had clear policies and procedures for dealing with complaints. A relative told us that the registered manager and staff were approachable if they were not happy or had a complaint. They were confident that the manager would make any necessary changes. We observed that people were confident to approach and speak with the staff that were supporting them. The registered manager had not received any formal complaints and there were processes in place to capture any comments about the service. The registered manager reviewed concerns and comments in order to learn from adverse events and take action to prevent them from reoccurring.

Is the service well-led?

Our findings

Relatives and a health care professional we spoke with told us that they felt the home was well run. Comments included; "The service is amazing;" "I would stay there myself," and, "I think it is first class." One relative told us, "It's all perfect. They have nothing to hide."

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. Members of staff told us that the registered manager was supportive and led the staff team well. One member of staff told us, "The manager is brilliant. Everything is up to date," and, "We are always told the resident's needs come first." Staff said they felt involved in developing the service through staff meetings and supervisions with the registered manager. Several members of staff told us they had worked at the home for several years because they got on well with the manager and other members of staff. One member of staff said, "I worked here because I enjoy it."

The service had an open and transparent culture, with a clear vision for the home which staff understood. All the staff we spoke with were enthusiastic and said it was important to respect that they provided a service to people in their own, "Home." One member of staff said, "When you come to work you need to remember that you are a visitor in their home." Throughout our visit we observed staff continually respect the views and wishes of the people they supported. The registered manager reflected this ethos at staff meetings and supervisions.

The registered manager had introduced different initiatives to help people express their views about the service depending on how they preferred to communicate. These included developing a photographic record of what each person's specific expressions and gestures meant and checking staff were familiar with them. Staff were tasked with learning nationally recognised communication signs people used to communicate with. We saw that this information was used daily to help people choose the clothes, foods and activities they wanted as well as express how they were feeling.

The manager had found inventive ways to help people become desensitised about aspects of their lives which caused them anxiety. These included introducing people to health professionals and members of the emergency services who could support them if necessary. People had access to dummy medical equipment which helped them overcome their fear of certain medical procedures. The registered manager told us how one person with a specific phobia was now so confident that they would instruct a nurse through the various stages of an invasive procedure. This had helped people's conditions and general wellbeing improve.

The registered manager and provider worked in partnership with key organisations, including specialist health and social care professionals. Professionals told us they felt the service was well-led and people were supported by staff who were, "Pro-active." The service had gained accreditation with the, "Investors in People," award for organisation that have achieved sustainable improvements through staff development. Staff were also involved in attaining the, 'care certificate,' minimum standards that should be covered as part of induction training for new staff. The registered manager told us they participated in a peer review process with manager's from similar locations to identify and share good practice.

The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents she had made changes to minimise the chance of the incident happening again.

There was a rota of management/provider cover for the periods when the manager was not at the home and staff knew who to contact in an emergency. The registered manager had a programme in place to support staff development into key roles to ensure continuity of management cover and sources of guidance for staff. Staff being in these roles told us they were well supported by the registered manager and felt confident to lead other members of staff.

The records at the home which we sampled showed that the registered manager made checks that the standard of care was maintained and improved on where possible. The registered manager demonstrated that there were systems to make sure that relevant checks had been made on services and equipment in the home.