

Lady Forester Hospital Trust

Lady Forester Residential & Day Care Centre

Inspection report

Lady Forester Residential and Day Care Centre
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lady Forester Residential and Day Care Centre is a residential care home providing accommodation and personal care to a maximum of 14 people. The service has an adjoining day care centre which can be accessed by people living at the home and by the wider community. The service provides support to older persons and at the time of our inspection there were 13 people using the service.

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

The provider had not established effective governance systems and had not followed up on previous recommendations. An action plan has since been developed and external relationships were being built to help the service improve.

Risks to people's safety were not always considered and action was needed to improve key areas. For example, fire safety and the management of medicine errors. The required recruitment checks also needed to increase to include a full employment history.

We found limited evidence of the provider using the mental capacity act. However, we observed people being supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We will check on our next inspection that the policies and systems in the service support this practice.

People did tell us they felt safe in the home and staff were positive about how well they worked together and the new management structure. New policies and procedures were being embedded and staff understood the need for change.

Infection and prevention control measures were in place and accident and incident forms were completed but more detailed investigations needed to be recorded. The provider kept families up to date when things happened and had plans to ensure there was increased engagement in the future.

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

Rating at last inspection

The last rating for this service was good (published 11 June 2019)

Why we inspected

We received concerns in relation to the overall governance of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We have found evidence that the provider needs to make improvements and the provider has already commenced making those improvements by implementing updated policies and procedures and engaging with agencies who can offer appropriate support.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lady Forester Residential and Day Care Centre on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of risk, ensuring new staff are safely recruited and the need for effective governance systems. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lady Forester Residential & Day Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Lady Forester Residential and Day Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A manager had been recruited and a registration interview was pending.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also contacted the local authority for their feedback.

During the inspection

During the inspection we spoke with four people who use the service, one relative and nine members of staff, including the manager and one of the Trustee's. We also spoke with a visiting social care professional. We reviewed a number of documents. These included three people's care files, medicine records, three recruitment files, health and safety records and other records used in the day to day management of the home.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not ensured the buildings fire risk assessment was reviewed within the required timescales. Nor had they recorded whether previously identified actions had been met. Actions included ensuring fire doors met the safety standards.
- The provider told us they carried out weekly fire safety checks, but these were not always recorded. When we checked the records we found there was often gaps meaning we could not be assured the checks were taking place.
- The provider had not completed a risk assessment prior to permitting staff to stop wearing facemasks as part of their protection against COVID-19. As the government guidance at the time of inspection still required the use of facemasks, a risk assessment should have been completed to cover any deviation from the guidance and outline how risks will be mitigated.

We found no one was being harmed. However, action was needed to prevent potential harm from occurring. This is a breach of regulations 12 (2)(a)(b) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, a fire safety visit was booked, and the provider completed a risk assessment around the use of facemasks.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service had trained staff to understand the principles of the MCA and if needed, apply for appropriate legal authorisations to deprive a person of their liberty. However, we were advised that no one living in the service lacked capacity in any area, at the time of our inspection. We will revisit this at our next inspection.

Staffing and recruitment

- People were not always supported by staff who had been subject to robust recruitment checks. The provider is required to complete several checks of new candidates which include taking a full employment history and reasons why they left previous positions with vulnerable adults. We found this information had not been requested by the provider.
- Staff should also have their health status reviewed to ensure they are physically and mentally able to complete the role or if reasonable adjustments are needed. We found no evidence of staff member's health being reviewed.

Failure to ensure fit and proper persons are employed is a breach of regulation 19(1)(c) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our findings with the provider and they immediately updated their recruitment process using their newly acquired policies and procedures. A revised application form was implemented which requested the correct information from future candidates. The provider agreed to review previously recruited staff and ask additional questions where necessary.
- On the day of inspection people were supported by enough staff members. One person told us, "The staff are good, they always come when I press the bell." Staff told us, "It's ok we get everything done and people don't wait but it would be good to have more time for activities." Another staff member said, "The staffing is ok today but it can be tough when someone is unwell."
- We asked about how the staffing numbers were calculated and we were advised the staffing calculation was an historical arrangement and was not based upon an assessment of need. We spoke to a trustee about this and they advised us this was something they were in the process of exploring further.

Using medicines safely

- People were supported to take their medicine from staff who had been trained to administer medicine safely. However, we could not be assured people always received their medicine due to finding gaps on the medicine administration records (MAR).
- Staff routinely signed for each medicine they gave people but at times signatures were missing with no explanation on the MAR or in the care file.
- The provider's audit process did not identify the missing signatures and we saw no evidence of action being taken. Medicine counts were completed, and staff were confident people had received their medicine, but this could not be evidenced.
- Following the inspection visit, the provider engaged with the local NHS team who support care homes improve their medicines management.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I've never thought about whether I feel safe, I guess that means I always do. I've never seen anything untoward that worried me." We also spoke with a social care professional who told us the person they visited was reporting they were settled and feeling very safe in the home.
- People were supported by staff who had been trained in recognising and reporting abuse and told us they felt confident reporting concerns. One staff member told us, "I know who to talk to if I was worried and I'm confident the team would all speak up if they were worried someone was being harmed."

Preventing and controlling infection

- We were not initially assured that the provider was using PPE effectively and safely. However, on our second day of inspection we were assured that staff were using PPE in line with guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors and processes were in place for visitors to be tested if required. During the pandemic the provider had invested in a visitor's area which they planned to repurpose for the benefit of people in the home.

Learning lessons when things go wrong

- Staff completed accident and incident forms when something happened. These were usually reviewed by the manager. However, we found limited evidence of investigations being undertaken and lessons learnt being shared with the team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not ensured robust checks and audits were in place. This meant some of the practice in the home was outdated and areas requiring improvement were not being identified or monitored by the provider.
- Recommendations made at the previous inspection had not all been addressed. For example, we had recommended the provider reviewed the processes to ensure consent was consistently recorded. As well as, reviewing the deployment of staff. This meant the provider was not taking all the necessary action to improve the quality of the service provided.
- We found risks to people's safety were not always considered. For example, the fire risk assessment had not been monitored to ensure actions were completed. Medicine errors were not being investigated to ensure people received their medicine as prescribed. Also, the recruitment processes did not ensure all the necessary checks were completed prior to staff working with vulnerable adults.

The provider did not have the correct processes in place to ensure they met all of their regulatory requirements. This is a breach of regulation 17 (1) (2) (a) (e) (f) good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recently purchased an up to date set of policies and was working through them to update their practice. The new management team had developed an action plan and were starting to make necessary improvements.

Continuous learning and improving care

- The provider demonstrated a commitment to learning and improving the care despite a previous lack of action. One person told us, "It's a great place but it has needed updating and am glad to see small changes happening, as we all benefit."
- All staff told us they were aware of the need to progress and modernise some of the practice. One staff member told us, "We are a great team, we know we need to improve and do things a bit differently. I hope we get electronic care planning as that will make a big difference."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received a service they were positive about and felt met their needs. One person told us, "I like it

here, staff are good to me and I see my family regularly. No one wants to get old but if I have to do it somewhere, I am glad it is here."

- Staff were confident people were well supported. One staff member told us, "Most people are from the local area, so it is like a big family. Some people knew some of the other residents and staff before they moved in so can continue their long-term relationships."
- Some people did tell us they would like more activities which we explored further. We found activities were increasing since the easing of COVID-19 restrictions and more day trips were planned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understand their duty of candour although we found no instances of its use. We spoke with one relative who told us, "They staff do ring me with any updates and keep me informed if anything happens."

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

- The provider had not completed any recent quality assurance with people and their families around their views of the care received. However, people were engaged in meetings in the home and did discuss the quality of the food and future activities. We reviewed recent minutes from meetings and read that people were complimentary of the food but would like more activities to be arranged especially, day trips.
- Staff confirmed the manager held regular 1:1 meetings with them which gave them the opportunity to discuss their role and the needs of the service. Staff also attended team meetings where they could discuss changes and the need for future development. All the staff we spoke with spoke positively about future changes and how they would be involved in discussions.

Working in partnership with others

- The manager and the provider were able to demonstrate an increased level of partnership working with local agencies. The provider was a member of a local provider network and had recently visited another care provider to explore electronic care planning.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not fully mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed New staff were not subject to all of the required recruitment checks.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance checks were not robust and actions were not completed in a timely manner.

The enforcement action we took:

We issued a warning notice