

Martlane Limited

# Forest Place Nursing Home

## Inspection report

Forest Place  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Forest Place Nursing Home is a nursing home providing accommodation for persons who require nursing or personal care to up to 90 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 67 people using the service.

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

People's records did not always contain all the information staff needed to enable them to provide safe care, charts were not always completed fully, and people's medicines were not always stored safely.

The service had enough staff and they knew how to raise concerns about people's safety.

Staff wore appropriate personal protective equipment (PPE) and reported incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans did not always contain enough information for staff to provide care in a person-centred way. People did not always receive care from staff who communicated with them in ways they could understand, and they were not always supported to follow their interests and take part in activities.

People's families felt involved in their care.

The provider did not have effective processes for monitoring the safety and quality of the service or to ensure people received person-centred care.

Staff told us they felt supported in their role and people's families were kept informed about their health and wellbeing.

The service worked well with other professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (21 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We received concerns in relation to risk assessments, management of incidents and complaints and lack of person-centred care. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Forest Place Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to person-centred care and managers' oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report. Following the inspection, we issued a warning notice setting out for the provider the actions we required them to take within a set timeframe.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 responsive?**

The service was not always responsive.

Details are in our responsive 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** ●

# Forest Place Nursing Home

## 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.

#### Inspection team

The inspection was carried out by two inspectors, one bank inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Forest Place Nursing Home 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. Forest Place Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 November 2022 and ended on 7 December 2022. We visited the location's service on 22 November 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

### During the inspection

We used observations and spoke with 4 people and 14 relatives about their experience of the care provided. We spoke with 15 members of staff including the registered managers, deputy manager, nurses and care workers. We reviewed a range of records. This included 8 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 good. At this inspection the rating has changed to requires improvement. 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

- People's care plans and risk assessments did not always give staff all the information they needed. For example, there was no chart for a person at risk of absconding. Staff told us if the person was distressed a member of staff would be allocated to monitor them more closely, but this was not documented in the care plan.
- Staff did not always complete people's records fully. For example, we reviewed a chart for a person who was to be re-positioned two-hourly; whilst staff were confident the person was being re-positioned as required, the chart did not reflect this.
- People had personal emergency evacuation plans (PEEP) to ensure staff knew what support people needed in the event of an emergency.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. All health and safety certificates were monitored to ensure they were in date and equipment was regularly maintained.

### Using medicines safely

- Staff did not always store medication safely. We found a medication trolley was not being locked as there were no keys. This meant there was a risk people could access the medication if staff were distracted. Following the inspection, we were sent evidence to show there were keys available for the trolley to be locked.
- Staff completed training in medication and had their competency assessed annually.

### Staffing and recruitment

- People's families told us they could not always understand staff's accents. Another professional fed back a concern relating to staff understanding of information given regarding a person's healthcare needs. The provider told us their recruitment process included ensuring staff met a minimum level of English and used an internal and external trainer for support with communication techniques. However, feedback from families suggested these actions were not effective.
- The service had enough staff to meet people's needs. Use of agency staff was minimal. During our inspection, we observed people not waiting long for assistance and staff told us they had no concerns. However, some staff felt they needed more nurses and a professional said, "Staffing is just about adequate at present however if plans are to expand naturally they would require increased staff in particular qualified and trained nurses."
- People's relatives' feedback regarding staffing levels was mostly positive. Comments included, "There does appear to be enough staff, there is always someone available." And, "There seems to be quite a few

staff, there has been a few more recently. I see the same faces and I know most of them."

- Staff recruitment and induction training processes promoted safety. Staff told us the induction included online and face to face training, and shadow shifts. They felt this was enough for them to know how to support people.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from abuse and knew how to apply it. They explained what they would do if they identified a concern and who they would escalate it to.
- People's families told us they thought their relatives were safe at the service. One said, "[they] are 100% safe."

Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.
- The service supported visits from people's relatives and professionals in line with current guidance.

Learning lessons when things go wrong

- Staff reported incidents. For example, staff told us if a person developed a pressure ulcer, they would complete an incident form, then the relevant referrals/notifications were made, and a root cause analysis completed.
- The registered manager investigated incidents and discussed them with staff at 'flash' meetings, which were held every morning.

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 was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- During our inspection, a lot of people were in bed. One family member told us, "[Relative] is in bed 80% of the time, for no reason as [they] are mobile." Other comments included, "[Relative] lays in bed all day, looks out of the window and looks at the TV." And, "All day [relative] just lays in bed, sometimes watches the telly, but gets fed up with that."
- Most people were not engaged in meaningful activity. We observed very little interaction between staff and people in one lounge. One relative said, "I can't get a sense of what [person] does all day, they walk about a lot." Another told us, "These days [person] doesn't get up, they are not allowed to force [them] if [they] don't want to. They go in every five minutes and try and encourage [them]."
- People's records had limited evidence of staff encouraging people to get out of bed. However, staff said they told people what was going on in the lounge or suggested they could sit and talk with friends. One said, "Maybe 2-3 times a day, ask them. Sometimes they don't understand and if we explain, they will agree to come."
- People's care plans identified their physical, sensory and mental health needs. They lacked individualised information for staff on how to support people with these needs. For example, guidance on how to support a person when they became distressed advised staff to offer reassurance, speak to them and distract them but did not describe how.

The service did not always support people to follow their interests or encourage them to take part in social activities relevant to their interests. Their care was often task-focused and did not consider their whole life needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to tell us how they supported people. For example, when one person became distressed, they would offer drinks and snacks, some drawing books and let them know when their relative would be visiting. One relative said, "The carers are really thoughtful; they all know [person] really well."
- People's families felt involved in their care. They were able to have access to the electronic system where they could see people's daily notes. One relative told us, "I definitely feel involved, we had a 3-way phone care plan review and I felt 100% listened to."
- The service had an activity planner displayed. This included separate activities for those residents cared for in bed. We observed the activities co-ordinator undertaking physical activity as per programme and those involved appeared to be enjoying it.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's relatives described struggling to communicate with staff, many of whom did not have English as a first language. One relative told us, "Communication is an issue, the problem is more of a language barrier, but staff eventually understand." Another said, "Mum can't understand a word they say, along with a mask muffling everything. I struggle to understand them when they are on the phone."
- People's care plans included information for staff about their sensory needs. This included use of hearing aids as well as how to speak to people. For example, a member of staff explained how they supported one person, "Slow down, use only a few words."

### Improving care quality in response to complaints or concerns

- The service displayed information on how to complain in reception. Most people had not complained; they either had no reason to, or found issues were resolved informally. One relative told us, "I don't think I've ever complained. I mention things to staff, and they get it sorted."
- The registered manager told us they investigated all complaints. We saw forms included actions taken and lessons learnt.

### End of life care and support

- At the time of our inspection, no one was in receipt of end of life care.
- Staff received training in end of life care.
- People's care plans included details of discussions held related to their wishes at the end of their life.

# 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 requires improvement. At this inspection the rating for this key question has remained 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 consistently failed to improve the quality of the service. This meant the provider's systems and processes to ensure continuous monitoring and improvements at the service had failed to drive the necessary improvements needed.
- The registered manager had investigated incidents, however there was not a robust process for analysing these to identify themes. The provider's computer-based governance systems to assess the quality and safety of the service had this facility, but it was not being used.
- People's monitoring charts were not always completed. The registered manager told us they received an alert if a task had not been entered on to the system; we were not assured this was effective, given those we reviewed were not completed in full.
- The service had a safeguarding tracker which included a brief description of what happened and whether it had been upheld. The actions taken and lessons learned lacked detail. For example, one related to lack of activity in the home and the lesson learned was to arrange more frequent checks.
- The registered manager investigated complaints. There was no centralised log or process to analyse complaints, so it was unclear whether themes could be identified. Following the inspection, a complaints log was provided, and we found lessons learned did not always address all aspects raised in the complaint.

Systems to assess, monitor and improve the quality and safety of the services provided, including the quality of the experience of service users in receiving those services were not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered managers told us they had started to use the incident analysis aspect of the system and had back dated system entries to August 2022 to improve monitoring of incidents.

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

- People did not always receive person-centred care. Information in people's care plans was often generic and lacked specific guidance for how staff should support people.
- The registered manager and senior staff were approachable. Staff told us they were confident about raising any concerns and felt listened to. One member of staff said, "[I] will speak to nurse first but can speak

to both the deputy and the manager. Their door is always open, we can talk to them." Another said, "[I] can talk to deputy and manager, definitely. They are very nice and friendly. If we are struggling, we'll tell them and they will come and help, that's a good sign to me. They will help anytime."

- People we spoke with were mostly complimentary of the service and staff. A relative told us, "It's wonderful here. Everyone is so nice, and the care is good. Other comments included, "I think it's quite nice." And "I think it's excellent."

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

- Staff completed an annual survey and attended team meetings. These meetings were informative but there was little evidence of staff input and it was unclear how issues identified via the survey were followed up.

- People's families were kept informed about their relatives' health and wellbeing. One relative told us, "If there are any problems, they phone me, things like if the doctor's been in." Other comments included, "They let me know any problems straight away," and "They inform me of every little thing."

- The registered manager planned to hold regular resident and family meetings and had started a monthly newsletter. A meeting was held in November which was informative and included input from families as well as actions to address issues raised. We were told details would be included in the monthly newsletters to update those relatives unable to attend.

- A brief meeting was held daily at 11.00 where each department could share any issues. It included a reminder of 'resident of the day' who would have their care reviewed, and any new admissions expected.

- The registered managers were aware of their responsibility to be honest with people when things went wrong.

Continuous learning and improving care; Working in partnership with others

- Other professionals involved with the service gave positive feedback, describing good communication with the managers and staff. One said, "The team at Forest Place are in regular communication throughout the week...from my observations, the management are always available and helpful when I require them or if any in house staff require support etc."

- The service had been responsive to issues raised by other professionals. For example, there was a concern around pressure on the service when they admitted people with complex needs. We were told, "[Registered manager] listened to our concerns about the situation and halted/slowed down admissions."

- People's care plans had evidence of multi-disciplinary team (MDT) involvement. We saw hospital letters had been scanned to the system. Nurses told us they contacted relevant professionals for assistance as required. A relative said, "A couple of weeks ago [person] had a water infection, they immediately got the doctor out, treated with anti-biotics and [they are] back to normal now."

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The service did not always support people to follow their interests or encourage them to take part in social activities relevant to their interests. Their care was often task-focused and did not consider their whole life needs.

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
Treatment of disease, disorder or injury	Systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) were not effective.

**The enforcement action we took:**

Warning notice