

Forest Edge Care Home Limited

Forest Edge

Inspection report

Southampton Road
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Southampton
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Tel: 02380813334

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22 February 2017

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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

The inspection took place on the 20 and 22 February 2017 and was unannounced.

Forest Edge is registered to provide accommodation and support for up to 32 older people who may also be living with dementia. On the day of our visit 32 people were living at the home. The home is located on the edge of the New Forest approximately four miles from Southampton. People's private bedrooms are on the ground and first floors. There is a passenger lift and stairs to the first floor. The home has a well maintained garden and patio area that people are actively encouraged to use.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

People's safety and wellbeing was promoted by staff. People were encouraged to raise any concerns about their safety. People were involved in decisions about keeping them safe.

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell of the strategies in place to keep people safe.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

People were encouraged to eat a varied and healthy diet. People's views and suggestions were sought about meals and these were used to plan the meals provided.

People's health was maintained. People saw a range of healthcare professionals as and when required.

People enjoyed positive relationships with staff. People were involved in decisions about their care. People were treated with dignity and respect and their privacy was maintained.

People's individual preferences were known by staff. Staff adapted to meet people's changing needs.

People's opinions, comments suggestions were valued and acted upon. Where complaints had been made, these had been investigated and action taken.

The registered manager had created a positive and inclusive atmosphere in which people's and staff's views mattered.

The registered manager and provider maintained oversight of the quality of care provided to people, and sought to continually improve this.

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 supported by staff trained in how to protect them from harm and abuse.

The risks associated with people's care and support needs had been assessed, recorded and managed.

The provider followed safe recruitment procedures. People's medicines were handled and administered safely.

Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills need to meet people's needs.

People's rights under the Mental Capacity Act 2005 were recognised and protected by the provider. People had the support they needed to eat and drink.

The provider supported people's access to healthcare services.

Is the service caring?

Good ●

The service was caring. The management team and staff took a caring approach towards their work with people.

People were supported to voice their opinions and their views were taken seriously.

People were treated with dignity and respect and their rights were protected.

Is the service responsive?

Good ●

The service was responsive. People's individual preferences and needs were known and respected by staff.

People's changing needs were responded to.

People's comments and suggestions were encouraged and acted upon. Complaints were investigated appropriately and used to improve the quality of care provided.

Is the service well-led?

The service was well-led. There was an inclusive atmosphere in which people, relatives and staff felt comfortable approaching the registered manager.

People were involved in decisions about how their home should be run.

The registered manager had established links with the local community and these were used to benefit people living at the home.

Forest Edge

Detailed findings

Background to this inspection

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

This inspection took place on the 20 and 22 February 2017 and was unannounced.

The inspection was carried out by one inspector.

Before our inspection we contacted two health and social care professionals and a GP in relation to the care provided at Forest Edge Care Home. During our inspection we spoke with four members of staff, the chef, the registered manager, deputy manager, nine people living at the home and two relatives.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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 looked at the provider's records. These included four staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment.

The provider completed 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.

We last inspected the home in October 2014 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I feel very safe living here. I've only been here a few months but I have settled in well and the staff are lovely". Another person said, "I feel secure here. I have no worries any more". Other people described how access to the call bell system and the conscientious and caring approach of staff contributed to their feelings of safety. People's relatives had confidence in staff's ability to ensure the safety and wellbeing of their family members. One relative said, "I've every confidence that the staff here keep my relative safe". Another relative told us, "We didn't want mum to come into a home but she was getting very frail at home. Knowing she is safely cared for here has changed both our lives". A GP told us, "The practice considers that the service provides high levels of safe, high quality and effective care".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. There were safeguarding policies and procedures in place, which provided staff with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. One member of staff told us, "If I suspected or witnessed anyone harming someone here I would have no hesitation in reporting it. I know the manager or deputy would take it seriously and do the right thing".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their individual needs. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. Staff provided care in a timely manner to people throughout our

inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

The registered manager had assessed the risks associated with each person's care and support needs. The care plans were developed to manage these risks and were kept under regular review. These plans took into account a range of factors, including the individual's physical and mental health, their mobility, any risks of falls and pressure care management. A GP told us, "Forest Edge manages risk appropriately. We have worked collectively on trying to reduce 111 calls together. On occasion, they can, quite rightly err on the side of caution when managing patients and do request advice or information about care".

Staff were aware of the guidance contained in people's risk assessments, and understood the need to follow this. For example, they safely supported people to eat, drink and move around the home. The registered manager had established robust procedures for sharing information on risks on a day-to-day basis. For example, handovers between staff during shift change over. Key information from these meetings was cascaded through the staff team.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was secured to the wall within a locked room. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines. A GP told us, "The home is good at regularly reviewing medication and drug queries for adjustments, adding and reducing as appropriate".

The registered manager had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow. Evacuation sledges were located and readily accessible on stairways and people living at the home had a Personal Emergency Evacuation Plan (PEEP) which instructed staff on the safest way to evacuate people in the event of an emergency. For example, in September 2016 the home was evacuated due to a fire in the laundry room. Staff at the home were praised by the Fire and Rescue service who said, "We would like to praise the staff at the home for their quick thinking and response in ensuring that all the staff and residents were removed from the building safely".

Is the service effective?

Our findings

People and their relatives told us staff had the necessary training and skills to provide effective care and support. One person told us, "Staff here know what they are doing". A relative said, "I am happy and confident that (person) receives the very best care for their condition". The health professionals we spoke with also made positive comments about the competence of the staff team. One health and social care professional told us, "Staff are really good at managing personal care". Another told us, "The care provided meets people's needs. Any instruction or advice we give around someone's care is carried out to the letter". Relatives we spoke with were also positive about the care people received and described this as "patient and supportive". Our observations of the care and support provided confirmed that staff worked in a confident and professional manner.

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in dementia awareness, end of life care and behaviours that challenge. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority. Staff told us that they received regular training. It was provided through on line training packages, external trainers and in-house, which included an assessment of staff's competency in each area.

People and their relatives told us the quality and variety of the food and drink on offer at the home was very good. One person told us, "The food is very good. If you suggest something, they (kitchen staff) will try to provide it." A relative said, "The food tastes beautiful, it is like at home." During our inspection, we observed staff supporting people at lunchtime. People were offered a choice of food and drink, and could request an alternative meal if they did not like what was on the menu. Lunch was a relaxed affair, there was lively conversation and people ate their meals with enthusiasm. Where people needed support from staff to eat or drink, this assistance was provided in an appropriate and discreet manner. People could choose where they preferred to eat lunch. Some opted to eat in their rooms, whilst most enjoyed having their meal in one of the two lounge areas. The home promoted healthy eating and encouraged people to have a balanced diet. Plenty of drinks and healthy snacks were available throughout the day with fresh fruit readily available.

Any risks associated with each person's nutrition and hydration had been assessed, with appropriate specialist input, and plans put in place to manage these. Some people had been seen by a speech and

language therapist and the outcomes of these assessments recorded. Staff we spoke with were aware of the practical support each person needed with eating and drinking on a day-to-day basis. Staff worked in accordance with the guidelines in place, as they assisted people to eat and drink during our inspection.

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. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection four people living at the home were subject to a DoLS which had been authorised by supervisory body (local authority). The home was complying with the conditions applied to the authorisation. The home had submitted a further nine applications which had yet to be authorised by the local authority. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used the Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act 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.

People's mental capacity had been assessed and taken into consideration when planning their care needs. A GP told us, "We work with the home to regularly update care plans for patients, which includes a review of mental capacity. The Practice has also undertaken dementia reviews on patients as part of review into their care".

The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate. A health and social care professional told us, "Consent and capacity is always considered and support sought from the community team if required".

People and their relatives felt that the management and staff team played a positive role in monitoring people's health and ensuring their day-to-day health needs were met. The provider supported people's access to healthcare services. Where required, staff assisted people to arrange or attend medical appointments and routine health check-ups. In the event that people were injured, in pain or unwell, the provider sought prompt medical advice and treatment. One person told us, "They get a doctor out if you complain about being poorly. I've had a doctor come to see me a couple of times, and very quickly too".

Is the service caring?

Our findings

People and their relatives praised the caring and compassionate approach adopted by the management team and staff. One person told us, "Being looked after by staff that care is magic." This person went on to say, "You can tell they (staff) care by the way they talk to you and help you, it's silly little things like that". Another person said, "Almost all of the carers are wonderful, they do make a big effort to make you happy." A health and social care professional told us, "I believe that the staff at Forest Edge do everything they can to deliver quality care to their residents and I have never witnessed anything different when I have visited the home".

Staff cared for people in a relaxed, warm and friendly manner. Non care staff who worked in the home such as kitchen and domestic staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

People said staff treated them with dignity and respect. One person told us, "There's no question about that. I am always spoken to and cared for in a dignified way". Staff we spoke with understood the need to respect people's privacy, dignity and human rights. They described some of the practical ways they put this understanding into practice on a day-to-day basis. This included respecting people's wishes, promoting their independence and protecting people's modesty during personal care. The provider had implemented procedures to protect people's personal information. Staff understood the importance of confidentiality at work. One staff member told us, "We don't discuss residents in front of other residents or outside of the home".

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. A relative said: "I know mum can't do much for herself anymore but it is good to see the staff trying to get her up on her feet and walking around a bit".

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain

in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one.

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We are pretty involved so we get plenty of notice if anything is going to change". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

The service had received many compliments from people relatives and health care professionals. For example, one health and social care professional had written, "I visited your home to see a patient this evening. I was very impressed with X (member of staff). She did everything she could to assist us and the patient, more than she had to". Another health and social care professional had stated, "I can say without fear of contradiction that I would without hesitation recommend your home to anyone in need of care". A relative's thank you card stated, "We wanted the best care for our mum and with all your care and hard work we achieved it" and "I wanted to let you know that mums birthday tea with the family was a brilliant success....she was definitely the "queen bee".

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. "One person told us, "I've been really pleased with my decision to move here". Another told us, "Nothing is too much trouble. I only have to ask and they (staff) oblige". A relative told us, "The home responds well to (persons) needs. I did worry at first when they came to live here about how it would all work out but the home has been very good, I can't fault them". One health and social care professional told us, "Forest Edge work well with individuals and support people to remain as independent as possible even with the most severe physical limitations and cognitive impairments".

The registered manager told us that before people moved into the home, a pre-admission assessment was carried out. The registered manager told us how important this process was, both in terms of ensuring the home could meet people's needs but also, ensuring people's preferences were captured. People told us staff understood their individual needs and preferences, and that these could change. One person told us, "There is an understanding of our needs and an understanding of all of us as individuals, our personalities, likes and dislikes". Another person told us, "When I first moved here, I was asked what I wanted. But the good thing is, they understand that people change their minds. I could change my mind about how I want things done at any time, and they would do as I ask". This was reflected in what other people told us. For example, another person we spoke with told us the timing of their morning personal care routine had been altered, at their request, to better suit their needs.

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "The home reviews the care plans regularly and we are always invited and updated on how (person) is doing". Another relative told us how their family member's general wellbeing had improved since they had moved to the home because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs.

People and relatives told us that the service they received was flexible and based on the care and support they wanted. One relative said: "I am pretty much always here so I know they do a good job. They look after mum well and they do everything they need to do to make sure she is looked after well".

People took part in various activities which were arranged daily. Activities included music, bingo, painting, film afternoons and visiting musicians. On the first Sunday in the month the home also held an interdenominational church service at the home with a local church. People told us the activities were usually well attended and if they didn't want to take part in a specific activity their decision was respected. One person told us, "There is a list on the wall of what we are doing but if we fancy something different we change it". Another person said, "Sometimes I just like to sit in the conservatory and watch the wildlife in the garden". A further person added, "There is always something going on so we never get bored".

The provider kept a complaints record. People and relatives told us they knew how and who to raise a

concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager, deputy manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. There had been no formal complaints since our last inspection. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One relative said: "I don't need to complain about anything, I have mentioned a few minor issues but to be fair they have always been swiftly addressed by the home so I have never had to make anything official".

Is the service well-led?

Our findings

People and relatives we spoke with were positive about the registered manager and the running of the home. All told us the registered manager was 'hands on' and spent time with people. One person told us, "We are told by the manager at each resident's meeting, don't wait for the meeting, come and speak to us at any time if you have any concerns at all". They told us the management team were approachable and the home was well-managed, with a "calm and pleasant atmosphere". Another person told us the management team did a "good job", and they could approach them with any issues. A relative we spoke with told us, "I know the (registered) manager. They are very nice to the family. Very approachable, and I can go to them with any concerns". Another relative told us, "I can approach the manager at any time. He always has time to speak with us and tell us how (person) is doing". A health and social care professional told us, "The registered manager and deputy work with the community team well and have built good relationships with the team. All staff when I have visited have been welcoming and exhibited kind caring qualities towards the residents. All residents I have spoken with in the service have been happy and content in their placement".

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager and deputy manager who both understood the aims of the service. Staff told us the morale was good and they were kept informed about matters that affected the service.

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way and we saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us they felt supported by the registered manager and provider and they enjoyed working in the home.

Residents meetings were held regularly to gather their feedback about the service. We looked at the minutes of the last two meetings in October and November 2016. Topics discussed for example were, food menus, activities, housekeeping and laundry. Meetings were generally well attended. One person told us, "We have these meetings which are really good but we don't have to wait for a formal meeting to raise any issues. The manager is very approachable and his door is always open". Another person told us, "I really enjoy the meetings, they are light hearted but everything is taken seriously and documented".

Feedback from relatives were equally complimentary. We looked at 14 completed family questionnaires that had been returned in December 2016. Comments included, "Brilliant. Best home around". "Mum is very happy here and the staff members are good to her". "Well staffed. All staff are friendly, helpful and courteous to residents and visitors" and "I feel that communication with the home about my relative is excellent".

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records For November 2016 and January 2017 which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

The provider carried out a range of monthly audits. We looked at the provider visit records for December 2016 and January 2017. Quality assurance measures were used to highlight any issues, as well as the underlying cause, and take the necessary steps to prevent a reoccurrence. The provider engaged with people and staff to obtain feedback on the delivery of care and support provided at the home and undertook regular a reviews of, care plans, accident and incident reports, medication and fire safety. Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

The registered manager had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our on-going monitoring of services.