

Hampshire County Council

Forest Court Nursing Home

Inspection report

Forest Way
Tatchbury Mount, Calmore
Southampton
Hampshire
SO40 2PZ

Tel: 02380664770

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Forest Court Nursing Home is a nursing home that also provides short term care for up to 4 weeks to promote the delivery of the Discharge to Assess process. This provides people who have recovered from a hospital stay, no longer needing an acute bed with appropriate care and assessment to enable them to return home or find suitable ongoing care. A number of beds were also provided to people too unwell to be cared for at home but not unwell enough for hospital admission, 'step up' beds and was providing nursing and personal care to 68 people at the time of our inspection. The service can support up to 80 people.

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

People enjoyed living at the service and felt safe. However, improvements were required in some areas. Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, we did find that more robust procedures for checking full employment histories were required.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed. However, we found some concerns in relation to recording when prescribed creams had been applied. The service has since put in measures to improve medicines.

The risks to people were minimized through risk assessments. However, some improvements would benefit people living with diabetes. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe. Staff knew people well and treated people with kindness and compassion. The home was clean, and measures were in place for infection prevention and control

There were effective systems in place to monitor and improve the quality of the service provided. Staff felt supported by management and enjoyed working at the service. The provider had an open and honest approach to care delivery and reported accidents and incidents and informed those involved as necessary. However, improvements were required in sending in notifications.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 07 January 2022). 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 improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Forest Court 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.

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

Three inspectors carried out the inspection with the support of a registered nurse 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 Court 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 Court 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 was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 spoke with 6 people and 6 relatives who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, service manager, deputy clinical leads, maintenance manager, registered nurses, family liaison support and a health care professional.

We reviewed a range of records. These included 6 people's care records and multiple medication records. We looked at 7 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 reviewed.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 4 relatives and 14 staff members. We also received feedback from 4 health and care professionals.

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 has remained 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.

Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives felt there were enough staff to meet people's needs. One person told us, "Everyone says there are never enough staff in care homes. It's an ongoing national issue. The staff they have manage the place perfectly. I am never left too long needing help." One relative told us, "I thought there was more than enough staff. There was always someone in the corridor, nurse, ancillary etc. There was always 1 or 2. No concerns at all."
- There were sufficient staff deployed to meet people's needs at Forest Court. Up to 2 registered nurses oversaw the care of up to 20 people, and care assistants delivered personal care. There were up to 5 care assistants deployed to each of the 'wards'. In addition, family liaison staff supported individual and group activities and ensured people had contact with friends and family.
- The provider had experienced difficulties in providing sufficient staffing and recruiting to posts and regularly used an agency. The provider block booked agency staff for 6 months, after which, if the staff member and provider agreed, they would progress into a permanent role.
- Extensive work had been done to ensure agency staff new to the service were well supported. Staff had to sign off areas of competence which were discreetly checked by the clinical leads and a handbook was provided with flow chart diagrams to simply explain day and night routines and events such as admission and discharge of people. This gave a check list for those staff less familiar with routines to ensure all essential tasks were completed.
- Recruitment was also underway for companion staff to support people with well-being and comfort.
- We looked at 7 recruitment files for staff recruited after our last inspection. We found most required pre-employment checks had been completed including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We saw in 4 of 7 files checked there were varying amounts of employment histories missing. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that 'A full employment history, together with a satisfactory written explanation of any gaps in employment' must be provided.

- We spoke with the registered manager who reviewed additional recruitment documents held in an online system but the histories were not found and it was not clear if they had ever been reviewed. We asked the registered manager to obtain the missing employment histories which they did before we returned for the 2nd inspection day. They were also contacting all employed staff to request full employment histories to add to recruitment files to ensure all were compliant.

Assessing risk, safety monitoring and management

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people.
- Some people were living with diabetes and had care plans to support this. However, we found there was no information to support staff on how to manage this if the person became unwell. We spoke to the registered manager and clinical staff and were shown comprehensive training and were told more information would be added to records across all the provider's homes following this inspection.
- There were a range of risk assessments completed to promote safety in the premises. These included the use of equipment such as the 'fogger' machine, use of step ladders and disposal of waste. Risk assessments had identified risks and included actions to take to mitigate risks.
- Additional risk assessments had been completed by external experts or contractors. The Fire Service had assessed risks in the premises and a contractor had assessed water hygiene risks and identified actions needed to improve safety and minimise the risks of legionella and other water born bacteria developing in the system.
- When we inspected there had been a small amount of legionella bacteria in an area of the water system at Forest Court. This was isolated to one area and actions including increased flushing of the outlets and retesting had been recommended by the contractor. A second test had found legionella was still present in the system so the affected area had been deep cleaned and sanitised as per the contractor's recommendation. Additional testing would assess if this had been a success.
- There was a well-established maintenance team who responded quickly to requests for works either by contacting relevant contractors or completing them in-house.
- We saw records of checks and servicing of all equipment including hoists, passenger lifts and hospital style beds. Additional in-house checks of items such as wheelchairs and walking aids ensured required maintenance was completed.

Using medicines safely

- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Guidelines were in place for when 'as required' (PRN) medicines should be given.
- Topical medicines administration records were in place. However, we found gaps in some records so could not be assured these were always applied as directed. We spoke to the registered manager and clinical staff about our concerns and action was taken to ensure more robust procedures were put in place.
- People were happy with their medicine's management. One person told us, "All on time. No issue. All the right tablets, never missed any dose." However, one relative told us when visiting the service, a registered nurse had left the medicines trolley unlocked and unattended. The provider had investigated and put in measures to prevent reoccurrence.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- People's allergy information was recorded in the care plans and medicines administration records.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us, "Generally, I feel safe. There is a lovely atmosphere." A relative told us, "Very safe. The overall professionalism of everyone there." Another relative said, "I know mum is taken care of in the important way that I know she is safe."
- People were cared for by staff who had completed training in safeguarding. When we inspected, over 80% of staff had completed or refreshed their training. Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We observed staff seeking consent from people before providing care and support.
- Staff had been trained in the MCA and DoLS and supported people to make day-to-day choices and decisions.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The service had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

Preventing and controlling infection

- The premises were very clean and there were no malodours. General assistants, working as domestic and laundry assistants were deployed to complete daily, weekly and less frequent tasks, all detailed in cleaning schedules. One person told us, "Very much so. My room is cleaned every day sometimes twice a day. Nothing is a problem. It always smells clean. They Hoover 2 times a day and use dustpan and brush when necessary." A relative said, "Definitely clean and hygienic as far as I could tell. Well presented, bright and colour the walls were painted were pleasant."
- The deep cleaning process when a room was vacated was completed very well. The rooms were fogged then deep cleaned. Mattresses were cleaned and once completed, rooms were locked and labelled as ready for admission. People were admitted to Forest Court for up to 4 weeks so rooms were deep cleaned regularly.
- Outbreaks of infection were managed effectively. People were cared for in their rooms, staff worked in a single area of the service and whole service testing monitored the situation and enabled isolation to be for minimal periods.
- A clinical lead was passionate about infection prevention and control and told us it was essential to 'break the chain of infection'. This was achieved through good hygiene, use of personal protective equipment (PPE), staff training and effective monitoring.

- 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.

Visiting in care homes

- The provider was enabling visiting to the service in line with current government guidance. They spoke with visitors on arrival and checked they were well and visits took place in people's rooms to minimise the risks to others.

Learning lessons when things go wrong

- Accidents and incidents were reviewed each month by the clinical leads. They audited all incidents using electronic care records and analysed what had occurred. For example, if a person had experienced several falls, they would note this, ensure the information was shared amongst the team and would take actions to minimise future reoccurrences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to consistently treat people with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People we spoke with told us all the staff treated them with respect. One person told us, "They treat me with dignity and respect my privacy." Another person said, "I never feel rushed. They let me do things in my own time. They let me do things for myself in my own way. Which allows me to maintain my own independence." A relative told us, "It has been exceptional. I feel blessed to have mum there. The whole team including receptionist are kind, compassionate, treat mum and all with dignity and respect."
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. One staff member told us, "I make sure I knock on the door and get permission before I enter the room, gain consent before any intervention, close the door and curtain if necessary. If support with personal care I make sure I cover the personal areas, encourage the resident to be independent with any care if they can, support to build up their confidence."
- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves. One staff member told us, "I would be happy for a family member to stay at Forest Court. I believe that they would be treated with respect, care, understanding and compassion, in a person centred environment that would encourage their recovery, independence and rehabilitation."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person told us, "The staff are amazing. I can have a good laugh and they get to know you very quickly. Male or female they are all very caring people." A relative told us, "Very caring and kind. I was watching staff with a resident yesterday. They bend over and speak to them properly. I have never come across a person who is not nice." Another relative said, "He wanted to shake every one's hand when he left. He was so thankful for the care he was given."
- Staff demonstrated detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining

eye contact.

- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about their care. One relative told us, "I was impressed when I went in one day, on his wall they had a lovely photo of him and the name he preferred to be called. It gave information of the things important to him including his likes and dislikes. I was impressed with how it was done; it was attractive. I was delighted they sent this with him when he went to the new care home. When I went to the new care home, they knew who I was."
- People's care records included information about their personal circumstances and how they wished to be supported.

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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At our last inspection the provider had failed to ensure systems and processes were in driving improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, relatives had concerns about communication due to the telephone systems in place. The service had implemented the use of mobile phones within each unit to support communication with relatives. This was given to relatives as part of the admission process.
- The provider sought feedback from people or their relatives using a quality assurance survey. There was a QR code available in reception and on leaflets that people could scan on their phones and it would take them direct to an ongoing survey to feedback on the quality of care provided. Results of these were then shared within the home, displayed in reception with a 'you said we did board'. Results viewed were positive. However, relatives felt the laundry could be improved as some items went missing.
- Staff were supported by team meetings and daily clinical handovers to ensure any outstanding actions were followed up. Staff meetings were an open forum amongst staff and were usually held to discuss concerns about people who used the service and to share best practice.
- The service worked in partnership. One health professional told us, "Outcomes for individuals moving through the short-term service are excellent and the team regularly collaborate with NHS community teams. If they have a concern in relation to a gap in support for an individual's health, they will raise it and seek guidance and actively problem solve. We have had recent examples of this in relation to diabetes support for an individual returning home, where Forest Court and social care staff collaboratively sought a health-based solution for an individual that enabled them to go home in a safe way."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were happy with the management. One relative told us, "The manager is really approachable. It helps having the office at the front door. He is never too busy to speak to you. He is very visible and I have seen him across the unit. The manager role models what he expects from the staff. He talks about mum like

he knows her really well even though he has 80 other people. I know this is because the leadership team talk to each other regularly. They always communicate well with me."

- Staff felt supported by the registered manager. One staff member told us, "The manager is very understanding and I know I can go and speak to him about anything work related or more private issues." Other comments included, "[registered manager's name] is a very good manager (one of the best we've had). I find him approachable and fair and trust him to follow up any concerns I've got," "The team is well lead by our home manager, he is very professional and approachable. I love working here as it is a very good team and a great place to work."
- Health care professionals praised the management. A health care professional told us, "I feel there is strong management support from both senior and operational staff."
- The registered manager won an award last year for 'outstanding leadership making a difference' voted for by the staff. The domestic staff also received a team award.
- The provider had an effective quality assurance process to ensure the service was safe. There were a number of systems and processes in place for monitoring the quality and safety of care provided. These included audits of medicines, environment, infection control, falls, accidents and incidents and health and safety.

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

- People were happy with the service. One person told us, "I think the home is run really nicely. I don't think it can be run any better. It is very well done." A relative told us, "The core thing for me professional, organised and everyone knew their role. They do a brilliant job in difficult circumstances. For my father-in-law, I couldn't wish for better care." Another relative said, "I was impressed with the receptionist who was friendly and seem to remember me which is nice as they must have lots of people coming in."
- During the inspection we saw many lovely interactions with people and staff and it was clear staff knew people well and wanted the best for them. One person told us, "Just being polite. Even when they move around the home. They always come up to me and say Hi. Even when they are not working with me on that day. It is just really pleasant."
- A health care professional told us, "Understand, implement and wholeheartedly support the principles and visions of reablement and enablement. They understand that every interaction is an opportunity to engage and support someone to enable themselves to do something for themselves, however small. And that small actions may mean something far bigger to the individual. I believe they excel at individualised care and support and seeing the person as an individual who is an expert in their own world, as a person with lived experience."

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 notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. However, we found some complaints have been set up as abuse concerns to the local authority safeguarding team. We were not informed of these as part of their registration. When reviewing we could see some of these were complaints that we did not need to be informed about but others we should have been informed about.
- We spoke to the registered manager said, "In respect of the CQC notifications we are clear that we do submit notifications for all serious injuries, DOLS, Deaths, Sexual Abuse, theft, neglect, acts of omission. However, as these came in via our complaints pathway we investigated and completed a thorough investigation which we fed back to Adult Services. We understand that we did not notify CQC as they were dealt with under our complaints process and procedures. We understand now that we should have notified CQC and we will in future ensure that we raise CQC notifications in such circumstances."

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. One relative told us, "The quality, genuine compassion of staff to all family members regardless of challenges. They are open and transparent which is exceptional. If things happen, they are open about it. I am really happy to have the opportunity to say how I feel. They are exceptional."