

Royal Bay Care Homes Ltd

Forest Hill House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This focussed inspection took place on 6 and 7 December 2018 and was unannounced. Following a comprehensive inspection in May 2018 we rated the service as good overall with no breaches of legal requirements. This shorter inspection was carried out due to concerns that were raised with us.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At our previous inspection in May 2018 we made a recommendation regarding the systems for oversight of medicine administration. At this inspection we found some additional shortfalls in the management and administration of medicines, and have made a recommendation regarding the safe management of medicines.

We have made a recommendation that the service notifies CQC of all required notifications as required by the regulations.

We found some shortfalls in risks to people regarding some aspects of the premises. This was a breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

We identified shortfalls in the provider's governance, audit process and quality monitoring systems. Quality assurance systems were in place to monitor the quality of the service but had not identified all the issues found at inspection. This was a breach of the regulation. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager and management team responded constructively to issues raised and stated the required improvements would be actioned as soon as possible.

Forest Hill House Nursing Home is registered to provide accommodation, nursing care and support for up to 36 older people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Forest Hill Nursing Home offers accommodation over three floors with lift access to each floor. People had access to bright, comfortable communal lounge and dining areas, a conservatory and accessible garden and outside space for people to enjoy in the warmer months. At the time of our inspection there were 22 people living at the home.

There was a registered manager in post. 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.

Immediately prior to this inspection we received information of concern regarding the risk people were not receiving appropriate safe care and support. We reviewed this information and carried out an inspection focussing on the questions, is the service safe? And is the service well led?

People told us they were well cared for and said they felt safe living at the home. Staff were aware of what constituted abuse and the actions they should take if they suspected abuse. Relevant checks were undertaken before new staff started working at the service which ensured they were safe to work with vulnerable adults.

There were sufficient numbers of appropriately qualified staff available to ensure people were cared and supported safely. Staff had the right skills and training to support people appropriately, and were supported to develop their training further if they wished. There was a programme of training that covered all core training requirements as well as additional training courses that staff may require for further development.

Staff spoke knowledgeably regarding infection control procedures and ensured people were protected from the risk of cross contamination.

Staff created a calm, friendly, professional atmosphere which resulted in an open and honest culture in the home. Staff told us they felt well supported and said the management team and colleagues were always available for additional guidance and support. New staff felt welcomed and supported when they started working at Forest Hill House Nursing Home.

The provider sought regular feedback from people, relatives and staff. People felt listened to and action was taken if required. Relatives told us they were made to feel welcome at any time and felt fully involved and consulted in the care of their relative.

The service had established links with the local community through regular visits by local ministers, schools and toddler groups regularly visiting the home and providing entertainment and activities for people to take part in if they wished.

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 safe in all respects.

Some aspects of premises safety required improvement.

Some aspects of medicine storage, stock control and administration required improvement.

Staff were safely recruited and there were enough staff to make sure people received the care and support they needed.

Requires Improvement ●

Is the service well-led?

The service was well led but required further improvements.

Governance was not always effective, as the provider's quality assurance systems had not identified all the issues we found at inspection.

The service had an open, supportive, positive culture.

Requires Improvement ●

Forest Hill House Nursing Home

Detailed findings

Background to this inspection

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

This focussed inspection took place on 6 and 7 December 2018 and was unannounced. On the first day the inspection team comprised of one CQC inspector. The second day of the inspection was carried out by a CQC inspector and a specialist nurse advisor.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. The information shared with CQC indicated people may be at risk of not receiving appropriate care and support. This inspection examined those risks as well as reviewing the providers systems and processes for ensuring the service ensured people received timely on going healthcare treatment and support.

Before the inspection we reviewed the information we held about the service, this included information about incidents the provider had notified us of. We did not have access to information from an up to date Provider Information Return (PIR) because the inspection was carried out in response to concerns. A PIR is information we require providers to send us at least annually to give key information about the service, what the service does well and improvements they plan to make. We were able to gather the information we required during our visit. We also asked the local authority for their views on the care and service given by the home.

During the inspection we met most of the people living at Forest Hill House Nursing Home and spoke with those who wished to speak with us. We spoke with the registered manager, the clinical director, the compliance officer and five members of care staff and three visiting relatives.

We observed how people were supported and looked at four people's care, treatment and support records in depth. We reviewed the medication administration records and medicine systems. We also looked at records relating to the management of the service including staffing rotas, staff recruitment records, premises maintenance records, accident and incident information, policies and audits, quality assurance systems and staff and resident meeting minutes.

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service on 8 and 9 May 2018 at which the service was rated Good overall. Recently we received information of concern relating to the safe care and treatment of an individual. As a result, we undertook a focussed inspection to investigate these concerns. No risks or concerns were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity, so we did not inspect them. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Forest Hill House Nursing Home on our website at www.cqc.org.uk.

We asked people if they felt safe living at Forest Hill House Nursing Home. People replied, "Oh yes of course" and "Absolutely". One relative told us, "There are always plenty of staff here, and [person] is 100% safe. We are generally very happy with everything." Another relative told us, "This has been wonderful care for [person]. She has everything she needs and is certainly safe. She would say if she was not happy...I feel the staff are all trained well and to the right level to make it safe."

We completed a walk round of the premises. We found all the free-standing wardrobes were not secured to the wall. This presented a risk to people's health as unsecured wardrobes can topple onto people. Second and third floor windows had chains attached to them to prevent them opening too wide, however many of these chains were broken, unsecured or missing. This meant people's health could be at risk from falling from unsecured windows.

Several people had denture cleaning tablets on show in their bathrooms and bedrooms. These tablets can become a severe risk to people if accidentally ingested. People living with dementia are at risk from accidentally ingesting these tablets thinking they are edible. Current guidance recommends denture tablets are stored safely out of sight to prevent the risk of accidentally ingesting these.

The premises had two types of radiators. One type had wooden covers which kept people safe from scalding risks. The storage type of radiator was unable to be covered and some were hot to the touch and could pose a scalding risk to people if they fell up against them. Risk assessments had not been completed on the storage radiators.

These shortfalls were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because risks to people's health and safety whilst receiving care had not been properly assessed and action had not been taken to mitigate any such risks.

There was a system in place to ensure equipment was regularly serviced. There were up to date service certificates for electric portable appliance testing, gas safety, emergency lighting, fire alarms, fire extinguishers, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. A full water system check including legionella testing had been completed and the premises were free from legionella. Legionella are water borne bacteria that can be harmful to health.

The provider had made arrangements to deal with emergencies. People had Personal Emergency Evacuation Plans (PEEPs) which were available throughout the premises to ensure quick retrieval if needed. Staff knew people well and explained how they would safely evacuate each person in the event of an emergency.

At the last inspection, completed in May 2018 we made a recommendation for the service to consider good practice guidance around the oversight of safe medicines management. We had found one person had not received their pain medicine on two occasions. At this inspection we reviewed people's medicine administration records (MARs) and found two occasions where a medicine had been signed for as given but had not been given to the person. We discussed our findings with staff who spoke knowledgeably about the providers procedure for recording medicine errors but we noted this process had not been followed in this case. This medicine error had not been highlighted by the providers systems.

We highlighted six occasions where there were minor discrepancies with medicines that staff were offering medicines to people on an as needed 'PRN' basis, when the medicine had been prescribed regularly not as 'PRN'. For some of these people staff had signed the 'PRN' form for giving this medicine but had not signed and dated the MAR. We discussed this with the registered manager who told us they would discuss this issue with all staff and ensure the correct procedure was followed.

One person had a lunchtime visit with friends. This meant they were not able to take their medicine that was due at noon. Staff told us this person received their medicine when they returned to the home later that afternoon. We discussed this with the nurse on duty who told us she was not aware of the services policy with regard to ensuring people have their medicine when they leave the home for excursions or activities. We checked the providers medicine policy but could not find any reference to managing people's medicines when they were leaving the home for short periods of time.

We checked the storage and stock of medicines. Some medicines had large amounts of excess stock in storage. For one of these medicines the stock had not been correctly carried forward and recorded in the MARs.

We recommend that the provider reviews their medicine administration, medicine stock control and protocols for managing medicines when people are away from the home to ensure safe administration of medicines at all times.

Immediately following the inspection the registered manager told us the service would soon be moving to an electronic medicine management system that would ensure medicine errors would be reduced and stock control would be more effective.

Temperatures of the medicine room were checked and recorded each day. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded. Most people were able to tell staff if they needed pain relief. If people were unable to verbalise their pain levels, staff used an independent pain management tool to advise them if they needed additional pain relief. Some people were prescribed creams that were administered by staff. There was a system of body maps in use to ensure people's prescribed creams would be applied correctly. Creams were marked with the date they had been opened which helped staff ensure they remained safe and effective to use.

Staff who administered medicines to people had received training in medication administration and had regular medicine competency checks. There was a photograph at the front of each person's medicines administration records (MAR) to assist staff in correctly identifying people.

Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw anti-bacterial hand gels were readily available for all people to use throughout the premises. Staff received infection control training and explained what infection control and prevention meant to them.

One person told us, "The staff come in regularly with medication and a drop of water. They will give you extra pain relief if you need it. They come fairly quickly. I'm able to use the call bell and they come in good time. Staff are in and out, they are very good staff, very nice people."

Staff spoke knowledgeably about the procedure for reporting allegations of abuse. They were aware of the provider's policy for safeguarding people, which included relevant contact details for the local authority. Staff had completed their safeguarding adults training courses and received refresher training when required. Up to date safeguarding information was clearly displayed for staff and people around the home.

People had their needs assessed for areas of risk such as mobility, malnutrition, moving and handling and pressure area care. The provider used a range of independent tools to assess people's risks in these areas. Systems had been implemented to ensure people were cared for safely. These included risks relating to people's food and fluid intake, mobility and falls, diabetes management and the risk of developing skin damage. Where people were at risk of malnutrition or dehydration, staff completed clear records for them, which showed how much the person had eaten and drunk at each meal and during the day. If needed people's care records included a target for their fluid intake which allowed staff to monitor easily the amount people were drinking. This system would alert staff to when people were at risk of becoming dehydrated and ensure preventative action could be taken to maintain their health.

If people were at risk of malnutrition, action had been taken to ensure these people received fortified or high calorie meals and staff spent time encouraging them to eat their meals. People had been referred to the appropriate health specialist for advice and guidance, which staff had followed. Staff spoke knowledgeably about how these people preferred to be cared for and how they encouraged them to eat and what foods they particularly liked. Staff were giving pro active care and support to ensure their nutrition and hydration was maintained at a safe level.

For people who were at risk of skin damage, air and pressure mattresses were in use with the settings at the correct level for their weight. Staff checked mattress regularly to ensure the mattresses remained effective and safe for people. People were re-positioned at regular intervals in accordance with their care plan, to maintain their skin integrity. People were sat on pressure cushions and breathable slings if they required them; this helped to ensure their health and safety and reduce the risk of skin damage.

Some people had diabetes. There were clear care plans for staff to follow to ensure they received appropriate care. For people who had catheters in place there were clear catheter management plans that gave staff detailed guidance on how to care for each individual and how they preferred their support to be given.

There were enough staff available to ensure people received safe, individualised care that promoted and maintained their well being. People, relatives and staff confirmed there were enough staff available on each shift to allow them to care for people and meet their needs safely. We checked staff rotas, which confirmed the levels of staff employed on each shift were at a safe level.

There were clear recruitment systems to ensure staff were recruited safely. Before staff were employed at the home the required employment checks had been carried out to make sure staff were suitable for their role. These checks included; a photograph of the member of staff, proof of their identity, employment references,

a health declaration, full employment history and a check with the Disclosure and Barring Service to make sure staff were suitable to work with people in a care setting.

The manager was able to tell us how the management and staff team learnt and made improvements when things had gone wrong. For example, putting in place alarm mats for people so that staff were aware when people were mobilising so they could be with them to support them and prevent them falling. Accidents and incidents were documented and reviewed each month by the registered manager, however although learning from incidents was discussed with staff and actions implemented, the actions taken were not always documented. We discussed this with the registered manager who said they would ensure documentation would be completed more consistently in the future.

Is the service well-led?

Our findings

We carried out an unannounced comprehensive inspection of this service on 8 and 9 May 2018 at which the service was rated Good overall. Recently we received information of concern relating to the safe care and treatment of an individual. As a result we undertook a focussed inspection to investigate these concerns. No risks or concerns were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity, so we did not inspect them. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Forest Hill House Nursing Home on our website at www.cqc.org.uk.

The provider had a system of audits that were completed monthly to ensure they had clear oversight of the running of the home and as a tool to drive forward improvement and review the quality of the service given to people. Audits were completed for infection control, health and safety, equipment testing and fire procedures, risk areas on people known as 'harm free audit', people's weight and risk of malnutrition, skin integrity, end of life care, safeguarding and people's care plans.

We reviewed these audits which had basic action plans completed if action had been required to correct any weaknesses. The care plan action plan for May 2018 stated care plan completion was poor. The action recorded was a meeting to be held with the RGN's to address concerns and set targets for all care plans. Following the inspection the provider forwarded the August 2018 care plan audit and meeting minutes dated 21 June 2018. The meeting minutes showed detailed discussions had taken place between the RGN's and the registered manager regarding timely completion of care plans. The care plan audit for August 2018 showed care plan completion was much improved and would continue to be monitored.

The audits undertaken had not highlighted any of the issues identified in the safe section of this report. We discussed our findings with the registered manager and the clinical director who told us corrective action would be taken as soon as possible.

The shortfalls in assessing and monitoring and improving the safety of the service were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The previous CQC report and rating was displayed in the communal area of the home as required by the regulations. We reviewed the notifications the service had sent in to CQC as required by the regulations. We observed the service had not sent in any notifications relating to possible safeguarding concerns in the previous year. In a service that accommodates and cares for people with dementia we would expect to see safeguarding concern notifications raised. We discussed our findings with the registered manager who confirmed their knowledge regarding the process and stated appropriate action had been taken to ensure people were kept safe and free from possible abuse. They confirmed they would ensure any future safeguarding incidents would be notified as required to CQC.

We recommend the service notifies CQC of all required notifications as required by the regulations.

People and relatives told us they felt the service was well led with a clear management structure and praised the management team and care staff. One relative said, "The carers are excellent. That's what you come here for, the care is so good. The atmosphere is friendly and they act on any issues straightaway. They are approachable and all the staff are trained to the right level. Staff act quietly, calmly and with dignity which is so important." Another relative told us, "They do everything well. They are all very kind, very caring and have a good sense of humour. They make sure [person] gets to do what she likes when she likes. We are very happy."

One person told us, "I have a lovely room and outlook. I know what's going on and I know who to speak to if I have a problem...they listen to me. They do everything really well...all of it all together they are very good." Another person said, "The staff are lovely and really friendly. They look after me well. If I need them they are right there, no problem."

Staff told us they felt very well supported in their roles and there was always someone they could go to for additional advice and guidance if they needed it. One member of staff told us, "It's hard work but very rewarding. I really enjoy it. Management are very approachable and they always listen to you. I feel valued, the staff appreciation week was a really nice thought." Another member of staff said, "People have made me very welcome I really enjoy it. Communication is good, meetings and handovers tell me what I need to know. It such a friendly, homely place."

People, relatives and staff described the culture of the home as, "Friendly, homely, supportive and caring". People and relatives told us they felt the home was led in an open and honest way and said they felt any concerns or queries they may have would be listened to and dealt with as soon as possible. There were good communication systems within the home. Staff told us they enjoyed their work and gave positive views about the regular meetings that were held and told us they felt fully supported in all aspects of their role. They told us the meetings were effective and provided useful information and a chance for them to discuss any ideas or suggestions for improvements they may have. All staff told us they felt comfortable to raise any issues or concerns at a meeting and felt they would be respected and listened to by the management team and their colleagues. Minutes of staff meetings were detailed and made available for all staff which ensured staff could keep up to date with the day to day running of the home.

The registered manager had suggested the provider ran a staff appreciation week in October. The provider had agreed and staff told us they had really enjoyed the event which gave them a variety of small treats each day. Staff told us they felt valued and appreciated in their role.

The registered manager told us they were looking into scheduling spot checks at night. A programme of observations and staff supervision was in place and staff told us they were encouraged and supported to participate in developmental training courses if they wished. The registered manager completed a monthly newsletter for staff and staff also had a mobile phone application as an extra communication method between themselves.

Handovers were detailed and completed at the start and end of each shift and staff were knowledgeable about people's changing health needs. This ensured staff were kept up to date with changes to people's care and support.

A staff suggestion box had been implemented to allow staff to share their thoughts. Views of people and their relatives were listened to and acted upon. The registered manager and staff spoke of a variety of instances where people had put forward suggestions which had been implemented. These covered installing a coat rack to changing the conservatory into a sensory activity area for all people to enjoy.

The service had established links with the local community. The service had established links with the local church, and both the nursery and primary schools. The registered manager told us they were looking to set up a pastoral relatives' outreach group to offer a variety of support to relatives.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risks to people's health and safety whilst receiving care had not been properly assessed and action had not been taken to mitigate any such risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not always been effective in monitoring the quality and safety of services provided.