English Care Limited

Lady Forester Community Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Lady Forester Community Nursing Home is a 'care home'. 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. The provider also provided personal care only (domiciliary care) to people in the ten one bedroomed apartments adjacent to the nursing home called Forester Court.

At this unannounced inspection on the 30 and 31 August 2018 they were providing nursing and accommodation to 25 people and personal care to a further six people.

Lady Forester Community Nursing Home had a registered manager in place but they were not present during this inspection's site visit owing to pre-arranged annual leave. 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. The registered manager was supported day to day by a manager who was present throughout this inspection.

Following our last inspection in October 2015 we published our report in December 2015. At that inspection we rated Lady Forester Community Nursing Home as 'Good' overall. However, we identified areas of improvement were needed to be made in the relation to the key question 'Responsive'. Improvements were needed to be made in relation to engaging people in activities.

At this inspection, we identified three breaches of regulations. These were in relation to; lack of person centred care planning, failure to make the required notifications and ineffective quality monitoring and governance. In addition, we found other areas that required improvement.

People did not have up to date care and support plans that reflected their needs and preferences. The provider had failed to make the necessary notifications that they are required to do so by Law. The provider's quality monitoring systems were not sufficient enough to identify and make improvements when they were needed.

People and staff members sometimes felt that they were rushed and that there was not enough time to spend positively interacting with those receiving care and support.

People could not be assured that their rights were upheld in relation to the Mental Capacity Act 2005 (MCA) as the provider did not follow recognised best practice when assessing people's needs.

When needed people had individual assessments of risk based on their medical needs. However, some of these assessments incorrectly calculated meaning some people had an inaccurate indication of the care they required.

People did not always receive support at times when they were upset and distressed.

People did not have information presented to them in a way they could access and understand as the provider had not implemented the principles of the Accessible Information Standards.

People's human rights and protected characteristics, like faith and disability, were not fully supported or promoted as important information regarding their lives so far had not been included in their care planning.

People were safe from the risk of abuse and ill-treatment as staff knew how to recognise and respond to concerns. Any concerns raised with the management team were acted on appropriately. The provider followed safe recruitment procedures when employing new staff members. People received their medicines, as prescribed, with the assistance of staff who were competent to safely support them.

New staff members received an introduction to their role and were equipped with the skills they needed to work with people. Staff members had access to on-going training to maintain their skills and to keep up to date with changes in adult social care.

People's privacy was respected by those providing assistance. People and their relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

The management team at Lady Forester Community Nursing Home was approachable and supportive. People's suggestions and comments were valued by the provider. Staff members believed their opinions and ideas were listened to by the provider and, if appropriate, implemented.

The provider learnt from incidents and accidents and worked with people and families to minimise the risk of reoccurrence if things had gone wrong.

You can see what action we told the provider to take at the back of the full version of the report.

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 received their medicines, as prescribed, with the assistance of staff who were competent to safely support them.

People did not always receive prompt and timely support from staff.

People were protected from the risks of harm or abuse as the staff team knew how to recognise the signs and how to report concerns.

The provider had systems in place to identify and respond to the risks of harm associated with the environment within which they lived.

The provider followed safe staff recruitment checks.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had not effectively implemented the principles of the Mental Capacity Act 2005 to ensure people's rights were upheld.

Not all assessments were correctly calculated meaning some people had an inaccurate indication of the care they required.

People received sufficient food and fluids to maintain their well-being.

People received assistance from staff members who felt well supported in their role.

When needed, people were referred onto community based health professionals promptly.

The environment within which people lived was clear and open and was suitable to meet their needs.

Is the service caring?

Good

The service was caring.

People felt valued by those supporting them. People were encouraged to maintain relationships that mattered to them.

People were encouraged to do what they could which promoted their independence.

People had their privacy respected by staff members.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

People did not always have care and support plans that reflected their current needs.

People's individual needs, histories, likes, goals and aspirations were not always recorded or known by staff.

People did not always have effective plans for their end of life care and support.

The provider did not always assess or provide information to people in a way they could access and understand.

People and relatives knew how to raise concerns and the management team had systems in place to respond to any concerns or compliments raised with them.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The management team and provider did not have effective quality checks in place to identify and drive improvements in the service they provided.

The provider did not always make notifications to the Care Quality Commission as required by law.

People and staff found the management team to be approachable and friendly.

The management team had good links with community based facilities which people benefited from.

Lady Forester Community 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 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.

The inspection site visit took place on 30 and 31 August 2018 and was an unannounced comprehensive inspection. This inspection was completed by two Inspectors and one nurse specialist on day one and one inspector on day two.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people, three visitors, the manager, five staff members including two nurses and three care staff.

We looked at the care and support plans for six people including assessments of risk and guidance for the

use of medicines. We looked at any records of quality checks and incident and accident reports. We further confirmed the recruitment details of three staff members.

Good

Is the service safe?

Our findings

At the time of our last inspection in October 2015 the 'Safe' key question was rated as 'Good.' At this inspection we saw people continued to receive safe care and treatment.

People told us they felt safe and protected from the risks of abuse and ill-treatment. This was because staff members had been trained to recognise the signs of potential abuse and knew what to do about it if they suspected anything was wrong. One person told us, "I feel quite safe." Staff members we spoke with told us that if they ever had any concerns they would report them to the registered manager without delay. One staff member said, "I would report any concerns to the manager but first ensure the person was safe and no longer in any danger." We saw the manager and provider made appropriate notifications to the local authority to keep people safe. Should people, visitors or staff members have concerns regarding people's safety we saw information was available on how to report their concerns and to whom.

We saw that individual assessments of risk associated with people's care and support had been completed. These included, but were not limited to nutrition, hydration and mobility. One relative told us, "I feel [person's name] is safe and the staff support them in a way which is also safe." We saw people were safely supported with equipment which was suitable to their individual needs. For example, we saw one person being supported by two staff members to use a specialised piece of mobility equipment to transfer from a wheelchair to another chair. Staff members spoke with and reassured this person throughout the move.

When needed the management team took action to minimise the risks to people. For example, one person was identified at risk of trips and falls. The management team requested a re-assessment of this person's needs and circumstances and a specific piece of mobility equipment was provided. We saw this person using this piece of equipment when moving around Lady Forester Community Nursing Home.

People were protected from risks associated with their care and support and where they lived. One person said, "I feel so much safer living here than I did at home." The provider undertook checks to identify and rectify any issues with the physical environment within which people lived. For example, the provider identified that the integrity of some side tables was compromised and therefore presented a risk as they could not be effectively cleaned. As a result, these were replaced. We saw equipment that people used, including hoists, were maintained and subject to regular servicing and maintenance. The testing of fire alarms was completed on a regular basis as were checks of escape routes to ensure they were not obstructed and therefore accessible in times of emergency.

We saw the provider had systems in place to record and respond to any incidents, accidents or dangerous occurrences. For example, following the identification of a potentially dangerous situation for one person the management team acted to minimise the potential risk to this person. We saw the provider, registered manager and staff members had systems in place to learn from incidents and to act to minimise the risks of harm to people.

The provider acted to learn from events which occurred within their establishment. The provider worked

alongside the Clinical Commissioning Group and completed a post infection de-brief following the identification of an infectious illness. A de-brief is a discussion to look at the circumstances of a specific incident to identify any learning. Following this de-brief they took action to minimise the risk of re-occurrence, for example, by introducing designated trollies where equipment was stored.

The provider followed effective infection prevention and control practices. We saw regular checks were completed which included daily tasks such as cleaning rooms, replenishing the soap dispensers and regular deep cleans of rooms and the communal areas. We saw the provider followed recommended guidance when people were at risk of communicable illnesses and separate equipment was provided for staff members to use in such instances. Staff members told us, and we saw, that they had access to appropriate personal protection equipment at the point of delivering care. For example, aprons and gloves were available in people's rooms and bathrooms.

People told us, and we saw, that they were safely supported with their medicines. However, we did see some discrepancies with the recording of one person's topical creams. This person's records indicated that they had not received their creams as prescribed for several weeks. We asked the manager about this. They believed that the person had received their creams as prescribed and that this was a recording issue that they would address with staff members concerned. Despite the incomplete recording issue, for this person, we saw other accurate records indicating people received their medicines safely and as directed.

Staff members we spoke with told us that they completed training in the safe administration of medicines and were assessed as competent before supporting people with their medicines. A recent quality check of medicines was completed by the Clinical Commissioning Group (CCG). As part of this check they identified that more information was needed regarding "when required" medicines and homely remedies. Following the audit completed by the CCG, we saw that the necessary changes had been made and a request had been made for an additional homely remedies policy.

People, relatives and staff members gave us differing views on whether there were enough staff to meet their needs. One person told us, "They (staff) are always rushing around. They need a couple more." Whilst one relative said, "There seems to be enough staff around and we are never really kept waiting." Staff we spoke with told us they believed the allocation of staff throughout Lady Forester Community Nursing Home could be better organised with additional support at busy periods. During the morning we saw staff members were busy supporting people and that they had little opportunity to engage in meaningful conversations with people. Following lunchtime, we saw staff had greater availability to talk with people and to spend time with them. People's experience of positive staff interaction differed throughout the day and was inconsistent. Those in receipt of personal care in their own homes were happy with the support they received which was delivered at a time that met their needs.

The provider followed safe recruitment processes when employing new staff members. As part of their recruitment process the provider completed a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others. In addition, the provider gained references regarding the suitability of prospective employees. The provider used this information to assist them in making safe recruitment decisions. The provider had systems in place to identify and address any unsafe behaviour by staff members including disciplinary action and retraining if required.

Requires Improvement

Is the service effective?

Our findings

At the time of our last inspection in October 2015 the 'Effective' key question was rated as 'Good.' At this inspection we saw improvements were needed, and therefore we have rated this key question as 'Requires Improvement.'

We looked at how people's individual rights were protected. 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 spoke with the manager about the process they followed regarding making decisions for people they supported when they suspected that they may not have the capacity to make them for themselves. They told us that they believed that they could not assess anyone's capacity and that this was limited to doctors and specialists from the memory service and dementia team. This assertion was not accurate and was contra to guidance indicated in the MCA's code of practice.

We were informed by the manager that some of those living at Lady Forester Community Nursing Home lacked specific decision-making capacity as a result of living with illnesses such as dementia. At this inspection we could not find any formalised assessments of capacity for those living at Lady Forester Community Nursing Home which would inform the decision-making process for these people. We could not be assured that decisions made on behalf of those living at Lady Forester Community Nursing Home were in accordance with best practice outlined by the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made such applications and when required a repeat application had been made. However, the provider had not properly trained and prepared their staff in understanding the requirements of the MCA in that appropriate capacity assessments could not be evidenced at this inspection. The provider's policies and practice did not support people to have maximum control over their lives in this instance.

Staff members we spoke with could tell us about promoting people's choices and decisions. People told us that they made day to day decisions about their care and support. We saw people being asked what they wanted to do, where they wanted to go and had options regarding their food and drink.

People told us that they had their needs assessed when they first moved into Lady Forester Community Nursing Home and staff supported them to meet these needs. We asked one person how they were being assisted with an area of broken skin. They said, "The nurses come in and patch me up. They are very good." We looked at a sample of people's individual care and support plans. We looked at the clinical assessments

for people's weight and skin integrity. However, we saw errors in relation to the accurate recording of the risk to these people. For example, someone had lost weight over the year. The assessment scored this as 0 when the guidance available stated it should be recorded as 1. In addition, we identified that someone's Body Mass Index (BMI) was scored as 0 when it should have been 3. These inaccurate calculations of clinical risk put people at the potential for harm as their needs had not be accurately assessed and their plan of care was based on misleading information and did not reflect best practice.

We saw there was misleading and inaccurate recording of people's initial assessment of skin condition on admission. For example, we saw one person had a significant breakdown of their skin on one area of their body. The admission assessments we saw, completed by Lady Forester Community Nursing Home, stated that the skin area was intact. We spoke with the manager and nurses about this and they informed us that the person did have a significant issue with their skin when they first moved in to Lady Forester Community Nursing Home. This lack of accurate recording and assessment put people at risk of not having their clinical needs being met. However, despite the inaccurate and contradictory assessment and recording, we saw that this person had received the appropriate care and support regarding this concern and their skin area had improved.

People had access to other healthcare services when they needed it. These included, but were not limited to, GP services, specialists regarding eating and drinking, dentistry and podiatry. One person told us that they could access their local GP at any time and that the staff members would arrange this for them. In another example, when it was identified that one person's skin integrity had been compromised they were referred to the Tissue Viability Service for clinical guidance. The Tissue Viability Service provides a specialist service to patients with a wide variety of complex wounds. When this was done the staff at Lady Forester Community Nursing Home followed the advice provided. We saw records of visiting healthcare professionals were available for staff members to follow any recommendations. We saw that people had been promptly referred to other healthcare services when they required them.

We saw staff members sharing appropriate information on those living at Lady Forester Community Nursing Home. This included a structured handover session where information was passed from one shift of carers onto the next. Information relevant to people and their needs was effectively passed to promote the continuity of care.

We saw people being supported with their meals by staff members when they needed and in a manner that suited their requirements. We saw one person required assistance with their meal. A staff member supported them throughout at a pace that suited them. They did not appear rushed and the staff member confirmed with them when they had finished their meal that they did not want anything else. People had choices regarding their food and staff members, including the kitchen staff, knew people's individual preferences and requirements. One person told us, "We get a choice of various foods for breakfast – this morning I had cereals and diabetic marmalade." Another person said, "The food and service is excellent." Anyone with a specific diet was catered for.

We spoke with staff members who had an understanding of differing cultural requirements relating to diet and nutrition. One staff member said, "If we need to find out about anyone's religion or needs then the first person we would ask is them, as they know what they want and can have. Failing that we would talk with family members or research it to make sure we get it right for them." People received support with their diet and nutrition to promote well-being. However, staff told us they were not currently supporting anyone with such cultural requirements.

People told us they received care and support from a trained and competent care staff team. One relative

said, "They (staff) are fine and know how to look after [person's name] needs." Staff members we spoke with told us they felt supported and that they received the training they needed to perform their role. Staff members told us they could access support from their colleagues or the management team when they needed it although structured one-on-one supervision sessions were infrequent. A supervision is a meeting with a senior staff member where aspects of the staff members work can be discussed.

Staff members new to working in care were supported to achieve the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff members completed a structured introduction to their role when first commencing work at The Lady Forester Community Nursing Home. This included training the provider had identified as essential. For example, fire safety and infection prevention and control. In addition, they completed a series of shadow shifts with more experienced staff members. This included working alongside staff members to be introduced to people and to familiarise themselves with the role expected of them.

The nursing staff members we spoke with told us they had been supported to revalidate with the Nursing and Midwifery Council (NMC). Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC.

The physical environment at Lady Forester Community Nursing Home was suitable to meet the needs of those living there. Corridors, living areas and communal areas were light and accessible. There was lift access between floors and accessible outside areas for people to enjoy when they wanted. We saw people freely moving throughout Lady Forester Community Nursing Home during this inspections site visit.

Good

Is the service caring?

Our findings

At the time of our last inspection in October 2015 the 'Caring' key question was rated as 'Good'. At this inspection we saw that people continued to receive "Caring" support and assistance.

People described the staff members supporting them as, "Good," and "Caring," and "Marvellous," One person said, "Staff are ok, most are very nice – I've not found a bad one yet." Staff members we spoke with talked about those they supported with respect and compassion. One staff member said, "It's when you really work with someone that you get to know them. This is just by chatting and having a good old natter when we get time."

People were supported to maintain relationships with those that mattered to them. People told us their families and friends could visit at any time they wanted. One person told us, "My dog comes in to see me most days. It is lovely." Throughout this inspection we saw friends and families visiting throughout. When people wanted it family members were encouraged to spend time with them at mealtimes and to take part in any arranged activities.

People told us, and we saw, that their privacy was respected by the staff members supporting them. One person said, "I think I am treated very well indeed here. People respect me and I respect them. That should be the way of the world." We saw staff members knocking on people's doors and waiting for a response before entering. On entering people's rooms, we heard staff members say who they were and ask for permission to enter.

People we spoke with told us they felt that they could make informed decisions about their care and support when they had the capacity to do so. For example, we saw one person moving from one area of Lady Forester Community Nursing Home to another. The staff member spoke with them and asked if they would prefer a different piece of equipment to support them. They declined and went with their preferred option. People were provided with the information necessary, and supported by staff members, to decide about what assistance they required.

People told us they were encouraged to do what they could with the assistance of staff members which promoted their independence. When people felt able and safe to do so we saw them freely moving around Lady Forester Community Nursing Home. People were able to help themselves to drinks from a drinks area which also encouraged them to welcome any visitors. We saw people being supported at mealtimes with minimal assistance from staff members. This encouraged people to be independent and staff were available should they require support.

We saw information which was confidential to the individual was kept securely in the office and only accessed by those with authority to do so. When people had the authority to access people's information this was provided in a private and confidential area.

Requires Improvement

Is the service responsive?

Our findings

At the time of our last inspection in October 2015 the 'Responsive' key question was rated as 'Requires improvement.' At that inspection people were not always engaged in, or supported with, activities or hobbies. At this inspection we found some improvements had been made in this area but we identified further improvements were needed. Therefore, we rated this key question as 'Requires Improvement'.

The care and support plans, that we looked, at did not fully reflect people's physical, mental, emotional and social support needs. For example, we saw people's clinical needs, like skin integrity and end of life care. The manager told us one person was approaching the end of life. We asked to look at their care and support plan. This plan did not contain sufficient information to inform those supporting this person at that time. There was no record of how to support them, what their preferred choices were or how Lady Forester Community Nursing Home was meeting this person's spiritual and physical needs. For example, the manager told us this person did not wish to go into hospital if their illness worsened. However, this was not recorded anywhere meaning this person was at risk of not having their wishes met in an emergency situation.

The records we looked at indicated that this person was cared for in bed which was confirmed by the staff members we spoke with. Their care and support plan did not state how this person should be cared for whilst in bed. For example, the person required regular repositioning to prevent the breakdown of their skin. There was no plan stating when or how staff were to support this procedure. For example, it did not state what position the person should be moved into or when. The daily records we looked at did not consistently specify what position the person was in at the start of the procedure and what position they should be encouraged to move into next. This put them at risk of skin breakdown as the care planning and delivery did not demonstrate consistent support.

People were not always supported at time of upset and anxiety. We saw one person become upset when in the communal lounge area. They were displaying signs of upset for a prolonged period. Throughout this time several staff members passed by without spending time with this person to try and understand what could be causing them upset. We looked at this person's care and support plan. In their plan it stated that if they are upset then this could be because they may have been incontinent. Staff members did not respond to this person in a timely manner and did not seek to understand the cause of their distress or reassure the person. This lack of responsive interaction compromised the dignity of this person.

We asked the manager how they assessed and supported people and staff regarding their protected characteristics. This included people's ethnicity, religion, sexuality, disability etc. We saw documentation was available for people and relatives to identify any specific preferences or to highlight cultural requirements. However, this documentation was blank in several of the care and support plans we looked at. The manager told us that people and families don't often fill them out. However, the manager could not identify a pro-active approach in gathering, understanding and meeting people's specific needs regarding their protected characteristics. This meant that people were at risk of losing their individual personal identities as they were not known or promoted by those supporting them.

The staff members we spoke with told us that they did not access the care and support plans for those they supported. One staff member said, "We just don't get the time to look at the care plans. When we do they don't really tell us much. We just talk to the nurses who tell us what we need to know."

The care and support plans that we looked at were not consistently reviewed when there was a change in the person's individual circumstances. For example, we looked at one person's care and support plan. The regular reviews stated that there was no change for many months. However, we identified that a GP had been called out owing to a specific medical condition that required their intervention. The care and support plan was not updated to reflect this change in condition and staff we spoke with were not aware of any subsequent preventative action that they needed to follow to effectively support this person.

We saw that one person had an identified risk of 'loneliness and depression.' There was no further assessment of this in terms of how it impacted on the person. There was no information to staff members on how they could effectively respond to this identified need or to support them in a way that was personal to them. We saw details in one person's care plan that stated "[Person's name] is nursed in bed at present time." This care plan was dated 18 months prior to our inspection and was incomplete. During the subsequent 18 months it had not been updated or the missing parts completed. For example, the identified risk regarding being nursed in bed had not been completed and was blank as was the identified outcome.

People and their family members were provided with a 'This is me' booklet. The 'This is me' booklet aims to give those caring for someone information about them as a person including their life so far, people and things that are important to them and what would potentially cause them anxiety. The booklets we looked at were blank. This meant that staff would not have the information they required to respond to and meet people's personal needs.

At this inspection Lady Forester Community Nursing Home was providing support for those experiencing hearing loss, sight loss and those living with dementia. The management team had not effectively implemented the Accessible Information Standards. From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. For example, we saw one person's care plan stated that they were registered partially blind. There was no information on how information could be presented to this person in terms of how they could access information relevant to them and their care and treatment.

These concerns are a breach of Regulation 9: Person-centred care, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives provided us with differing opinions on the activities available for people. On day one of this inspection the activities coordinator was not working. However, we saw a fitness activity which involved movement to music took place in the afternoon but there was little to keep people occupied throughout the morning. One person told us, "There does not seem to be a lot of activities but I have seen some exercises and craft." Another person said, "I don't do the activities as I would rather read the paper and have a chat." One relative told us, "I think there is enough activities as I have seen people making stuff." On day two of this inspection we saw the activities coordinator was present. They had set up some activities on one table. However, we saw one person who was living with dementia had been moved to this table with little explanation of what was happening. They were then left on their own with little in the way of guidance or support to complete the activity. The manager told us that there was no separate provision to engage

people in activities when the activity coordinator was not working. However, they were looking at making another appointment to increase the amount of activities and stimulation available to people.

All the relatives we spoke with told us they received information from Lady Forester Community Nursing Home regarding any changes in the health and well-being of their family members promptly.

People, and visitors, we spoke with told us they had the information they needed should they need to express a concern or make a complaint. We saw the management team and provider had systems in place to encourage, investigate and feedback any concerns from people, relatives or visitors. We saw information was on display in communal areas informing people how to raise any concerns that they had.

Requires Improvement

Is the service well-led?

Our findings

At the time of our last inspection in October 2015 the 'Well-led' key question was rated as 'Good.' At this inspection we found improvements were required and therefore we rated this key question as 'Requires Improvement'.

At this inspection there was a registered manager in post albeit they were not present owing to pre-arranged annual leave. The registered manager was also the provider. The registered manager was supported day to day by a manager who was present throughout this inspection. The registered manager and manager had not complied with the requirements of registration with the Care Quality Commission. The registered manager had not appropriately submitted all the required notifications to the Care Quality Commission (CQC). The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. These included authorised deprivation of liberty (DoLS) applications which the registered manager had failed to notify us about. However, we had received notifications for other events

At this inspection we identified that two notifications had not been made concerning authorised DoLS application. We asked the manager why the notifications had not been made. They told us that they were not aware of such a requirement to notify us and there was not a system in place to make such notifications in the absence of the registered manager.

This was a breach of Regulation 18 (Registration) Notification of other incidents, Regulations 2009.

We saw that although the management team, and the provider, had some systems in place to identify and drive changes and improvements in people's care and support, these systems failed to identify the required improvements that we highlighted at this inspection. For example, they failed to identify the incorrect scoring and clinical assessments for people. They failed to identify the lack of formalised decision specific mental capacity assessments for people. The checks failed to identify missing recordings on people's medication administration records and failed to identify missing care and support plan sections including, but not limited to, end of life care. The quality checks and managerial oversight failed to identify changes in the law and Lady Forester Community Nursing Home failed to implement the principles of the Accessible Information Standards which came into force on 1st August 2016. The lack of managerial oversight and quality monitoring put people at risk of receiving poor care.

These issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008.

The provider and management team identified learning from previous incidents and acted to reduce the potential for reoccurrence. For example, following an incident de-brief the provider put additional equipment in place for staff members to access. This demonstrated that the management team acted in an open and transparent way and learnt from previous incidents.

The manager told us that they kept themselves up to date with developments in health and social care by

subscribing to on-line updates and by revisiting essential training including fire safety and food hygiene. However, following some of the concerns we spoke with them about they told us they would be re-visiting care planning and the mental capacity act to refresh and improve their skills and knowledge.

People told us they knew who the registered manager was and that they saw them on a regular basis. People and staff members told us that they found the registered manager to be open and approachable. They went on to tell us that formalised staff meetings did not occur as often as they would like but they could discuss any concerns or suggestions informally and when they needed.

People and relatives told us they felt informed about Lady Forester Community Nursing Home. The manager told us that they used to produce a regular newsletter but had stopped. However, those we spoke with told us they still felt involved. This was because they could talk openly with staff and the management team. For example, people told us about the alterations to the physical building and felt updated about the changes to where they lived. The manager told us that they were about to complete a residents and families survey to gain their views on where they lived.

Staff members we spoke with told us they felt happy to question practice and to raise concerns if they needed. They felt they would be supported, by policies such as the whistleblowing policy, if they required it. Those we spoke with told us they felt comfortable when approaching any member of the management team to discuss any concerns that they may have had.

The provider had established working links with the local community, other healthcare professionals, and community services providing support for people. These included, GP and specialist health professionals. People living at Lady Forester Community Nursing Home benefited from these established links as they had good access to these services.

We saw the last rated inspection was displayed in a communal area and also on the provider's website in accordance with the law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not made the appropriate notifications that they were required to do.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not have care and support plans that reflected their current needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality monitoring was not effective in identifying and driving improvements.