

Clarendon Care Group Limited

# Foresters Nursing Home

## Inspection report

Walton Pool  
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West Midlands  
DY9 9RP

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Foresters Nursing Home is a care home providing accommodation and nursing care for up to 30 people living with dementia and people living with a physical disability. The care home is a two storey building with en-suite bedrooms and communal facilities. At the time of the inspection 26 people were receiving care.

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

People received their medicines in line with their prescribed needs. Where there had been medicine errors these had been identified, investigated and appropriate action taken by the registered manager.

People's care records were detailed, person centred and contained comprehensive risk assessments and care plans.

There were systems to identify when people needed safeguarding and staff understood their responsibilities to keep people safe.

People and relatives told us they felt safe and were happy with the care they received.

People were protected from the risks of COVID-19 by effective infection control procedures. Staff had training in relation to COVID-19 and had access to sufficient supplies of personal protective equipment (PPE). The registered manager and provider ensured that staff were kept up to date with infection control procedures that reflected current government guidance.

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.

There was improved governance and oversight of risks and of people's care and support. People and staff were positive about the management of the home.

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

### Rating at last inspection and update:

The last rating for this service was requires improvement (published 19 March 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Foresters 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

This inspection was carried out by 1 inspector, a specialist nurse advisor and an Expert by Experience who made calls to relatives of people who were cared for in the home. 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

The Foresters 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. The Foresters 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 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 3 people who used the service and 8 people's relatives to gain their feedback about the service. We spoke with 5 staff including the registered manager, operations manager, nurse in charge and care staff. We also spoke with a doctor who was carrying out their ward round at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records and samples of medicine records and daily and associated records of their care including care plans and risk assessments. We looked at 3 staff records and a variety of records relating to the management of the service, including audits and procedures.

# 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 changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to manage infection, prevention and control effectively. We were not assured staff were using PPE (personal protective equipment) effectively and safely. Monitoring records, care records and risk assessments to evidence the care and support provided were not always in place or an accurate account of people's needs. Medicines were not always managed safely and recorded accurately.

There was a breach of Regulation 12 (Safe Care and Treatment) 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 12.

Preventing and controlling infection; Assessing risk, safety monitoring and management; Using medicines safely;

- The home environment was clean and well maintained. Areas of the home were regularly deep cleaned and good IPC practices were reinforced throughout the service by the registered manager. The registered manager promoted the continued use of face masks throughout the home including visitors to reduce the risk of COVID 19 in the home.
- 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

- There were no restrictions to visiting at the time of the inspection.
- People had detailed and comprehensive care plans and risk assessments. Staff told us that these

contained the relevant information needed to provide safe care. When we spoke with staff what they told us matched what was in the care plan. For example, staff were able to tell us about a person's mobility needs, and also a person's eating and drinking needs.

- Risk assessments were updated when needed and we could see where following the advice of a doctor plans had been updated and staff made aware of any changes to a person's care.
- Staff had training in medicines before they were able to administer medicines. There were comprehensive policies and procedures to ensure that people received their medicines safely.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.
- Medicines were stored safely and securely.
- People had risk assessments around medicines to assess the level of support they needed to ensure they had their medicines safely.
- Detailed risk assessments and protocols were in place for medication prescribed to be taken on an 'as required basis.'

Ensuring consent to care and treatment in line with law and guidance

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.

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.

- Staff understood and had training in the MCA. We saw that staff sought people's consent, and where knew what to do when decisions needed to be made in people's best interests.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I see the manager and she always comes to check how we are. We are all safe here."
- There were systems to safeguard people from abuse. Where concerns were identified the safeguarding authority were notified along with CQC.
- Staff knew what to look for regarding abuse and felt supported to raise any concerns they may have about the people they were supporting.
- The provider had a safeguarding and a whistle-blowing policy to ensure staff could report any concerns in a confidential manner. Staff told us they felt supported to raise any concerns and would feel confident to Whistle-Blow if they felt they had to.

Staffing and recruitment

- The provider's recruitment process included checks to ensure staff were of a suitable character. Staff files showed recruitment checks were robust, which included checks on staff through the Disclosure and Barring Service (DBS). 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 found there were sufficient staff to provide the care that people needed.
- People told us that staff responded if they asked for help. One person said, "Staff are really good and you



are not kept waiting."

- The registered manager was confident staff levels met people's needs. The registered manager told us they regularly reviewed people's dependency and staffed accordingly to ensure people received the support they needed.
- Where people activated their call bell, staff attended with minimal delay. However, it was known by the registered manager and staff that some people were using the emergency call bell when it was not required, even though attempts had been made to prompt the people to use the correct bell. Whilst the registered manager and staff told us they always responded there was currently no way of monitoring the time it was taking to respond to the sounding of an emergency bell for these people. However, following discussion the registered manager was going to communicate the expectation that staff responded to all emergency call bells within 2 minutes. A new call bell system was due to be installed and this would enable response times to be monitored.

Learning lessons when things go wrong

- The provider had systems to learn lessons and identify actions to improve the service when things went wrong. There had been significant progress on actions identified during the last inspection. The management team had oversight of any accidents, incidents or concerns to ensure there was a system to identify any actions to follow up and reduce the risks of reoccurrence. Any actions or trends were discussed and shared with staff through staff communications and staff meetings.

# 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 in January 2021 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.

At the last inspection in January 2021 we identified that the quality monitoring systems in place had not ensured the provider had oversight of the service. For example, care plans and risk assessments were not always in place or accurate. Infection prevention and control was not always effective. Medicines were not always managed safely. There was also no registered manager in post.

There was a breach of Regulation 17 (Good Governance) 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was now stability in the management of the home and a registered manager was in post.
- The improvements needed to keep people safe that had been identified on the last inspection had been made. The registered manager had effectively delegated tasks to other senior staff to assist with the governance and oversight of the service.
- Systems to ensure areas were clean, hygienic and met the requirements for infection control were now effective.
- There were systems to measure any trends in risks or incidents. For example, where people had falls this was recorded and reviewed monthly to identify any factors that may be impacting upon the risks to people. Oversight of any trends in incidents was maintained by a management team including the registered manager and provider.
- There were audits of care records and medicines and the registered manager told us "We are always striving to learn lessons and improve."

Continuous learning and improving care

- The registered manager had systems to ensure that lessons were learnt from incidents and actions taken to further improve the care. The providers own internal quality systems ensured that the registered manager was providing best practice that was in line with current health and social care guidance. The providers systems had identified and actioned what was needed to make the improvements to the service that was identified in the last inspection.

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

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

- People told us they were happy living at the home. One person said, "Lovely people who care and are genuine." Another person said, "They are great here, lovely."
- People said they regularly spoke with the registered manager and that they would always take time to come and check how they were getting on.
- Staff said the registered manager was supportive and approachable. One member of staff said, "It has improved and now we have a consistent manager to go to."
- Staff said they treated everybody equally and there were no barriers regarding any protected characteristics. All staff had training on equality, diversity and human rights.
- There were regular family and resident meetings. The registered manager said these were positive meetings to ensure that people continued to be happy with the care. One relative said, "I feel involved in (person's) care, I always know what's going on." Another relative said, "I told them that mum was used to getting up at 7, so they have now encompassed that in the homes routine. They noticed that she had her photos placed around her room, and that it was important for her to see them, so they pre-empted her needs and put a shelf up for her ."

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 registered manager had worked to ensure transparency and honesty throughout the service. They contacted other agencies with any concerns or at times when safeguarding incidents had occurred. Staff told us they felt supported to raise concerns and knew how to whistle-blow and how to raise concerns with the local authority and CQC.

Working in partnership with others

- The service worked in partnership with other professionals and agencies, including healthcare and the local authority.
- Feedback from the health professional we spoke with was positive about how the management and staff worked and engaged with them.