

## Forest Edge Care Home Limited

# Forest Edge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Forest Edge is a residential care home providing accommodation and personal care to up to 32 people. The service provides support to older people who may be living with dementia, sensory loss, physical disabilities, or mental health conditions. At the time of our inspection there were 21 people using the service.

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

Relatives told us their loved ones were safe. However, we could not be assured risks associated with people's needs were always assessed appropriately or managed. When people had unwitnessed falls no post falls observations were completed. Records showed incidents were not always investigated fully to keep people safe. More robust governance systems needed to be in place to monitor and improve the quality of the service provided.

The provider had not notified CQC of all significant events in line with the requirements of the provider's registration. We viewed 3 reportable incidents that should have been reported to CQC.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, we did find more robust procedures for checking full employment histories were required.

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

The home was clean, and measures were in place for infection prevention and control. We were assured that infection prevention and control practices were in line with current guidance. The home had recently gone through a refurbishment programme to improve the home.

Staff had received training in safeguarding adults and knew how to identify, prevent, and report abuse. There were enough staff to keep people safe. People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks. Staff knew people well and treated people with kindness and compassion.

Staff worked collaboratively with health and social care professionals to support people with their healthcare needs. There was a system in place to allow people to express any concerns or complaints they may have.

Staff received regular support and one to one sessions or supervision to discuss areas of development and to enable them to carry out their roles effectively. Training had improved and we received praise from staff

about the training. Activities took place both inside the home and outside the home. Staff felt supported by management and enjoyed working at the service and felt staff morale was positive. Staff we spoke with were enthusiastic about their jobs and showed care and understanding for the people they supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 06 December 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 30 November 2022. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement and Recommendations

We have identified a repeated breach of regulation 12 safe care and treatment. There was an additional breach of Regulation 18, due to not sending in notifications as required, at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Forest Edge

## 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.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Forest Edge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Forest Edge is a care home without 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

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

During the inspection

We spoke with 6 people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, senior care staff, cook, housekeeper and care staff.

We reviewed a range of records. These included 4 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the onsite visits continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 9 relatives and 4 health and care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection systems had not been established to monitor and mitigate risks to people following falls involving head injuries or unwitnessed falls. Risk assessments were not always followed, and we were not assured all accidents and incidents were recorded. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the last inspection we had concerns regarding unwitnessed falls and head injuries because the provider was not following good practice by completing post fall observations. During this inspection we saw where people had fallen and had a possible head injury, medical advice had been sought. However, we saw no records of post fall observations. In incidents of potential head injury or unwitnessed falls, particularly when people living with dementia are not able to describe what has happened, good practice is to complete observations. In a residential service this should include expressed pain and bruising developing and should involve waking sleeping persons to ensure they are not unconscious.
- While viewing records we saw 3 incidents that required further investigation and 4 incidents had not been followed up or actioned. This meant we could not be assured appropriate action had been taken to keep people safe and if appropriate measures and monitoring had been put in place.
- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. However, for someone at risk of choking we could not see a risk assessment in place for this to support staff to keep them safe.
- Risk assessments had been completed for the environment and safety checks were conducted on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm carried out.
- Personal emergency evacuation plans (PEEPs) were in place to guide staff in how to keep people safe during an evacuation.

The failure to assess risks and do all that is reasonably practicable to mitigate any such risks was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

At our last inspection procedures were not in place to manage missed or omitted doses of medicines or to ensure that medicines administered had been taken. This placed people at risk of harm.

Improvements had been made to ensure people received their medicines safely. Some improvements were still required to show people received their creams as prescribed.

- We had concerns about prescribed creams. Gaps were identified on some records for prescribed creams which meant we could not be assured people always received their prescribed creams.
- Relatives were happy with medicines management. One relative told us, "Their medicines are given as prescribed and in my mum's case she is actively encouraged to take them. Something which is very difficult."
- Medicine administration records (MARs) confirmed people had received their oral medicines as prescribed. Guidelines were in place to guide staff when prescribed 'as required' (PRN) medicines should be given. Staff ensured medicines were reviewed with people's GPs on a regular basis.
- There were effective processes for ordering stock and checking stock into the home to ensure medicines provided for people were correct.
- There were up to date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance.

### Staffing and recruitment

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

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

- People and relatives felt staffing levels were sufficient. We observed staff were not rushed and responded promptly and compassionately to people's requests for support. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- There was significant use of agency staff at Forest Edge. However, the provider assured us agency staff had been booked well in advance, when possible, to ensure staff were known to Forest Edge and were familiar with people they supported. Agency staff now received the same training and support as regular staff.
- Recruitment processes were followed which meant applicants were checked for suitability before being employed by the service. Staff records included an application form, 2 written references and a check with 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.
- However, we found 1 file had gaps in their employment history. This meant we could not be assured employment gaps had been fully explored to ensure staff were safe to work at the service. The registered manager acted straight away and informed us they would action this as a priority.

### Preventing and controlling infection

At our last inspection the provider had failed to comply with guidance from the Department of Health about the prevention and control of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. Improvements had been made.



At our last inspection the provider was not following government guidelines for visitors in the home. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, dignity and respect.

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

- People and their relatives were happy with the cleaning in the home. One relative told us, "I have been very impressed with the cleanliness and tidiness of Forest Edge. My mother's room is invariably clean, tidy with no smells. I cannot think of anything that I am not happy with."
- The provider was now enabling visiting at Forest Edge according to current government guidance. One staff member told us, "The home is now able to invite family and friends in, which is so nice to see. They have joined in activities and attended special events put on by 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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the service. One relative told us, "I feel mum is safe in the home." Another relative said, "I have found the home safe and welcoming."
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction. Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "I feel confident the home would support me if I needed to whistle blow on a colleague."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

At our last inspection people's care and care plans were not always person-centred or accurately reflected their needs and preferences. This was a breach of regulation 9 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 9.

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Following the previous inspection, the provider had now completed oral health assessments for all the people living in the home. However, further work was required to make these into person centred care plans.
- During this inspection we observed many positive interactions amongst staff and the people living there. Staff knew people well and people were relaxed and seemed to enjoy staff company. One staff member told us, "The care plans and risk assessments support me to provide safe and effective care. They are a positive reflection of what the residents can do and are person centred so we can achieve the best outcome for each resident."
- The provider had now completed assessments in people's life history exploring important information and talking points such as family or interests. One staff member told us, "I get to know the resident's life history and their present day likes and dislikes and interests etc. I enjoy being able to give such positive personal care."

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection people were not always supported to have a positive mealtime experience. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014, person centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the last inspection there were no dining tables for people to gather to make mealtimes a social

occasion. At this inspection dining tables had been purchased and made into a social meeting place. People could still choose to eat in their rooms or in their chairs if they wished.

- There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with each other and with staff. One professional told us, "Trainers report that they have observed good interaction and support being delivered, during lunchtime and breaks, to the residents."
- On the first day of the inspection some people were going out to a local fish and chip restaurant for lunch. People seemed excited about this and enjoyed their lunch outing.

#### Adapting service, design, decoration to meet people's needs

At the last inspection the provider had failed to provide an environment suitable for people living with dementia. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008, premises and equipment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Following the last inspection, the provider had refurbished the home. This included new flooring, furniture and bathrooms. One staff member told us, "The homes environment has greatly improved, and the residents benefit from this daily."
- At the last inspection, we had found that the premises were not adapted for provision of a specialist dementia service, the décor was not suitable and lighting poor in areas. Improvements had been made. The provider had completed an environmental assessment tool designed by the Kings Fund, aimed at supporting service to make the environment more suitable for people living with dementia. The provider had made improvements as a result of the assessment, for example, new signage had been provided at the correct height for people living with dementia, lighting had been improved and new chairs had been ordered so they contrasted with the walls.

#### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last 2 inspections the provider had failed to follow legal frameworks of the MCA. This was a continued breach of Regulation 11 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 11.

- We observed staff seeking consent from people before providing care and support. One relative told us, "I am satisfied the staff seek agreement from my mother and encourage her rightly to undertake needed actions. My mother conforms willingly." Another relative said, "They ask mum for permission for personal care and if it's not given they encourage her to try and do it herself. She has a choice of food and what she wears each day."
- Staff had been trained in the MCA and DoLS and supported people to make day-to-day choices and decisions.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The service had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

#### Staff support: induction, training, skills and experience

- Since the last inspection the provider had introduced face to face training as well as online training. This had a positive effect on staff. A professional told us, "Both the manager and staff have interacted fully in all training sessions and appear keen to enhance performance and increase the proficiency in which they deliver care."
- Staff were supported by supervisions. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One staff member told us, "I received a thorough induction and completed online training to support my role and I have completed several supervisions to ensure my role is effective and I'm confident. I have also attended several training days and training is ongoing to keep up to date."
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and other health professionals.
- A professional told us, "The residents all appear to be in good health, well looked after and content." A relative told us, "I'm constantly updated on mum's care and her conditions and have regular telephone conversations with mum's senior carer [staff members name] who mum likes very much. Mum sees the regular GP, each week, who comes for a 'ward' round."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

The last time we inspected this domain we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received individualised care which met their needs. The service worked in a person-centred way to meet the needs of people, and care plans were person centred. One staff member told us, "The home has a relaxed atmosphere always focusing on the resident's positive outcome, the residents feel safe to be themselves. I would be very happy for a relative to be cared for at Forest edge."
- Care plans provided information about how people wished to receive care and support. Care plans included information about whether people had a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place and the location of this within the person's home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans that described how people communicated and included guidance for staff on the best approaches to use to support effective communication. A professional told us, "The staff are mindful of the residents who for example are hard of hearing and they are sat close to where the activity leader is sitting so that they can hear what is going on and fully participate."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was now providing a full activity programme. For some activities an outside professional attended the home to engage with people. They told us they, "Provide weekly activities which include, amongst other things, flower arranging, art, music, piano, guitar, interactive games and bingo. The residents are fully involved in the decision-making process with regard to what they want to do each week, and this guides what is offered when we visit."
- Activities observed during inspection showed people were engaged and enjoying activities. One person told us, "They sing with me. I like singing." A staff member told us, "The entertainers are back to a full programme at the home and are really being enjoyed. Residents are going back out on trips both individual and groups and also enjoying the lovely garden. The home has a great atmosphere and a sense of wellbeing within it."

- We observed a notice board with photos of Easter with pictures of live chicks being handled by people. Also, a lamb was being bottle fed, with people helping. People really seemed to enjoy this. One staff member told us, "I have been given time to ensure residents can live a fulfilled life whatever that means to them. Doing something extra special just for that person is at the heart of what I'm about at Forest edge."

#### Improving care quality in response to complaints or concerns

- A complaints policy was in place allowing people and those important to them to be informed about how to raise concerns or complaints easily. One relative told us, "I certainly have no complaints about the attention and care given to my mother as she probably exceeds the normal care levels required by most of the others. They have organised a routine to accommodate my mother's instability to ensure her safety." Another relative told us, "I have asked [registered managers name] to undertake a number of tasks related to my mother's well-being, for example, TV repair, hearing aids, dentist, Wi-Fi connection, hair appointments etc. [Registered managers name] frequently gets those requests which are done in good time. I have been impressed by his willingness to help me and my mother. I have had no complaints."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not notified CQC of all significant events in line with the requirements of the provider's registration. We viewed 3 reportable incidents that had not been reported to CQC.

The failure to notify CQC of significant events was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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

- Records did not always show appropriate action had taken place and was reviewed to keep people safe. For example, monitoring falls and incidents. We have reported more on this in the safe question of this report.

- Whilst several audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring quality performance. They had not identified the concerns we found during this inspection, including but not limited to concerns about medicines management, and the management of accidents and incidents.

- People and their relatives were happy with the management. One relative told us, "I am satisfied with the high quality of care that is provided. There have been several occasions when [registered managers name] has contacted me by phone or email to inform me of various situations."

- One professional told us, "I feel well supported by both [registered manager and deputy managers names] who are 100% committed to making sure whatever is needed for the activity sessions is resourced and provided, ensuring the best outcomes are met for all involved."

- Staff were happy with the management of the home. One staff member told us, "The manager is fair and approachable. I would feel able to raise any concern no matter how small and I'm encouraged to do so. The manager has an open-door policy to staff and residents and is always kind and considerate." Another staff member said, "The residents are in and out of the office all day at ease to have a chat and laugh with the management team which is so lovely."

- The registered manager had introduced weekly walk rounds of the home to ensure it was safe and to

review and assess staff interactions with people living at the home. The directors also visited monthly and met with people to ensure they were happy at the home. They discussed the outcome of their visits with the registered manager to ensure any actions required were taken forward.

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

At our last inspection people were not always treated with dignity and respect and their needs were not always considered in a person-centred way. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and their relatives were happy with the service. One person told us, "I really like the staff." One relative told us, "mum and dad are constantly treated with respect and dignity and I have never witnessed any resident being treated in any other way." Other comments included, "Staff are very friendly and are respectful."
- We observed people received person-centred care and support. During the inspection we saw many lovely interactions with people and staff, and it was clear staff knew people well and wanted the best for them. One relative told us, "There are some very caring staff at Forest Edge. [Staff members names] are particularly attentive and they are very aware of my mother's condition. I have seen many different staff bring my mother from the lounge to her room and on each occasion, they encourage and prompt my mother compassionately."

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

- People seemed happy engaging with staff. One professional told us, "Our trainers report that they have observed a high standard of care being delivered with good interaction between staff members and residents."
- Resident meetings were held in the service, these meetings looked at activities, food, cleaning, care, and any complaints and were held monthly.
- Staff were supported by meetings and daily handovers. One staff member told us, "Team meetings are held monthly. I feel this has helped ensure positive staff morale. The manager praising and recognising our hard work to ensure the very best outcomes for the residents who live in the home is very rewarding. Staff feel supported in their roles and get job satisfaction."
- The service worked in partnership with the local doctor's surgeries and community health team. Since the last inspection the provider had purchased a Defibrillator secured to the front outside wall. This was also available for the community to use as well if required in an emergency.
- The service worked in partnership with outside professionals. One professional told us, "The staff help out during the sessions, supporting the residents to get the most out of the activities on offer. The senior staff member on duty comes in and out of the session, making sure that all is well and that the staff are engaged in what is going on. The atmosphere is relaxed and fun and we all make sure the residents are enjoying themselves."
- All the staff we spoke with felt morale was high and staff really enjoyed working at the service. One staff member told us, "I really like that the whole team of staff know the residents so well. Residents enjoy and benefit from the genuine interest of everyone." Other comments included, "I enjoy being part of a positive team where everyone is valued", "It is a good experience when a team is well led, everyone is motivated and



willing to work so hard to deliver that shared goal of success."

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 notified CQC of all significant events in line with the requirements of the provider's registration.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to assess risks and do all that is reasonably practicable to mitigate any such risks was a repeat breach of Regulation.