

English Care Limited

# Lady Forester Community Nursing Home

## Inspection report

Farley Road  
Much Wenlock  
Shropshire  
TF13 6NB

Tel: 01952727203  
Website: [www.ladyforester.co.uk](http://www.ladyforester.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Lady Forester Community Nursing home is care home providing nursing care to a maximum of 35 people. At the time of the inspection, 25 people were using the service. Accommodation is provided in one adapted building. The provider also operates a domiciliary care service to people living in their own homes. At the time of the inspection, four people were receiving assistance with their personal care needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were protected from the risk of abuse because the provider's systems ensured staff were suitable to work with people. People told us they felt safe and risks to people's safety and well-being were assessed and monitored. There were sufficient numbers of staff to meet people's needs in a safe way.

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. People said staff always asked for their consent before helping them.

People had their needs assessed and were supported by staff who had the skills and experience to meet their needs. Staff monitored people's health and well-being and worked with other professionals to make sure they received the care and treatment they needed. People's nutritional needs were met and everyone we spoke with was happy with the food and drinks provided.

People were supported by kind and compassionate staff who ensured they were fully involved in decisions about their care. People were treated with respect and their right to privacy was understood and respected by staff. People were supported to remain as independent as possible.

People received a service which met their needs and preferences. There were opportunities for social stimulation and people could see their friends and family whenever they wanted. People were treated as individuals and chose how they spent their time. People and their relatives felt confident and comfortable to discuss any concerns with staff. People could be confident that their wishes for end of life care would be respected by staff.

The home was well led by the provider, a registered manager and experienced management team. People could be confident the systems in place to monitor standards of care, respond to concerns and plan on-going improvements were effective. Staff were well supported and motivated. This led to a happy and inclusive environment for people to live in.

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

The last rating for this service was requires improvement. (Report published October 2018) and there were three 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.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring 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 well-led.

Details are in our well-led findings below.

Good ●

# Lady Forester Community 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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.

This service is also a domiciliary care agency. It provides personal care to people living in their own flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced. The second day was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, home manager, quality assurance manager, registered nurses, nurse assistants and care assistants. 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 four people's care records and multiple medication records. We looked at three staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems protected people from the risk of harm or abuse. One person said, "I feel very safe here and I have got to know and trust the staff." A relative told us, "My [relative] is safe here and I go away after visiting feeling happy with no worries."
- Staff were knowledgeable about how to recognise and report any concerns. One member of staff said, "I've never seen any bad treatment here. I would report it straight away if I did. We have to protect our residents."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were considered and there were plans in place to manage and mitigate risks. These were regularly reviewed to ensure they remained effective.
- People's equipment was regularly checked and serviced to ensure it remained safe and well-maintained.
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated in an emergency such as a fire. This helped to ensure people would be safely moved.
- People were provided with call bell pendants which meant they could summon assistance where ever they were. One person said, "If I ring my bell they [staff] are there in a flash." Response times were regularly monitored to ensure people received support in a timely manner.

Staffing and recruitment

- There were sufficient numbers of skilled and experienced staff to meet people's needs.
- One person said, "There is always someone about to help you." A person who received support in their own home told us, "A carer comes in to help me wash in the morning and they pop in through the day to check I'm alright and ask if I need anything."
- People were protected by the provider's recruitment procedures which ensured only staff who were suitable to work with people were employed.

Using medicines safely

- People received their medicines when they needed them. One person said, "I take pain killers when I need them. All I have to do is ask and the nurse brings them straight away."
- Staff received training about the safe management and administration of medicines and their skills, knowledge and competency were regularly assessed.
- Medicines were securely stored and there was a clear audit trail of all medicines entering and leaving the home.
- There were clear records to show when medicines had been administered or refused. These records

helped to make sure the effectiveness of prescribed medicines could be monitored.

#### Preventing and controlling infection

- People lived in a home which was clean and fresh smelling. One person said, "What I like about this home is that it is so clean and never smells bad."
- Staff followed good infection control practices which helped to minimise risks to people.
- Staff used personal protective equipment such as disposable gloves and aprons when assisting people.

#### Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed by the management team when they occurred. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

- At our last inspection we found the provider had not effectively implemented the principles of the MCA to ensure people's rights were upheld. At this inspection this inspection the provider had implemented the principles of MCA to ensure people's rights were upheld.
- Care plans gave information about people's capacity to make decisions about different areas of their care.
- Where people lacked the capacity to make decisions, meetings had been held with people who knew the person well and, where appropriate, healthcare professionals to ensure any decisions were in the best interests of the person and were the least restrictive option.
- Staff sought people's consent before assisting them with a task. One person said, "They [staff] respect my decisions. I choose what I want to do. I can stay in my room if I want to."
- Staff had received training about the Mental Capacity Act and knew how to promote people's legal rights.
- The provider had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs, such as religious preferences were discussed prior to using the service.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- People and their relatives were confident staff had the skills and knowledge to meet their needs. One person said, "I have complete faith in all the staff. They care for me very well."
- Staff received training to make sure their practice was in accordance with up to date practice and legislation. A member of staff told us, "You get loads of training. It's non-stop. You never support a resident unless you have been trained."
- Newly appointed staff received a thorough induction to provide them with the skills and training to meet people's needs.
- There were effective systems in place to ensure staff received refresher training when needed.

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

- People received food and drink in accordance with their needs and preferences.
- Everyone we spoke with was very complimentary about the meals provided. One person said, "The food is really excellent, and you get plenty to eat; too much really."
- Where people required a specific diet, such as a soft consistency, this was provided.
- Staff monitored people's food and fluid intake where concerns were identified.

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

- People saw healthcare professionals when they needed. One person said, "The doctor and chiropodist visit us here at the home which is very handy."
- Staff worked effectively with other healthcare professionals to make sure people had the support and equipment they required to meet their needs.
- Care records showed that staff followed the recommendations made by healthcare professionals.

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

- People lived in a comfortable and well-maintained environment.
- People had their own bedrooms which they could personalise in accordance with their tastes and preferences.
- There were a number of communal areas where people could choose to spend their time if they wished.
- Grab rails helped people to maintain a level of independence when mobilising around the home.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with kindness and respect by the staff who supported them.
- One person said, "All the staff are wonderful and so kind." A person who received support in their own home told us, "The staff are excellent and will always help me with little extras if I need it." A relative said, "All the staff are brilliant and very kind, and they are there when you need them."
- There was a relaxed and happy atmosphere and staff interacted with people in a kind and respectful manner.
- One person said, "It's always like this. Nothing is put on just because you [inspector] are here."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and they were supported to maintain a level of independence.
- One person said, "I like to do as much for myself as I can. The staff leave me in peace to wash and dress myself and they leave everything to hand so it is easy for me." Another person told us, "They [staff] used to do quite a lot for me but over time, I can do so much more for myself now."
- Throughout our visits, we heard staff asking people where they wanted to spend their time and what they wanted to do. One person said, "They [staff] respect any decision I make."
- Staff understood and respected people's rights to confidentiality. People's records were stored securely, and staff discussed people's needs in private areas where they could not be overheard.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved 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

- At our last inspection we found care plans did not always reflect people's assessed needs or preferences. We also found staff did not always recognise when a person maybe experiencing upset or anxiety. At this inspection, improvements were found.
- People and/or their representatives were involved in planning their care to make sure they received support which met their individual needs. One person said, "[Name of manager] discussed the support I needed and wanted before I moved here." Another person told us, "The nurses have regular chats with me to make sure I am happy."
- People's preferences and social history was discussed with them before they moved to the home and through regular reviews of their care. Information was detailed in the person's plan of care. One person told us, "All the staff know me well and everything is as I like it."
- People were able to make choices about their day to day care. People could choose when they got up, when they went to bed and how they spent their day. One person said, "I choose what I want to do. If I want to stay in my room I can. You can do what you want really."
- Care plans contained information for staff about how to recognise if a person was unhappy, in pain or distressed. Staff responded quickly when one person called out and appeared upset. With gentle touch, the person soon appeared calmer.

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

- People's relatives and friends were welcomed and could visit whenever they wanted. A relative said, "I visit regularly and always unannounced. I am always made to feel welcome and all the staff are very friendly."
- Staff supported people to maintain contact with family and friends through the use of computers and computer tablets.
- Staff supported people to take part in activities at the home. One person was keen to show us the Halloween lanterns they had been involved in making. Another person told us, "There are plenty of activities; we have recently had a visit from two donkeys and a Welsh choir. We have regular entertainment here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and staff were aware of the AIS and information was produced in accessible formats for people as required. For example, the menu for the day was displayed in picture format on a large screen in the dining area.
- People's communication needs were assessed and recorded in their plan of care. One person, who found communication difficult told us they used their computer to make their needs and preferences known.
- We saw people who required them, had clean spectacles and working hearing aids.

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

- People and their relatives did not have any complaints about the service they received, however all were confident that any concerns would be addressed.
- One person said, "I haven't had to complain but I would if I needed to." A relative told us, "They [staff] are very responsive. If you mention anything, it's dealt with straight away."
- Records showed complaints had been fully investigated in line with the provider's complaints procedure.

#### End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care.
- People's care records contained information about people's religious preferences and their preferences during their final days and following death.
- Staff had received training in end of live care and worked with other professionals to make sure people were comfortable and pain free.
- Staff had received several thank you cards from relatives for the care they had provided at the end of people's lives.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection the provider had failed to notify us of all significant events which had occurred in the home in accordance with their legal responsibilities. These related to authorised applications to deprive a person of their liberty.
- At this inspection improvements had been made. The provider had submitted notifications informing us of significant events which had occurred.
- There was a registered manager in post who was also the provider. The registered manager was regularly at the home and was supported with the day to day running of the home by a home manager.
- At our last inspection systems for monitoring and improving the service were not always effective. Improvements were noted at this inspection.
- There were a number of audits and checks which were effective in identifying shortfalls and driving improvements.
- Commissioners and the local authority also monitored the quality of the service provided. The results of recent visits had been very positive.
- The provider was a member of Shropshire Partners in Care (SPiC) which provided training and resources based on best practice and current legislation.

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

- Staff morale was good which created a happy atmosphere for people to live in. During the inspection we heard laughter and people enjoyed good humoured banter with staff and the management team.
- One person told us, "All the staff are wonderful, and the owners are here most of the time. When I go back home, I shall definitely be coming back to visit. That's how good it is here."
- A relative said, "It's exceptional here and I know my [relative] is happy. They all really care."
- The provider promoted an ethos of openness and transparency which had been adopted by the management and staff team.
- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were discussed with appropriate authorities such as the local authority safeguarding team.

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

- The provider, registered manager and home manager demonstrated a commitment to providing good quality care by engaging with people using the service and their representatives.
- People and their relatives were supported to provide feedback through surveys and informal discussions. These had been analysed to look at where improvements could be made.
- A relative told us, "I was concerned a while ago about some of the food my [relative] was having. I discussed this with [name of home manager] and action was taken straight away."
- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included GP's, district nurses and speech and language therapists.