

Christopher Anthony Lutton

# The Forbury

## Inspection report

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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

The Forbury is a residential care home which provides accommodation and personal care for up to 40 older people. The service specialises in providing care for people with dementia. At the time of our inspection, 36 people were living at the home.

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 and relatives fed back they were happy with the care provided. There were sufficient staff to meet people's care and support needs. Staff had been recruited safely. The management team had developed and implemented comprehensive audits to monitor the quality and safety of the service. Plans of care had been developed and reviewed with people and their relatives, and the staff team knew people they were supporting well.

Risks associated with people's care and support had been appropriately assessed and managed. People told us they felt safe living at the service and with the staff team who supported them. Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse.

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

At our inspection the service was rated Good in all areas and overall. The report was published on 04 November 2017.

### Why we inspected

We received concerns in relation to people's safety and staffing issues. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Forbury 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 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?**

**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.

# The Forbury

## 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. This was a focussed inspection to look at specific concerns we had about people's safety and rights, staffing levels and staff knowledge and how the service was managed.

#### Inspection team

The site visit was conducted by an inspector and an assistant inspector. After the visit a second inspector contacted relatives and a third reviewed all the documentation gathered.

#### Service and service type

The Forbury 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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 17/08/2020 and ended on 12/10/2020. We visited the office location on 01/10/2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke to five people who live at The Forbury about their experience of the care provided. We also spoke to nine members of staff including the registered manager, the nominated individual and care staff. The

nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 three people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives and social care professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

The purpose of this inspection was to check on the specific concerns we had about the safety of the care provided to people, including staffing levels. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe because staff supported them. One person said, "I feel safe here". While another person told us how kind and courteous staff were towards them. Relatives also felt their family members were kept safe from harm.
- Staff demonstrated a good understanding of different types of abuse and how to protect people to keep them safe. One member of staff told us "I would go straight to the Registered Manager or the Provider, if nothing happened, I would go to CQC".
- The registered manager understood their responsibilities regarding the action to take to protect people from harm.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and care plans had been developed with the person, and/or their family involved. The risk assessments we reviewed were up to date with people's current care and support needs.
  - People we spoke with told us staff understood their care and support needs and had the help and support from staff when they needed them.
  - Staff knew people well and were aware of people's individual risks and how best to support them.
- Communication processes in place, such as daily handovers between staff and management meetings ensured consistent and timely care was delivered.

Staffing and recruitment

- People and relatives told us there were enough staff on duty to meet their needs in a timely way. One person told us how staff answered their call bell promptly at night, when they had trouble sleeping.
- We saw staff remained visible in communal areas and made regular checks on those people who preferred to stay in their rooms.
- Staff told us there were sufficient numbers of staff on duty to keep people safe and meet people's care needs. Staff confirmed that there was a good skill mix of staff on duty, where the more experience care staff worked alongside the new staff.
- The provider carried out safe recruitment practices before employing staff to work in the home.

Using medicines safely

- People received their medicines when they should. One person told us how staff always checked if they were in pain and needed any medicine to help with this.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines. The provider ensured the appropriate staff were assessed as competent to support people with their medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We have also signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- The management team completed daily checks to ensure that staff were providing care and support in line with best practice. The service was part of a scheme called SPACE, which focused on reducing falls within the home. The registered manager had put learning in place to mitigate the risk of falls and we saw records which showed these had been reduced.
- Where incidents had taken place, these were reviewed so that learning could take place to prevent them from happening again.



# 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.

The purpose of this inspection was to check on the specific concerns we had about how the service was being managed and how the service was registered. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Relatives, staff and social care professionals said the registered manager was proactive and welcomed suggestions to help improve the quality of life for people at The Forbury.
- Another relative told us the culture at the service had a positive impact on their family member's well-being.
- The registered manager demonstrated a commitment to provide person-centred care by engaging with people and relatives. Care and support plans were developed taking people's varied needs into account.
- The registered manager gave us examples of how they supported staff to explore different ways of caring for people during the Covid-19 pandemic, so people could continue to do things which were important to them.

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 understood their duty of candour responsibilities and engaged people in investigations and ensured outcomes were communicated following any incidents.
- People and their relatives told us the registered manager's door was always open and they found her approachable.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission [CQC] of people's deaths, incidents and injuries that occurred or affected people living at the home.

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

- People, relatives, staff and social care professionals spoke positively about the registered manager. One staff member said, "We are supported. The manager is very open and listens to our suggestions. If we say something needs doing, they will act on it quickly".
- Staff knew how to care for people and understood the manager's expectations. One staff member told us, "I feel I make a difference to people" and "we work well as a team to make sure people are getting good care".
- The registered manager team were aware of their responsibility to have their rating from their last inspection on display. We saw the rating was clearly on display on the provider's website and within the service.
- Staff were delegated tasks to each defined role which meant they were clear about their roles and

responsibilities.

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

- The registered manager facilitated regular residents' meetings and acted on any issues that were identified.
- Annual surveys and meetings had been used to seek the views and opinions of people and relatives to influence improvements. People and relatives consistently fed back how well the registered manager consulted with them.

Continuous learning and improving care

- The registered manager kept their knowledge of best practice up to date by accessing training and had developed links with local services. They had also obtained support and guidance from resources such as Skills for Care and the local clinical commissioning group.
- The management team carried out audits to govern, assess and monitor the quality of the service and staff. These included monitoring and auditing medicines, staffing, care plans, equipment and the environment.