



Inspection Report on

Forest House Residential Care Home for Adults with Learning Difficulties

**2 Hafod Tudor Terrace
Wattsville
Cross Keys
Newport
NP11 7QQ**

Date Inspection Completed

6 January 2022

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About Forest House Residential Care Home for Adults with Learning Difficulties

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Dean Hunt
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

Forest House is a care home, which is able to accommodate up to three residents. Dean Hunt is the Responsible Individual (RI) and manager, who is responsible for overseeing the management of the service. Dean is registered with Social Care Wales, the workforce regulator.

The home benefits from a small, consistent team of care staff who are skilled and experienced in their roles. Staff turnover is low which allows people being supported to build and maintain positive relationships. Interactions between care staff and residents are positive, warm, encouraging and dignified. Care staff feel valued; however, the frequency of their supervisions needs to be increased. The service recognises and respects what is important to people. Personal plans are detailed and clearly inform care staff of how best to support each person. These plans do, however need to be reviewed more frequently to ensure any changes are recorded.

The RI is involved in the day-to-day running of the home and knows the residents well. However, improvements are required in some of the reporting, such as the quality of care reports. The home is clean, tidy and well organised. The RI told us about a planned programme of works to ensure that all areas of the home are well maintained. Infection prevention and control procedures are followed within the home to minimise the risk of a spread of infection. Robust COVID-19 protocols are planned and followed.

Well-being

The service promotes people's rights and encourages them to have choice and control over their everyday lives. Residents told us that they are happy with the care and support they receive. People have autonomy over their own lives as much as possible and care staff know their likes and dislikes. People are supported to engage in a range of activities in the home and local community, which are meaningful to them. Care workers understand the importance of getting to know people as individuals. People have positive interactions with care workers.

We saw that people have been supported to register to vote. People are encouraged and supported to maintain meaningful relationships with those closest to them. Independence is encouraged for people to make their own snacks and drinks. Care staff provide a range of main meals for people, which they help with as much as they can.

Residents receive the support they need to maintain their health and wellbeing. The service completes a range of risk assessments and personal plans, which identify each person's care and support needs and how these can best be met. Individuals are supported to access medical and specialist services, as required. Care workers recognise when people need emotional support and provide this with kindness and compassion. Residents are encouraged to achieve individual goals that help to develop their skills and independence.

Residents have their own rooms, which are personalised to their individual tastes. People have family photos, cards and collectables in their rooms, which gives a homely feel to their surroundings.

The service helps to protect people from abuse and neglect. Care staff complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy, which reflects the Wales Safeguarding Procedures and is kept under regular review. People are encouraged to share their views about the service they receive.

Care and Support

People receive the support they require, as and when they need it. Care staff interact well with residents, which evidences positive relationships. Care workers are patient, supportive and encouraging when supporting people. People have choice and autonomy over day-to-day decisions, people told us they choose when to get up and go to bed and where they spend their time throughout the day. Resident's files contain all the required information including risk assessments and personal plans of care. These are reflective of the person being cared for and include their preference of how to be supported in all relevant areas. The plans are person-centred and give clear detail to staff on how best to support each individual. The plans do, however, need to be reviewed more often to ensure that any changes are captured. We expect the provider to rectify this and will follow it up at our next inspection.

Referrals are made to external health and social professionals as and when required. People are registered with a local general practitioner (GP). Records are kept of previous appointments with health and social care professionals for reference as required. Detailed daily notes for each person evidence that care staff are providing care and support in line with people's personal plans. Record keeping is accurate and consistent in all areas required to support people to maintain their health.

Systems are in place for the safe management of medication within the service. People receive appropriate support with their medication, which helps to maintain their health. We saw that care staff complete medication records accurately. We discussed people's ability to manage their own medication, the RI assured us that this would be considered and recorded in their files.

Infection prevention and control procedures are good. Care staff wear appropriate personal protective equipment (PPE) and wash their hands regularly. Temperatures of care staff and residents are taken daily and regular COVID-19 testing is carried out on staff. We were asked for evidence of a negative lateral flow test result before we entered the property and had our temperature taken before entering.

Environment

The home is clean, free from clutter and spacious. We saw that residents have a choice of spending their time in either of two lounges, a dining area or their rooms. Communal bathrooms and the kitchen are well sized for the number of people living at the home. The environment is homely and well maintained. The Fire and Rescue service had raised a concern in March 2018 about self-closing devices not working properly on people's bedroom doors. On the day of the inspection, we observed that one bedroom door did not fully close; the RI assured us that this has since been serviced and now all door closers work properly. The RI also assured us that staff check all doors are closed after people have gone to bed.

People's bedrooms are decorated to their own tastes and contain personal items including pictures, and collectables such as records and model vehicles. People told us they enjoy living at the home, they find the environment homely and it meets their needs.

There is an outdoor decking area with bird feeders and seating for use in better weather. The service has a five star rating from the food standards agency, which means that hygiene standards for food preparation are very good.

People benefit from a secure environment, the front door is kept locked. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency. Increased cleaning is taking place due to the COVID-19 pandemic. We saw that the home is kept clean and tidy.

Leadership and Management

People benefit from effective leadership and management. The model of care described in the service's statement of purpose accurately reflects the support provided. The RI/manager is closely involved in the day-to-day running of the home. He is well respected and trusted by the care staff team. The home benefits from good staff retention among its small team; this supports positive relationships between care staff and residents. The care staff work well as a team and communication is good. Throughout our visit, we saw there was a sufficient number of care staff on duty to support people.

The RI has undertaken quality assurance checks. However, these need to be more detailed to reflect an overall assessment of the quality of care and support and to identify any areas where improvements may be made. We expect the provider to address this and will follow it up at our next inspection. The provider has relevant policies in place, which are kept under review.

We saw that staff personnel files are well organised and contain the required information. We spoke to the RI to ensure that full employment histories of staff are recorded to include months as well as years, which they agreed to address. Care staff are experienced, confident and skilled in their roles. Care staff complete a range of training courses, including regular refresher courses in important areas such as safeguarding people at risk of harm.

Care staff receive supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. The frequency of these supervisions needs to increase to a minimum of once every three months. We expect the provider to rectify this and will follow it up at our next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
80	The Quality of Care report does not include sufficient detail to evidence an accurate assessment of the	New

	quality of care and support provided. Ensure Quality of Care reports are completed at least every six months and include analysis of keys areas to assess the quality of care provided and plan for improvements as identified.	
16	Peoples personal plans are not reviewed as often as they should be. Ensure all peoples personal plans are reviewed as required and at least every three months	New
36	Care staff do not receive supervision as often as required. Ensure that care staff receive one to one supervision with their line manager at least every three months	New
57	Health and safety (Regulation 57):	Achieved
35	Fitness of staff (Regulation 35 (2) (d) Schedule 1):	Achieved

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