



## **Inspection Report on**

**Forest House Residential Care Home for Adults with Learning Difficulties**

**Newport**

### **Date Inspection Completed**

29/06/2023

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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	6 January 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

Forest House is a small care home situated in a quiet area, with links to nearby towns. People are happy living in the service, and speak positively about their lives, and achievements. People and their families are involved in their care and support. Staff are familiar with people's care and support needs and have good relationships with people living at the service. Staff speak positively about people living at the service and treat them with dignity and respect.

The service has a small and consistent staff team and is owned by an individual provider who is also the Responsible Individual (RI) and the manager. The daily management of the service is effective, however there are some gaps in quality assurance and auditing processes which have the potential to impact people's wellbeing. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Well-being

People are happy living at the service, and speak positively about their home, the care staff, and the manager. They told us that they “*feel settled*” in the service and are happy they can do the things they enjoy. There is a focus on well-being outcomes, and people and the care staff speak positively about achievements and plans. People choose what time to get up in the morning and go to bed at night. There is a relaxed schedule in the service and staff are respectful of people’s personal space and preferences. People are in control of how they spend their time in the day and told us about their plans and interests. Staff are kind, and polite, and treat people with dignity and respect. We saw staff respond quickly and provide reassurance to people.

People participate in shopping, planning, and cooking their meals. They told us they enjoy the food at the service. We saw people making their own breakfasts and enjoying these in the dining area with staff. The service has a rating of 5 (very good)- from the food standards agency. The environment is clean and tidy and has a homely atmosphere. People are relaxed in their surroundings, and enjoy spending time in the communal lounges, as well as in their bedrooms.

The service encourages contact with friends/family and supports people to visits and have visits as they choose. Families are involved in people’s care and support and provide regular feedback on the service. People are encouraged to provide feedback on the care and support they receive and are supported to do the things that matter to them. There is consideration of people’s compatibility within the service, and people enjoy spending time together as well as independently.

People feel safe and well looked after. There is a service user guide in place to support people to raise a concern if needed. People can access the right information, when they need it, in a way that they understand. We saw staff responding positively and providing reassurance. People feel confident when speaking to staff and the manager. There are systems in place to support the monitoring and review of people’s wellbeing goals. However, there are some gaps in the processes for ensuring staff suitably trained and supported in line with the Regulations.

## Care and Support

People benefit from the care and support they receive; they told us they *“have it all here.”* Care Staff and resident engagement is positive, respectful, and familiar. There is a warmth to the interaction between staff, people, and the manager. We saw people laughing and sharing jokes together. People’s communication is responded to quickly and positively, and care and support is delivered in a timely manner. Care staff are pro-active in meeting people’s care and support needs and are familiar with preferred routines. People choose how they spend their time. The activities planned in the service are a mixture between group and individual activities depending on people’s preferences. People told us they enjoy the freedom of going out alone as well as some of the local areas they like to visit. Recently people have visited the cinema, planned picnics, and used specialist bikes in local parks.

The service promotes skill development. We saw people making their own breakfasts and drinks, and care staff supported them to make their lunch. People are praised for their achievements and staff are encouraging as people participate.

Personal plans are written clearly with a focus on people’s wellbeing goals. There is clear guidance for staff to enable them to support people to achieve their goals. Care staff speak positively about achievements made by people in the service, such as learning to use the bus independently. Plans are reviewed in line with the Regulations, however clearer processes are required to support this to happen consistently. People and their families are involved in their care planning process. There is consideration of people’s wishes and aspirations. Risks and specialist needs are assessed at admission and ongoing, enabling people to receive care and support that meets their changing needs. People are supported to be safe from harm, and to develop skills by the thorough assessments in place.

The service promotes hygienic practices and effectively manages infection and control procedures. This is managed by the staff, and people are encouraged to participate in the cleaning of the home and their bedrooms. Medication is managed effectively within the home, with clear processes in place to support this. All medication is stored securely and safe handling practices are followed consistently by the care staff team.

## Environment

The service is set in a quiet location with links to public transport which people use to visit nearby towns. People are happy with their “*freedom*” in the environment, where there is open access to all areas. The environment meets the needs of people using the service. It is a comfortable home with ample communal space for people to use. The service has two lounges and a dining area, as well as a family style kitchen. There is a bathroom and a shower room for people to use. There is adequate equipment provided to support people where required. The bathroom has equipment to support people to use the bath which people tell us they enjoy. The communal areas are accessible to all people in the home and have a cosy familiar feel to them. We saw birthday cards and decorations from a celebration that week. The service benefits from a peaceful outside space, although part of the garden could be difficult to access due to the steps. There is outside seating for people to enjoy with lovely views of the countryside.

People’s bedrooms are personalised, and reflective of people’s personalities and preferences. Personal items are displayed clearly and are always accessible to people. We saw people’s photos of family displayed in bedrooms. People take pride in their bedrooms and their belongings. The homes décor is slightly dated in areas, but there is a homely and comfortable appearance with plenty of seating and spaces for socialising. People tell us they like living at the home and spending time in the lounges. Some areas of the home need some repair and redecorating, however there is a plan in place to address this. We look forward to seeing these updates at our next inspection.

The environment is safe for people using the service. All safety certification is in date, and the service has completed work in line with their fire notice. There is evidence of consistent fire alarm testing and drills taking place within the service to keep people safe from harm. Care staff and people living at the service work together to ensure that the service is clean. We saw people clearing up after meals and wiping surfaces.

## Leadership and Management

The service is owned by an individual provider who is also the RI, and the manager. Day to day management of the service is clear and effective. The provider has a good understanding of people's needs and wishes and supports these daily whilst working as part of the team. Daily management tasks are completed consistently, there is evidence of people's wellbeing needs being met by the management, and people benefit from the familiarity of the manager. There is a consistent and small staff team at the service who are suitably trained and supported to carry out their duties. There is evidence of daily support and discussions between the RI/manager and the staff. Staff told us that working at the service is "*rewarding and it's a home from home.*" However, some improvements are needed in the recording of supervisions in line with the Regulations. There are enough staff on duty to support people effectively.

The service has clear and accessible policies and procedures to safeguard people and to support staff to carry out their roles confidently and competently. There are consistent processes for ongoing assessments of needs, and the manager/ RI works with the staff to ensure that care and support is delivered reliably.

Not all governance arrangements in place are adequate to support the smooth running of the service. There are gaps in quality assurance and auditing processes to inform and develop the service and ensure safe staffing arrangements. The service provider has not submitted an annual return this year in line with the Regulations. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action. Recruitment processes within the service are safe, however at the time of inspection not all staff are registered with Social Care Wales, the workforce regulator. The RI/manager took immediate action to resolve this issue, and we look forward to seeing updated processes at our next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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6	Not all governance arrangements in place are adequate to support the smooth running of the service. There are gaps in quality assurance and auditing processes to inform and develop the service and ensure safe staffing arrangements. The service provider has not submitted an annual return this year in line with the Regulations.	New
80	The Quality of Care report does not include sufficient detail to evidence an accurate assessment of the 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.	Achieved
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	Achieved
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	Achieved

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