

Sudera Care Associates Limited

Fauld House Nursing Home

Inspection report

Fauld
Tutbury
Burton On Trent
Staffordshire
DE13 9HS

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24 January 2017

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Tel: 01283813642

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

This inspection took place on 24 January 2017 and was unannounced.

At our last inspection in February 2016, we rated the home as Requires Improvement overall. Improvements were needed to ensure the provider was following the legal requirements when supporting people to make decisions about their care required. Action was also needed to ensure the quality and safety checks carried out by the manager were effective in maintaining and improving the care people received. At this inspection, we found the required improvements had been made.

Fauld House provides accommodation, personal and nursing care for up to 48 people. At the time of the inspection, 45 people were using the service. There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the home and their relatives were confident they were well cared for. If they had any concerns, they felt able to raise them with the staff and management team. Risks to people's health and wellbeing were assessed and managed and staff understood their responsibilities to protect people from the risk of abuse. People's care was regularly reviewed to ensure it continued to meet their needs. There were sufficient, suitably recruited staff to keep people safe and promote their wellbeing. Staff were received training and support to ensure they had the skills and knowledge to provide the support people needed.

Staff gained people's consent before providing care and understood their responsibilities to support people to make their own decisions. Where people needed to be restricted of their liberty in their best interests, the registered manager had made the necessary applications for approval.

Staff had caring relationships with people and promoted people's privacy and dignity and encouraged them to maintain their independence. Staff knew people's preferences and supported them to have choice over how they spent their day. People were supported to eat and drink enough to maintain a healthy diet. People were able to access the support of other health professionals to maintain their day to day health needs.

People received personalised care and were offered opportunities to join in social activities and follow their interests. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes.

There was an open and inclusive atmosphere at the home. People and their relatives were asked for their views on the service and this was acted on where possible. People knew how to raise complaints and were

confident their concerns would be taken seriously. Staff felt supported by the registered manager. The registered manager and provider carried out checks and audits to continuously monitor and improve the service.

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.

Risks to people's health and wellbeing were assessed and managed. There were sufficient, suitably recruited staff, who understood their responsibilities to keep people safe from harm. People's medicines were administered, recorded and stored safely.

Is the service effective?

Good ●

The service was effective.

The provider had made improvements and was acting in accordance with the Mental Capacity Act where people lacked the capacity to make certain decisions about their care. Where people were being restricted of their liberty in their best interests, applications had been made for legal approval. Staff were trained and supported to meet people's needs. People had sufficient to eat and drink and accessed other health professionals as needed.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and promoted people's privacy and dignity. People were supported to make decisions about their care and support and were encouraged to be as independent as possible. People were encouraged to maintain their important relationships.

Is the service responsive?

Good ●

The service was responsive.

People were happy that their care and support met their individual needs and preferences. People were offered opportunities to participate in social activities that met their preferences. People and their relatives knew how to raise any concerns or complaints and were confident they would be acted on.

Is the service well-led?

The service is well led.

Improvements had been made to ensure the provider's quality and safety checks were effective in identifying shortfalls and driving improvements. There was an open, inclusive atmosphere at the home and people and their relatives gave their views on how the service could be improved. Staff felt supported by the registered manager.

Good 

Fauld House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 24 January 2017 and was unannounced. The inspection was carried out by two inspectors 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.

We reviewed the information we held about the service and provider including notifications they had sent to us about significant events at the home. We also spoke with the service commissioners who are responsible for finding appropriate care and support services for people, which are paid for by the local authority. Prior to the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

We spoke with seven people who lived at the home, six relatives, three care staff, two nurses, the activities co-ordinator, the operations manager and the registered manager. Some of the people living at the home were unable to speak with us about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care. We observed how staff interacted with people, and the support they provided in the lounges and dining areas.

We reviewed the care plans of five people and looked at other records relating to the management of the service, including staff recruitment and quality checks.

Is the service safe?

Our findings

People felt safe and liked living at the home. One person told us, "I feel safe with staff. I would be gone if I wasn't. Another said, "I can't complain at all". Relatives we spoke with told us they had no concerns about their relations and felt they were happy and well cared for. One relative said, "[Name of person] has dementia. I have no concerns about safeguarding. If I had, I would say so". This showed us people and their relatives were encouraged to raise concerns. Staff understood their responsibilities to protect people from the risk of abuse and the procedure to follow to report concerns. One member of staff said, "I'd go to the nurse in charge, the unit leader or the manager straight away". Staff were confident any concern would be dealt with by the registered manager and there were also details of the safeguarding team in the office for staff to refer to if they needed to act alone. Staff were aware of the provider's whistleblowing procedure and told us they wouldn't hesitate to use it if they needed to. Whistleblowing is a system that enables staff to raise concerns about poor practice. Our records showed that the registered manager had notified us, in accordance with the regulations, when they had referred concerns to the local safeguarding team.

Risks to people's safety were identified and assessed and care plans we looked at had risk management plans in place for all aspects of people's care. We saw that where people needed support to mobilise safely, plans were in place to guide staff on the way they should be assisted. We observed staff followed the plans to keep people safe, for example when helping people to move using equipment. Where people were at risk of developing damaged skin due to pressure, we saw they had pressure relieving equipment in place and staff told us how they repositioned people at regular intervals in line with their documented requirements. Accidents and incidents were recorded and monitored and we saw that action was taken to minimise the risk of reoccurrence. A relative told us, "[Name of person] is safe here. They fell twice recently and the staff discussed it with us. They lowered the mattress and put a sensor pad with an alarm. I was happy with that. There have been no more falls. I'm confident they are safe". Personal evacuation plans were also in place, setting out the support and level of assistance people needed to leave the building in the event of an emergency, such as a fire.

People were supported by staff who they knew well and we saw there were sufficient staff on duty to meet their needs. We saw call bells were answered promptly and staff were available when people needed support. One person told us, "There are enough staff here. There's always a member of staff around; I don't have to run around the corridors to find one". A relative said, "[Name of person] has a bell in their room; staff come quickly if they ring". We saw people did not wait long when they asked staff for assistance and call bells were usually answered within five minutes. Staff told us there were sufficient staff to meet people's individual needs and the registered manager ensured there was an appropriate mix of skills and experience. One member of staff said, "There is always someone you can go to for advice if needed". Staffing rotas we looked at confirmed this. The manager told us staffing levels were based on people's dependency levels and were regularly reviewed. For example, they told us staffing levels had been increased recently to ensure people were supported safely whilst in the communal lounge. The manager had also identified that people living with dementia could become more unsettled in the early evening and we saw they rostered an additional member of staff to provide support during this time. This showed us staffing levels were kept under review to ensure they met people's needs at all times.

Staff told us and records confirmed that the provider carried out recruitment checks for both permanent and agency staff which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager had checks in place to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

People received their medicines as they needed them and in their preferred way. One person said, "I get tablets morning, midday and night. They put them in my hands and I take them myself but staff watch me take them". One relative told us the staff were patient with people, "Sometimes [Name of person] doesn't want to take them and struggles with medicines. The staff are patient while they take them". We saw that the nurse spent time with people and checked to ensure each person had taken their medicine before leaving them. We saw that medicines, were accurately recorded, stored securely and disposed of in accordance with legislation.

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the last inspection, improvements were needed to ensure that staff consistently followed the MCA when supporting people who lacked the capacity to make certain decisions about their care. At this inspection, we saw that people's capacity to make decisions was considered in all areas of their care.

Where people lacked the capacity to make certain decisions, for example, to have bedrails or to be safe if they left the building; capacity assessments had been completed and a best interest decision had been made involving those people who were important to them. Staff had received training in the MCA and associated Deprivation of Liberty Safeguards (DoLS) and understood their responsibilities to support people to make their own decisions. We saw that staff sought people's consent and explained their actions before supporting people, for example, when supporting people using equipment such as the hoist. A relative told us, "The staff always ask for permission. It's how they do it". This showed us the provider was acting in accordance with the MCA.

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 under the DoLS. We saw that the registered manager made applications for people who were being restricted of their liberty in their best interests. This showed the registered manager understood their responsibilities under the legislation.

People received care from staff who had the skills and knowledge to meet their needs effectively. People and their relatives told us the staff were well trained and were happy with the care staff provided. One person said, "I need help to be moved with the hoist. The staff are trained to use it and there are always two". Another said, "The staff know what they're doing. They have to pass exams". A relative told us, "Staff wouldn't get a job here if they weren't well trained". Staff told us they were provided with a range of training to meet people's needs and there was an induction programme in place for new staff. This included completing the Care Certificate, which is a nationally recognised set of standards which support staff to achieve the skills needed to work in health and social carer. Staff told us their induction included shadowing more experienced staff to enable them to get to know people's needs and preferences. We saw from training records that staff had received training in a range of skills that were relevant to the needs of people living in the home. A senior member of staff monitored training to ensure staff skills and knowledge was kept up to date. Staff competence was checked in areas such as safe moving and handling and concerns were addressed with further training.

Staff had supervision meetings with senior staff, which gave them an opportunity to discuss their performance and any training needs. One member of staff told us, "There is always training available. If you think you need anything, you can go to the training co-ordinator and they will sort it out". These arrangements ensured staff had the skills and knowledge they needed to support people effectively.

People enjoyed their meals and told us had a choice. One person said, "The food is very good, and there's plenty of choice. At lunchtime, we saw that the meal looked appetising and was well presented and there was a relaxed, sociable atmosphere. We saw that most people could eat independently but support was available if people needed this. People's nutritional needs were assessed and where risks were identified, people were referred to specialists such as the speech and language therapist and dietician. One person told us, "I couldn't eat easily so they did a swallow test and I use a two handled cup and they chop up the food for me now. Then I can manage myself". This showed us staff followed the advice given to ensure people's nutritional needs were met.

People accessed the support of other healthcare professionals when they needed to. One person said, "A GP visits every week on Thursday and Friday and there's also a regular visit from the chiroprapist. If you need to go to a hospital appointment and a relative isn't available, the staff book an ambulance and a staff member goes with you". We saw that visits from professionals such as the GP and optician were recorded and people's care plans were updated when specific advice was received, for example changes to people's medicines. This showed people were being supported to maintain their day to day health needs.

Is the service caring?

Our findings

People liked the staff and said they looked after them well. Comments included, "People are well looked after here. Staff are friendly, we've got to know them. It's a warm atmosphere here", and "The staff are very good, very friendly and we couldn't ask for better". Relatives were complimentary about the staff and told us they treated their relation with respect.

One said, "I'm happy with the care, the staff are brilliant". We saw that people and their relatives looked relaxed in the company of staff and we heard friendly, light hearted banter between them. Staff showed concern for people's wellbeing and responded quickly when people were anxious, offering reassurance and support. Staff recognised people's individual needs and monitored people who were less communicative to ensure they had everything they needed. For example, we saw staff checking that people's drinks were still hot and offering them fresh ones if they had gone cold.

People's privacy and dignity was promoted. We saw that staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. A person told us, "I share a room and staff put up a screen when changing us. We both like our privacy". A relative said, "The staff take [Name of person] to their room and they have their own shower. I never see anybody with their underthings showing; the staff respect people's dignity". Staff told us they always closed the curtains and door when supporting people in their rooms and we saw they knocked on people's bedroom doors and waited to be invited in.

People had choice about their daily routine, for example what they wanted to eat and how they spent their time. One person told us, "The staff listen to what you want". Another said, "I am very independent, I do what I want". A relative told us, "[Name of person] gets up and goes to bed when they want. If they tell staff they want to sleep, they respect their wishes but check to make sure they are okay". Another said, "[Name of person] gets up late and sleeps late. The staff respect that". Staff encouraged people to be as independent as possible, for example, we saw staff encouraged people to walk with support or to eat their meal independently where appropriate.

People had been involved in making decisions about their care and treatment. One person told us, "I know about my care plan. I went through everything with the nurse. It was a two-way process". Relatives we spoke with told us they felt involved and were kept informed about changes in their relation's care and treatment. One relative said, "If there are any issues the staff contact you. [Name of person] was ill and went to hospital; the manager phoned to let us know". Another said, "Staff keep me informed, they are brilliant". We saw that where people did not have the support of family or friends, the staff arranged an advocate to help them to make important decisions. An advocate is a designated person who works as an independent advisor in another's best interest. This showed the service supported people to be involved in making decisions about their care and support.

People were encouraged to maintain important relationships. Visitors were encouraged to come in whenever they wanted and we saw staff welcomed people's relatives and offered them refreshments. One told us, "I'm very much welcomed and have a laugh with staff. I can visit anytime, although lunchtime visits

are discouraged, I come anyway and wait while they eat their meal".

Is the service responsive?

Our findings

People were happy with the care they received and that it met their individual needs. One person said, "Staff know how to look after me. I can move about myself. I get enough to eat and drink. I don't have to sit in the lounge if I don't want to". People told us they had formed good friendships at the home. One person said, "I get comfort here. I know quite a few residents as friends and the staff are closer to me than sisters". Another said, "I have close companions here". We saw that people's individual preferences were taken into account, for example, people's rooms were personalised and furnished in their preferred way. One person liked tropical fish and had tank in their room so they could watch the fish from their bed. Other people's bedroom doors were decorated with pictures which represented their favourite items. Staff knew about people's likes and dislikes and their important relationships and this information was recorded in their care plans.

People's needs were assessed prior to moving into the home and their care was regularly reviewed to ensure it remained relevant. Each person had a named nurse, who was the main point of contact for people's families if they had any concerns or queries. One person and their relative told us, "We did a care plan and it's been reviewed. If anything crops up they discuss it with us". A relative we spoke with told us they had been involved in reviewing their relation's care. They said, "The nurses have chatted with me about my relative's care plan and I have been involved in reviews also". We saw that staff kept records of the care people received and any concerns were shared during the shift handover. Staff told us they discussed how people were and shared information about any changes to their care, for example changes to people's dietary needs. This ensured staff coming onto shift had the relevant information they needed to support people appropriately.

People were offered opportunities to join in social activities both inside and outside of the home and were encouraged to follow their hobbies and interests. One person told us, "We have plenty to keep us occupied; singers and all sorts". Another person said, "The activities co-ordinator is very bubbly, she keeps people going. There's lots of activities on the board". A relative told us their relation loved music, "They regularly have musicians here. [Name of person] played the piano when they were young and has a piano in their room that is comforting for them". We saw the activities co-ordinator supported people in groups and on an individual basis, with games such as scrabble and bingo, which people clearly enjoyed. People told us the home hosted a fortnightly church service and people could have Holy Communion if they chose. The registered manager told us other faiths were provided for when requested, which showed people were supported to follow their religious and spiritual beliefs.

People and their relatives were aware of the complaints procedure at the home and told us they would speak to a member of staff or the registered manager if they had any concerns. One person told us, "I know how to complain and would go to the manager. But, I have never had to or had any concerns". A relative told us, "I am aware of the complaints procedure but I've never had to use it". We saw that any complaints were investigated and responded to in line with the provider's complaints procedure.

Is the service well-led?

Our findings

At the last inspection, we found the provider needed to make improvements to audits of medicines and care records to ensure they were effective in identifying shortfalls and driving continuous improvement. Improvements were also needed to ensure equipment used to manage the risk of pressure damage to people's skin was in good order. At this inspection, we saw that medicines and topical creams were accurately recorded and the registered manager carried out medicine audits and an external audit by the pharmacy was scheduled for February 2017. Improvements had been made to ensure that where people were at risk of dehydration, a record of what they drank was recorded and staff reported any concerns to the nurse in charge to ensure prompt action would be taken. Staff carried out checks to ensure pressure relief mattresses and pressure relief cushions were free from contamination each time they changed people's beds. We saw that an overall home audit was carried out which ensured that any shortfalls were identified and an action plan put in place where needed. The provider had employed an Operations Manager to provide support to the registered manager and we saw they were introducing additional checks and audits to ensure continuous improvement. This showed the registered manager and provider had effective systems in place to continuously assess, monitor and improve the service.

Accidents and incidents were monitored for any trends, for example repeated falls, and action was taken to reduce the risk of reoccurrence. Systems were in place to ensure equipment, including fire prevention, was regularly maintained. The registered manager understood their responsibilities of registration with us and notified us of important events that affected the service appropriately. The provider's rating was displayed in the reception area of the home, in accordance with the requirements of registration with us.

There was a warm and friendly atmosphere at the home and we observed positive interactions between people and staff. People and their relatives felt the service was well run. One person said, "The home is run in a nice way; I like being here". A relative said, "The manager and staff are accessible if you need something. I think the service is well managed". Another said, "The manager is confident and easy to talk to".

The provider sought people's views on how the service could be improved through residents and relatives meetings and satisfaction surveys. The registered manager told us the 2017 survey would be sent out in the next couple of months. Minutes of meetings showed that people were asked for their views on the activities at the home and where possible, these were acted on. A monthly newsletter reported on recent events at the home and informed people about plans for decoration works. One relative said, "They ask our views and we get feedback on what's happening too".

Staff worked well as a team and felt supported by the registered manager. One member of staff told us, "We have a very good team. Everyone gets on with everybody. I feel we have a good relationship with the nursing staff and management". Staff told us they had meetings with the manager and felt comfortable raising any concerns they may have. One said, "I can go to the manager about anything, they are very approachable". The registered manager told us staff meetings were held every three months. Minutes of the most recent meeting showed that a range of issues were discussed, including staffing levels, recent and forthcoming training events. This showed the registered manager supported staff to fulfil their role.

