

Brownlow Enterprises Limited

St Francis Residential Care Home

Inspection report

65-67 Falmouth Avenue
Highams Park
London
E4 9QR

Website: www.ventry-care.com

Date of inspection visit:
02 December 2019
05 December 2019

Date of publication:
23 January 2020

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

St Francis Residential Care Home is a residential care home providing personal care to 32 people aged 65 and over at the time of the inspection. The service can support up to 39 people living with dementia.

People's experience of using this service

We made a recommendation about adapting the décor of the building to meet people's needs.

Staff were supported in their role with training, supervision and appraisals. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional, hydration and healthcare needs.

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 using the service had risk assessments carried out to protect them from the risks of avoidable harm. Staff were knowledgeable about safeguarding and whistleblowing procedures. Medicines were managed safely and people were protected from the risks associated with the spread of infection. The provider had a system to record accidents and incidents.

People and relatives told us staff were caring. Staff demonstrated they knew people and their care needs well. The provider and staff understood how to provide a fair and equal service. People and relatives were involved in making decisions about the care provided. People were encouraged to make choices. Staff understood how to maintain people's privacy, dignity and independence.

Care plans were detailed and personalised. Staff understood how to provide person-centred care. The provider understood how to meet people's communication needs. People and relatives knew how to make a complaint. Complaints were dealt with appropriately. People had end of life care plans so staff would know how to provide end of life care in line with their wishes.

People, relatives and staff spoke positively about the leadership in the service. The provider carried out various quality checks to identify areas for improvement. People, relatives and staff had regular meetings to be updated on service development. The provider had a system in place to capture feedback from people, relatives and visiting professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 January 2019) and there were two breaches of the 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St Francis Residential Care 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

Our inspection was completed by one inspector and one 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.

Service and service type

St Francis Residential Care 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. 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 seven people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the operations manager, registered manager, senior carer, two carers, the activities co-ordinator and the chef.

We reviewed a range of records. This included four people's care records including risk assessments. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including health and safety checks and quality assurance were reviewed. 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.

After the inspection

The registered manager sent us documentation we requested including training data.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider did not always ensure there were enough staff rostered on to keep people safe and meet their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and relatives told us overall there were enough staff on duty to meet their needs but at times the service was short staffed. One person told us, "I have used [the call bell] a few times. The response is quick."
- Staff confirmed there were enough staff on duty. One staff member added, "There is enough staff but there is a problem when staff call in sick but [registered manager] will call some staff to replace."
- Records showed there were enough staff rostered on to meet people's needs. Since the last inspection, the provider had recruited an activity co-ordinator and an additional staff member to work in the kitchen and assist in the dining room. This meant care staff were able to devote their time to supporting people directly.
- The registered manager told us they did not use agency staff and records confirmed staff from the provider's other services helped out to cover staff absences. They told us they were in the process of recruiting an additional member of staff to cover staff absences.
- The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included obtaining proof of identification, right to work in the UK and written references.
- The provider carried out criminal record checks of new staff before they began employment and regular updates for this were obtained to confirm continued suitability of staff.

Assessing risk, safety monitoring and management

At our last inspection we made a recommendation about risk assessments. At this inspection the provider had made improvements.

- We found trip hazards identified at our last inspection had been rectified
- People had risk assessments carried out to protect them from the risks of harm they may face. Risks assessed included mobility and falls, skin integrity, emergency evacuation of the building, personal safety and mental health.
- Staff understood how risks to people using the service were managed. One staff member told us, "Once they [risks] have been identified, then we keep updating them on a monthly basis or as required. The one

that keeps being updated is the one for falls which needs to be updated each time [people who use the service] fall."

- Building safety checks had been carried out as required including a gas safety check on 2 July 2019 and portable electrical appliance testing on 6 November 2019.
- The service had an up to date fire risk assessment. Fire-fighting equipment had been checked on 1 February 2019 and records showed fire drills had been carried out regularly.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe at the service. One relative explained there were alarmed pads placed on the floor in their relative's bedroom as they sometimes tried to get up unassisted and were at risk of falls.
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding and whistleblowing.
- Staff knew what action to take if they suspected somebody was being harmed or abused. One staff member told us, "I would go to the manager first. If the manager does not do anything I would escalate it to CQC."

Using medicines safely

- People had a medicine care plan in their records which gave clear guidance to staff about how they wished to take their medicines. People who had capacity had signed to consent to staff administering their medicines to them.
- Staff who administered medicines had the appropriate training to ensure medicines were given safely to people.
- Medicines were stored appropriately and at the recommended temperature in locked trolleys and fridge.
- Medicines that were controlled under the Misuse of Drugs Regulations 2001 were stored appropriately and fully accounted for.
- People who required 'as needed' medicines, for example, paracetamol, had guidelines in place to inform staff how to administer these safely and appropriately.
- Medicine administration records were fully and accurately completed. Records were maintained of the quantities of medicines held in stock.

Preventing and controlling infection

- People who used the service told us the home environment was kept clean.
- Relatives told us they were satisfied with the cleanliness of the premises. One relative said, "Yes, [the home] is always immaculately clean."
- The service had an infection control policy which gave clear guidance to staff about maintaining hygiene and preventing the spread of infection.
- The service employed domestic staff whose responsibility it was to keep the home clean.
- Records showed there was a cleaning schedule and checks which were up to date.
- Staff had access to handwash facilities and confirmed they had access to adequate amounts of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The service kept records of accidents and incidents. Recommendations from these were documented and staff confirmed that lessons learnt were shared with the staff team.
- The registered manager gave an example of lessons that were learnt. Following an incident involving one person who had been admitted to hospital the lessons learnt included the need to ensure staff followed up on requests made to the mental health team for support.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The building was laid out across two floors which was accessible by lift.
- People's bedrooms were personalised with pictures of their choice on the walls.
- There was a water feature in the garden and a raised area overlooking the garden where people could choose to sit.
- In the main building there was signage on the walls to help people find their way to their bedroom and communal areas. However, there was no signage on the walls in the extension area of the building.
- We noted the layout and décor of the building was confusing to people with dementia or poor eyesight because the corridor walls and doors to rooms were the same colour. This meant it was difficult for some people to find their way around.

We recommend the provider seek advice and guidance from a reputable source about refurbishing the home to meet people's needs such as visual impairment or dementia.

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

At our last inspection we made a recommendation about providing a positive dining experience for people using the service. At this inspection the provider had made improvements.

- At the last inspection the lunch time meal was not well managed and people were left sitting at tables waiting for their food to be served. There were no condiments or drinks for people on the tables and music was played at a high volume.
- At this inspection, we observed lunch being served. Tables were set with condiments and a vase of flowers. People were offered a variety of drinks. Staff told people what was on their plate before putting it in front of them.
- We observed the registered manager was present in the dining room for meal times and supported people to eat. People received their meals in a timely manner and were observed enjoying their food.
- The chef told us people made their meal choices the day before. They also told us people could change their mind on the day. Menus were varied and nutritious, containing two main choices, a vegetarian choice and a halal choice which also met people's cultural needs for food.
- People told us the dining experience had improved and more choices were available.
- Staff confirmed people had choices of food. One staff member told us, "If [people] don't like what is on the menu you will say 'What would you like and I will go and prepare for you'."
- Care plans provided clear instructions to staff about the support people needed with their nutrition and

hydration. People were weighed regularly to ensure their weight remained stable.

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

- People had an assessment of their care needs carried out before they began to use the service to ensure the provider could meet their needs.
- The assessment process captured information about the person's support needs around communication, mobility, personal care, nutrition and hydration, mental health and physical health.
- Assessments included people's preference of gender of care staff, important relationships and sexuality and cultural and religious needs.

Staff support: induction, training, skills and experience

- People and relatives thought staff had the skills needed to provide them with care. One relative told us, "They are efficient when using the hoist and other equipment."
- Staff confirmed they received training and they found it useful. One staff member told us, "[Training] helps in everything. It's good and for me it has helped."
- Records showed staff received regular training updates including dementia, mental health, challenging behaviour and in health and safety topics.
- The registered manager told us new staff started were required to complete induction training within 14 days which included shadowing experienced staff.
- New staff completed the Care Certificate within six to eight weeks. The Care Certificate is training in an identified set of standards of care which care staff are recommended to receive.
- Staff confirmed they were supported with regular supervisions. Supervisions were themed and included observed practice so staff could check their knowledge about specific care topics such as manual handling and medicines.
- Records confirmed staff received annual appraisals which included looking at the staff member's strengths and areas for improvement.

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

- People and relatives confirmed they had access to medical professionals when they needed.
- Staff described how they supported people with their healthcare needs. One staff member told us, "You need to keep an eye [observe people] and you notice if there is a difference. It might be a change in behaviour. The GP comes every week so you refer to them."
- Care plans showed the service liaised with health professionals as required such as district nurses and the speech and language therapist.
- The registered manager told us, "I have booked [oral care training] on the 12 December 2019." Staff confirmed they would be doing this training.
- Care records noted if a person had any allergies and the support they needed with oral care.

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 particular 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of inspection 15 people had a legally authorised DoLS in place and nine people were awaiting the outcome of their application. The DoLS were in place or had been applied for because people required a level of supervision that may amount to their liberty being deprived.
- Mental capacity assessments were completed for people in relation to giving consent.
- Staff were knowledgeable about the MCA and DoLS. One staff member told us, "They [MCA and DoLS] work hand in hand and they are being applied for those who are unable to make decisions for themselves. We've got [people] who are under DoLS."
- Staff understood the need to obtain consent before delivering care. Responses included, "[Consent] for everything because that's their life" and "You do need to get verbal consent on a daily basis."

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 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 and relatives told us staff were caring. One person told us, "[Staff member] is really nice, washes my hair and everything. [Staff member] is off today. I am also offered fruit in the mornings if I want it."
- Staff knew the people they supported well including their likes and dislikes. One staff member told us, "You need to have respect for them [people who use the service]. It gives me something when you see their face [smiling], it feels like I win something."
- Another staff member said, "We can read [people's] history on the personal care plans. We can talk to [the person] and they will let you know. The senior will tell you. Next of kin come in and let you know what they [people who use the service] like or don't like."
- Staff and the registered manager knew how to provide a fair and equal service. The registered manager told us, "We are going to treat [person] as other [people] but also as an individual as well."
- One staff member said, "It doesn't matter about their culture, religion or colour. Everyone's needs are different so you need to meet their needs but not treat anyone unfairly."
- We asked the registered manager and staff how they would support somebody who identified as lesbian, gay, bisexual or transgender [LGBT]. One staff member told us, "We just have to adapt to their particular needs. I don't have a problem with [LGBT]."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives confirmed they were involved in their care planning.
- The registered manager explained how people and relatives could express their views. They said, "We do have reviews and an 'open door' policy. [People and relatives] can come and talk to me any time."
- Staff told us how people were involved in making decisions about the care. One staff member said, "We work hand in hand with [people] by asking what they would prefer."
- Staff explained how families were involved in decision-making. One staff member told us, "We ask the family when the family come. The management give them a questionnaire to fill out."
- Staff described how people were involved in the care received through being offered choices of food, drinks and clothes to wear.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their independence, privacy and dignity were promoted.
- Staff knew how to promote people's privacy and dignity. One staff member said, "If you go to do personal care you close the curtain, you close the door. If you are going into somebody's room you need to knock on the door."

- Staff understood the need to keep people's information confidential. One staff member told us, "There are some things we can disclose and some things we cannot disclose. Unless it is something everybody has to know, we are not going to start sharing details about other [people]."
- People were supported to maintain their independence. Responses from staff included, "We like to make them [people who use the service] feel comfortable and independent as much as it is safe to do" and "[Independence] is very important. You encourage them."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection we made a recommendation about accurate record-keeping. At this inspection, the provider had made improvements.

- Staff understood how to deliver person-centred care. One staff member said, "If [person] likes to go to bed at 11:00 pm and you put them to bed at 08:00 pm, you are not going to meet their needs. It's holistically about that particular [person]."
- Care plans were comprehensive and person-centred. One person's care plan stated, "I do not always participate in activities of the home but prefer to watch TV and observe what others are doing."
- People's preferences were documented in their care plans including their choice of bedtime and getting up. One person's care record stated they would like to be offered a hot milky drink if staff found them awake during the night.
- People's care plans were electronic which meant they could easily be updated and clearly detailed people's care needs. This meant information about people's support needs could be easily found by staff.
- Care records contained a summary sheet at the front. Care plans were regularly reviewed.

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 identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The registered manager told us for people with a visual impairment, "We can print information large. They can see it on our website as well. We have picture aids."
- Care plans gave clear guidance to staff about how to support people with their communication in terms of sight, hearing and speech. One person's care plan stated, "[Person] needs staff to speak in a clear loud voice to aid [their] hearing."

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 told us they were able to have visitors and relatives confirmed this. One person told us, "I go out

with my [relative]. No restrictions, in or out." A relative said, "No objections. I come whenever I want."

- One person's care record stated they would like to be verbally reminded where and when an activity was taking place.
- We observed activities taking place during the day which included a group colouring pictures and Christmas carol singing.
- People confirmed there were activities offered to them. One person said, "That [activities] has improved. When I first came here there was nothing. We do exercise with singing and music. It is very good now."
- Records showed a variety of activities were taking place which included activities outside the home, daily exercises, singing, reminiscence sessions and visiting entertainers. One person told us, "Sometimes they [staff] take a few of us for a walk to the local park."
- The activities co-ordinator told us there was a weekly church service and a weekly bible reading session. Records and people confirmed this. One person told us, "A lady comes every Thursday to give communion as I am a Catholic."

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and told us they would speak to the registered manager.
- Staff knew how to respond appropriately if somebody wished to complain. One staff member gave an example of making a person another cup of tea because they had complained the first one had gone cold. They told us for something more serious, "I would go to the senior."
- The provider had a complaints policy which gave clear guidance to staff about how to handle complaints.
- We reviewed the records of complaints and saw two informal complaints had been made since the last inspection. These were dealt with appropriately.

End of life care and support

- The provider had an end of life care policy which gave clear guidance to staff about how to provide care sensitively when a person was at the end of their life.
- People had a section in their care plan called, "My wishes for the future, end of life and palliative care plan. This contained information about which family members or friends they wished to be involved in decision making and their wishes for the end of life care.
- At the time of this inspection there was nobody who was considered to be at the end of their life.
- Where appropriate, people had a "Do not Attempt to Resuscitate" agreement in their care records.

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 requires improvement. At this inspection this key question has now 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.

Continuous learning and improving care

At our last inspection the provider's quality assurance systems did not always identify issues in relation to the health and safety of people who used the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider carried out various quality checks for the service in order to identify areas for improvement.
- An example of the audit system was the registered manager carried out night visits at various times. Records showed any areas identified for improvement was dealt with at the time with the staff concerned.
- The senior carer or the registered manager had a system to check call bell response times. This included randomly activating a call bell, judging how long it took for staff to respond and checking the staff member's knowledge about the actions to take in an emergency situation.
- Medicines and the first aid kit were checked weekly by the management.

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

- People and relatives told us they felt able to talk to the registered manager if they needed to. A relative said, "I have not really needed to see [registered manager] but I know I could."
- The registered manager told us, "I think I am so far doing good making sure [people using the service] are well looked after."
- Staff gave us positive feedback about the leadership in the service. One staff member said, "Between us and the [registered manager], we work together. If I feel I need more support [registered manager] is more than happy to help us and give us advice."
- Staff told us they felt supported by the registered manager. One staff member said, "[Registered manager] is fantastic." Another staff member told us, "The best. If you have one problem and you call [registered manager], they help you with everything."
- The registered manager told us, "We do have meetings which are quite open. It's an open door policy. They [staff] will send email as well if they don't have time to speak to me or if they don't feel comfortable speaking face to face."

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 operations manager and registered manager understood their legal responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required.
- The operations manager told us the Duty of Candour is about, "Transparency. If we make an error, we apologise."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider kept a record of compliments about the service. For example, a relative had written stating, "Thank you so much for looking after my [relative]. You really helped to improve [their] quality of life."
- The provider held regular meetings for people using the service and relatives. We reviewed minutes of meetings held in February, May and October 2019.
- Topics discussed included heat related illnesses, meals and snacks and activities. People using the service used these meetings to put forward their views about the quality of the service.
- Staff had regular meetings and told us these were useful. Records showed topics discussed included communication, meal times and well-being of people using the service. Staff confirmed these meetings were useful and all staff were treated equally.
- The provider had a system of obtaining feedback from people using the service and relatives. The survey completed in 2019 showed overall, respondents were satisfied with the quality of the service.
- Professionals visiting the service were also asked to complete a feedback survey. Responses included, "Great staff with listening ears" and "[Staff] are very accommodating and helpful."

Working in partnership with others

- The registered manager told us they worked jointly with healthcare professionals to achieve good outcomes for people.
- Records confirmed the service worked in partnership with health and social care professionals.