Leonard Cheshire Disability

Fethneys Living Options - Care Home Physical Disabilities

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

About the service: Fethneys Living Options – Care Home Physical Disabilities is a residential care home for people living with a severe physical disability and/or acquired brain injury. It is registered to provider personal and nursing care for up to 10 people; at the time of our inspection, seven people were living at the home.

People's experience of using this service: People were involved and consulted about how the service was run. People were aware of changes that had occurred at the home and of issues relating to the management of the home in the past few months. A registered manager was not in post, but the new manager was in the process of registering with CQC. Concerns had also been raised by the local authority in relation to safeguarding issues. People indicated they had no worries and were happy with the way the home was managed and with the staff who supported them. Residents' meetings provided opportunities for people to be engaged in the running of the home and to make suggestions. We observed the new manager being introduced to people as it was their first day in post. People were comfortable in the company of senior managers and support staff. People were involved in the interviewing and recruitment of new staff. A relative felt that improvements had been made following an unsettled period. They stated, 'I'm not sure how Fethneys can improve further as they are a cut above the average home in my opinion'. People, their relatives and staff now felt the home was well-run. A range of quality assurance systems measured and monitored the quality of care and the service overall, which was of a good standard.

People were safe and were supported by staff who were trained to recognise the signs of any potential abuse or harm. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety. People's risks were identified and assessed appropriately. Any accidents or incidents were recorded and lessons learned to prevent any reoccurrence. There were sufficient staff to meet people's needs, to enable them to engage with activities outside the home and to provide the support they required. People were supported by staff whose suitability was checked at recruitment. People's medicines were managed safely.

We observed people were comfortable in their surroundings and felt safe and happy. We spent time talking with people who were relaxed and comfortable to have a conversation with us. Throughout our inspection, we observed positive interactions between people and staff, underpinned with banter and laughter. Staff spent time with people and listened patiently to anything they had to say. People were treated with dignity and respect and had the privacy they required. Staff had completed equality and diversity training and treated people equally, regardless of their disability.

Before they came to live at the home, people's needs were fully assessed and referrals made by local authorities and commissioners. Staff completed training and were experienced in their roles to provide effective care to people. Staff received regular supervisions. People were encouraged with a healthy diet and contributed to the planning of menus and food preparation. People had access to a range of healthcare professionals and services. People were supported to have maximum choice and control of their

lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed in the information and guidance provided to staff. Staff encouraged people in decisions relating to their care and in care planning. People chose their keyworker who supported them in all aspects of their care, including the planning of activities. Complaints were logged and managed appropriately. No-one living at the home required end of life care at the time of the inspection.

This service met the characteristics of Good in all areas except for Well Led, which was Requires Improvement because safeguarding issues had not been notified in a timely manner. The overall rating is Good. More information is in the Detailed Findings below.
Rating at last inspection: Good. The last inspection report was published on 29 July 2016.

Why we inspected: This was a planned comprehensive inspection. We were made aware of safeguarding issues and concerns from the local authority and these contributed to the planning of this inspection. The home had also been without a manager for several months. The inspection took place in line with CQC scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Fethneys Living Options - Care Home Physical Disabilities

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 inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: There was one inspector.

Service and service type: Fethneys Living Options – Care Home Physical Disabilities is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

A registered manager was not in post. The last manager had deregistered with CQC and a new manager had been appointed who was in the process of registering with CQC. The registered manager 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 was an unannounced, comprehensive inspection.

What we did: Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by senior managers of the provider about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. The provider completed a Provider Information Return. Providers are required to send us key information once annually about their service, what they do well and improvements they plan

to make. This information helps support our inspections.

During the inspection we spoke with three people who lived at the service. Due to the nature of people's complex needs, we were not always able to ask people direct questions. We spoke with the provider's service improvement manager, area manager, manager, deputy manager, team leader and a support worker. We reviewed a range of records. These included three people's care records and medicines records. We also looked at two staff files and records relating to the management of the home. We spent time observing the care and support people received and interactions between people and staff.

After the inspection, we received feedback about the service from a relative and we have included this in our report.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. We asked people whether they felt safe. One person told us they had been worried when staff did not secure the lapbelt on their wheelchair on one occasion. This concern had been investigated and staff had been reminded of the need to ensure people were safe when using their wheelchairs.
- The provider and staff were aware of their responsibilities and had ensured they had reported safeguarding concerns appropriately. Staff had completed training in safeguarding. They knew how to protect people from harm and who to report to, if they had any concerns. One staff member explained, "If someone was unsafe, depending on the circumstance, I would report to the management or whistleblow".

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. Detailed risk assessments had been completed, for example, in relation to mobilising, eating and drinking and moving and handling.
- We looked at a range of risk assessments. One person's risks in relation to the need for correct positioning when eating and drinking included the advice and guidance from a speech and language therapist (SALT). The guidance from the SALT alerted staff to the person's risk of aspirating and the signs to look out for. Where people received nutrition or medicines through a Percutaneous Endoscopic Gastrostomy (PEG), staff followed a PEG regime. This involved daily, weekly and three monthly actions to be taken for the safe management of the PEG.
- Where people had been assessed as being at risk of becoming malnourished, their risks had been identified. For example, the Malnutrition Universal Screening Tool (MUST) had been completed. MUST is a tool specifically designed for this purpose. People's weights were checked and monitored, so any unexplained weight losses were flagged up and advice was sought.
- Personal Emergency Evacuation Plans had been completed for people. Staff knew what action to take if people needed to be evacuated from the home in the event of an emergency. Accidents and incidents were reported and recorded; any emerging trends were identified. Records confirmed this.
- Premises and equipment were managed safely and all safety checks had been completed as required.

Staffing and recruitment

- Staffing levels were satisfactory.
- Staff worked flexibly, so that if people wanted to stay out late, staff supported them with their social activities and outings.
- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care, two references were obtained and employment histories verified.

Using medicines safely

● Staff had completed medicines training and people received their medicines as needed. Staff competencies to administer medicines were checked. Records were kept electronically and were monitored and audited by the deputy manager. An audit had been completed by the prescribing pharmacy in October 2018 and there were no issues.

●Medicines in use were stored securely in cabinets in people's bedrooms. Further stocks were stored in a medicines room. Medicines were ordered, stored, administered and disposed of safely.

Preventing and controlling infection

● The home was clean.

● Staff completed training in infection control and food hygiene. Staff had access to personal protective equipment when providing personal care.

● People's laundry, including soiled linen, was washed and dried in a hygienic manner. The laundry room was clean and in good order.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. A number of safeguarding concerns were raised at the home during a period when the registered manager was not working in the summer of 2018. Senior managers had stepped in and taken actions to prevent similar events from occurring again.

Good

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

People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they came to live at the home. People's needs were continually assessed and their care and support was provided in line with best practice.
- Care records showed that people's care was regularly reviewed and any changes were reflected in updates to people's care plans.

Staff support: induction, training, skills and experience
- Staff had the knowledge, skills and experience to support people effectively.
- Staff had completed a range of training that the provider considered was essential for them to carry out their roles and responsibilities. This included safeguarding, food hygiene, moving and handling, first aid, mental capacity, behaviour support and disability awareness. Additional training was provided in relation to people's health conditions, such as epilepsy.
- Staff were encouraged to study for vocational qualifications in health and social care. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff shadowed experienced staff.
- Staff supervisions had lapsed since the last manager had left. However, staff told us they felt supported by senior managers of the provider. Staff have had recent supervisions with senior managers.

Supporting people to eat and drink enough to maintain a balanced diet
- Healthy eating was promoted and people were encouraged to choose a healthy diet when planning their menus.
- People chose what they would like to eat. Staff supported people to eat their meals when required and followed the guidance in people's care plans.
- People were encouraged and supported by staff in the preparation of meals; this helped to promote their independence.

Supporting people to live healthier lives, access healthcare services and support
- People were supported to live healthier lives and had access to a range of healthcare professionals and services.
- Records showed that people attended appointments with professionals such as social workers, dieticians and GPs.
- Care records included hospital passports which provided information in an accessible format about people's care needs, likes, dislikes and preferences. The passport went with people if they had to be admitted to hospital, to provide guidance for healthcare staff.

Staff working with other agencies to provide consistent, effective, timely care
● Links had been established with health and social care professionals.
● The deputy manager told us they had received support and guidance from a registered nurse in relation to setting up the new electronic medicines system. This support was ongoing.

Adapting service, design, decoration to meet people's needs
● The environment had been adapted to meet the needs of people who had limited mobility and for wheelchair users. For example, work surfaces in the kitchen could be moved up or down according to people's needs.
● A spacious lift accommodated wheelchairs and enabled people to move independently between floors.
● People's rooms were personalised. Each bedroom had a wet room en-suite and overhead tracking to assist with moving and handling.
● Level surfaces and raised flowerbeds meant that people could access the garden and be involved in gardening activities if they chose.

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 with appropriate legal authority. 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.

● People's capacity to make specific decisions had been assessed as needed. No-one living at the home was subject to DoLS.
● Where forms of restraint were used, such as bedrails and wheelchair lapbelts to prevent people from falling, people had given their consent. Where people needed support to make specific decisions, they had access to advocates.
● Staff had completed mental capacity training and had a good understanding of this topic.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
- We observed staff were kind and caring with people and responsive to their needs. Staff supported people in a patient, warm and friendly manner.
- Positive relationships had been developed between people and staff. People and staff had a shared sense of humour; the atmosphere of the home was welcoming and engaging.
- Staff treated people equally regardless of their disabilities. People were encouraged to be as independent as possible. Staff focused on what people could do and not what might be too difficult. Staff had completed equality and diversity training.

Supporting people to express their views and be involved in making decisions about their care
- We observed people were consistently encouraged and supported to express their views and be involved in decisions relating to their care.
- Care plans contained information about people's communication needs and guidance for staff which was followed.
- Staff used people's preferred way of communicating. People were encouraged by staff in day-to-day decisions about their care and how they wanted to spend their days.

Respecting and promoting people's privacy, dignity and independence
- People were treated with dignity and respect. People had the privacy they needed and this was respected by staff.
- Staff understood how to treat people with dignity. One staff member told us they had learned different ways of communicating with people. They added they had learned patience, caring and kindness when supporting people who lived with complex needs.
- When asked how they would treat people with dignity, another staff member said, "I do this always. For example, if I give someone a wash in bed, I would keep them covered. It's about involving people with their care, talking, consulting and explaining what you're doing".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

- People received personalised care that was responsive to their needs. Care plans provided staff with detailed information about people, their likes, dislikes and preferences. Care plans contained information about people's physical and mental needs. Each part of a care plan was cross-referenced to other documents which staff had read. This meant that staff were fully informed about each aspect of people's care and how to provide support. For example, a continence care plan included reference to the person's bowel monitoring form and fluid intake monitoring form.
- People's daily routines were recorded and staff completed daily notes which showed how they had supported different aspects of people's care, such as movement and mobility, food and drink, managing money and physical and emotional health and wellbeing.
- Senior managers were aware of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. People's communication needs were assessed and met in a way that met the criteria of the standard.
- One person used a piece of equipment to aid in their communication. Staff had a good understanding of how this worked so that the person communicated effectively. Assisted by a staff member, we spoke with this person to ask for their views about the home. The person talked positively about their keyworker, who was the first point of contact in relation to co-ordinating their care.
- People's keyworkers met with them to review their care. People chose their keyworkers.
- People's preferences with regard to whether they wanted to be supported by male or female staff were recorded and addressed.
- People's relatives and friends could visit at any time. People were encouraged to stay in touch with their relatives and friends through phone calls, emails and Skype.
- Activities were planned with people according to their interests. Two volunteers, who had been suitably vetted, supported people with activities at the home and outside. According to people's care records, they engaged in a variety of pursuits such as baking, cooking, swimming, lunch out and shopping. One person volunteered with a charity and plans were being made with another person who wanted to attend college. A relative said, "[Named person] is joining in with quite a few things in the community she has chosen and enjoys with staff regularly taking her".

Improving care quality in response to complaints or concerns

- Complaints were logged and managed in line with the provider's policy.
- People knew how to make a complaint and told us they would talk with staff about any concerns.
- The senior managers had regular contact with relatives and any issues were investigated and managed appropriately.

End of life care and support

- At the time of our inspection, no-one living at the home was receiving end of life care.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Senior managers had taken over the management and running of the home in recent months. The last manager de-registered with CQC in November 2018 and had not worked at the home since the summer of 2018.
- Concerns and issues had been raised in relation to the management of the home. Some incidents, including safeguarding concerns, had not been notified to CQC or to the local safeguarding authority at the time they happened.
- Senior managers had been brought in quickly once it was realised that the management of the home had not been effective. The senior management team had worked closely with safeguarding officials and commissioners to address the concerns. They had made improvements and had kept relatives informed of what had happened and the actions they had taken in response.
- A relative commented that there had been many improvements and they were happy with how things now were at the home. The relative identified areas that in their view had improved recently, such as with medicines management and the food on offer.
- There was no registered manager in post. A new manager started work at the home on the day of our inspection. They are in the process of registering with CQC.
- The rating achieved at the last inspection was on display at the home and on the provider's website. Since the senior managers had oversight of the home, notifications that were required to be sent to CQC by law had been completed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider's Statement of Purpose stated, 'We place the people we support at the centre of everything we do and always seek to improve our services by listening to them, their carers and our stakeholders'. This statement was borne out by what we saw at inspection.
- There had been a period of instability in the management of the home and this had been promptly addressed as soon as concerns were raised by the local authority. The senior managers understood the need to be honest and open with people and their relatives about the issues raised. They understood the importance of clear and effective communication and had demonstrated this.
- A staff member described how unsettling it had been since the last manager left. They added that since then, significant improvements and changes have been made and they now felt much happier in their work.
- Another staff member told us, "It's an incredible staff team, they gel. People [staff] help each other out. The management are very good and the team leader is incredibly supportive".

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

● Communication systems were effective in obtaining relatives' and people's comments about the running of the home.

● People and their relatives were asked for their views about the home through annual surveys which were sent out by the provider. Relatives also fed back their comments through visits to the home, phone calls and emails. Any issues or suggestions raised were addressed appropriately.

● People were engaged in developing the service. People assisted with interviewing new staff and in the scoring process at interview. Recruitment was 'user led'.

● Residents' meetings took place where people's views and ideas were listened to and acted upon. For example, people helped plan menus and what they would like to eat.

● Staff felt they contributed to the running of the home and any suggestions would be listened to. Staff meetings took place approximately every six weeks and records confirmed this. Staff talked about what was working well, areas for improvement, staffing, people moving to the home and any changes.

Continuous learning and improving care

● A range of audits had been developed to measure and monitor the service overall. There were audits in relation to staff response to call bells, infection control, care plans, health and safety and a business continuity plan. These audits were effective in identifying any improvements that were required and actions to be taken.

● Following concerns at the home, the provider had placed a voluntary suspension on new admissions. This allowed them the time to address the concerns and to take any necessary actions. The improvements had been made and the home was now fully operational.

Working in partnership with others

● The provider liaised with healthcare professionals to meet people's specific needs.

● People could be admitted to the home following a referral from a local authority. The provider and senior managers worked with social care professionals and commissioners to ensure that people's needs could be met before they came to live at the home.