

Fynvola Foundation

Lady Dane Farmhouse

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection was carried out on 03 and 05 November 2015. Our inspection was unannounced.

Lady Dane Farmhouse is a purpose built nursing home providing care for up to 15 people with a learning disability. The service is provided by the Fynvola Foundation, which is a registered charity. There is a separate activities centre in the grounds which is used by the people who live in the home. Some people had communication difficulties and some people received their care and support in bed.

There was no registered manager in place. The registered manager had left in October 2015. 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.

Summary of findings

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Medicines administered were not adequately recorded to ensure that people received their medicines in a safe manner.

Systems to monitor the quality of the service were not effective. Audits had not identified areas we found during our inspection. Records relating to people's care were not well accurate or complete.

Risk assessments relating to people were clear and detailed. Safe systems of work had not always been identified to ensure staff welfare was considered. We made a recommendation about this.

There were suitable numbers of staff on shift to meet people's needs. Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People were protected from abuse or the risk of abuse. The acting manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

People had choices of food at each meal time which met their likes, needs and expectations.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority, these had been approved.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported and helped to maintain their health and to access health services when they needed them.

People told us staff were kind, caring and communicated well with them. Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People and their relatives had been involved with planning their own care.

Staff treated people with dignity and respect. People's information was treated confidentially and personal records were stored securely. People were able to receive visitors at any reasonable time.

People's view and experiences were sought during meetings and surveys. Relatives were also encouraged to feedback about the service by completing questionnaires.

People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community.

People's relatives knew who to talk to if they were unhappy about the service. Relatives, health professionals and staff told us that the home was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour during handover meetings.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 not consistently safe.

Effective recruitment procedures were not always in place.

People's medicines were not well managed and recorded.

Risks to people's safety and welfare were managed to make sure they were protected from harm, risks to staff had not always been managed.

There were enough staff deployed in the home to meet people's needs.

People were protected from abuse or the risk of abuse. The acting manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Requires improvement



Is the service effective?

The service was effective.

Staff had received training relevant to their roles. There was a training plan and schedule in place. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received medical assistance from healthcare professionals when they needed it.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect.

People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. People's care and treatment was person centred.

Relatives were able to visit their family members at any reasonable time.

Good



Is the service responsive?

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

Good



Summary of findings

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, this was on display in the home. The service had not received any complaints since our last inspection.

Is the service well-led?

The service was not consistently well led.

Systems to monitor the quality of the service were not effective. Records relating to people's care and the management of the service were not complete.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The service had a clear set of values and these were being put into practice by the staff and management team.

Requires improvement



Lady Dane Farmhouse

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 took place on 03 and 05 November 2015 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor who was a nurse with expertise in learning disability and mental health and an expert by experience. An expert by experience is a person who has personal experience of receiving care from a similar type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spent time speaking with seven people. Some people were not able to verbally express their experiences of living in the home. 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. We spoke with three relatives. We also spoke with 13 staff including, nursing staff, the cook, the acting manager and one trustee.

We contacted health and social care professionals to obtain feedback about their experience of the service. We gained feedback from an occupational therapist and a learning disability nurse.

We looked at records held by the provider and care records held in the home. These included six people's care records, risk assessments, four weeks of staff rotas, six staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We asked the acting manager to send additional information after the inspection visit, including some policies and training records. The information we requested was sent to us in a timely manner.

We last inspected the service on the 29 January 2014 and there were no concerns.

Is the service safe?

Our findings

Some people were unable to verbally tell us about their experiences. We observed that people were carefully monitored to ensure they were safe but had their own space to be able to relax. People were relaxed and comfortable with staff. Those that were able to share their experiences told us they felt safe and cared for. One person said, “I am happy and I have lots to do here”.

Relatives said their family members were well looked after and safe. One relative said, “There’s plenty of staff, if short they always bring in qualified agency staff”. Another relative told us, “There seems to be enough staff, they seem caring and very interested” and “I can’t think of anywhere better”.

Recruitment practices were not always safe. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nursing staffs registration with the Nursing and Midwifery Council (NMC) had been checked and monitored to ensure that only registered nurses were employed. Staff employment files showed that references had been checked. Two out of five application forms did not show a full employment history. One staff member had a gap of 28 years and the other had a gap of eight years. Interview records did not evidence that these had been investigated by the provider. One staff file didn’t contain an application form, and the acting manager searched and could not find this. Staff photos were not available within the staff files or within the management records held. The acting manager confirmed this. This meant that necessary records were not available to evidence that appropriate checks had been carried out.

The examples above evidence a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a nurse administering people’s medicines during the morning medicines round. The nurse checked each person’s medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. Medicines were given safely. Each

person’s MAR had an up to date picture of the person, which minimised the likelihood of errors. The nurse observed people taking their medicines to ensure that they had taken them. However, medicines records for people who were prescribed creams and other topical solutions were not accurate and complete. For example, the topical medicines records seen did not always detail where the prescribed cream should be applied, how to apply it and the frequency it should be applied. We heard one person asking staff to apply cream to their feet. Staff responded by asking if they had been given the cream when they had been supported to wash and dress. The person informed staff they hadn’t, the topical creams record detailed that it had not been applied since the 02 November 2015. The records detailed that people did not always get their topical medicines as they had been prescribed. One person had been advised to use a particular brand of mouthwash to support dental hygiene, this had not been added to the MAR sheet. The acting manager and nursing staff confirmed that the person had not been given this mouthwash.

The examples above showed that medicines had not been properly managed. This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Nurses were able to clearly describe medicines error reporting and explain statutory company policy requirements. Nursing staff were able to confidently explain safe storage and handling of medications, ordering, auditing and disposal. The medicines storage area was clean and well ordered.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person’s abilities and current care needs. Risk assessments corresponded with each section of the care plan. People who received their care in bed had been assessed as being at high risk of falls, so bed rails had been fitted to prevent the person from falling. Repositioning took place to ensure that people’s skin didn’t break down. Risks to people in an emergency had been assessed. Each person had a personal emergency evacuation plan (PEEP) in place which provided guidance about how to safely evacuate each person in an emergency.

Risk assessments and care plans had been reviewed monthly or more frequently if people’s circumstances

Is the service safe?

changed. Risk assessments relating to people's pressure areas were completed and suitable equipment was put in place to reduce the risks, such as pressure relieving mattresses and cushions. Staff were able to provide care which was safe and met each person's needs. However, the risks to staff were not always considered. One person received their care at floor level because of a fear of heights. Staff reported to us that they found this extremely difficult as it put pressure on their backs.

We recommend that the provider seeks guidance about safe working practice to protect staff whilst meeting people's needs.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Sixty eight percent of staff had completed safeguarding adults training. Staff were given information in their handbooks which advised them to report all concerns to the management team. They had confidence that if they had concerns these would be dealt with appropriately.

The premises and gardens were well maintained and suitable for people's needs. Bedrooms had been decorated and furnished to people's own tastes. Any repairs required were completed quickly. The fire extinguishers were maintained regularly and fire alarm tests were carried out regularly. The handy person visited the home regularly, and was present during the inspection carrying out small jobs. The safety of people using the service was also evidenced through environmental supports, such as the use of stair guards to areas which were not used. Coded locks were in place on doors leading to areas which could present a risk to people, such as the laundry, sluice room and kitchen.

There were suitable numbers of staff on shift to meet people's needs. Some people had been assessed to receive additional staffing to support them to do activities on a one to one basis. Daily records and our observations showed that people had received this additional support. The provider had put systems in place to ensure that people were suitably monitored 24 hours a day. Relatives told us that there was always enough staff working in the home and this included when people were supported to go out into the community. All the staff we spoke with told us that there were enough staff on duty to care for and support the people at the home.

Is the service effective?

Our findings

Some people were unable to verbally tell us about their experiences. We observed that staff

were reflective and supportive to people's needs with eating and drinking. This support was offered in a caring and timely manner which was responsive to individual timing, eye level and positioning. We observed one person who was upset, a member of staff approached them in a timely and sensitive manner and sat with the person to offer reassurance. People enjoyed the food. One person told us they had meals out in the community as well. They said, "I like to have baked potato and cheese when I go bowling. I always like to do that".

Relatives told us that their family members' health needs were well met. One relative said, "They respond to his health and pass on concerns". They provided us with examples of when this had happened. Another relative told us, "Their first priority is him [their family member] when he's ill, they contact us".

Most staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider's mandatory training such as health and safety training, moving and handling training and infection control. Forty percent of staff had undertaken Midazolam training which enabled them to administer emergency epilepsy medicine. Staff had good knowledge and understanding of their role and how to support people effectively. There was evidence that training had been scheduled and planned. For example, the staff room had notice boards that had lots of information about up and coming training days and events. Additional training was available to the nursing staff to enable them to maintain their professional development.

New staff had completed training and worked with experienced staff during their induction period. This enabled staff to get to know people and learn how to communicate with each person effectively. We viewed the new induction workbooks that evidenced the provider had imbedded the Care Certificate into the induction process. New staff had adequate support and supervision to carry out their roles.

Staff received regular supervision from their line manager. Supervision records evidenced that staff had opportunities to discuss concerns, practice and request additional

support and guidance. Nursing staff reported that continuous professional development was discussed in supervision meetings as well as nursing staff meetings, which took place every three months.

Regular team meetings were held to ensure that staff were kept up to date concerning any information they needed. This also provided opportunities for staff to raise concerns or share anything they felt that other staff members needed to know. Staff were aware of any information they needed to know.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave us examples of how they supported people who did not verbally communicate to make choices. Nursing staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that we were subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The acting manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People's choices were respected. Staff evidenced the understanding of preferences relating to care choices and activities for people using the service. Staff explained how they supported people to choose their clothing, activities and food. One staff member explained how they encouraged a person to be involved and make choices through drawing. They explained the person found it

Is the service effective?

therapeutic to draw. The staff member explained, “When we use drawings, such as the cat pictures it supports people concentrating. It also allows people to express themselves and for us to explore people’s needs as well”.

People had access to nutritious food that met their needs. They had a choice of two different meals at dinner time and could ask for another option if they wished. People’s specialist diets were catered for. Meals and drinks were prepared following guidelines from healthcare professionals such as dieticians and speech and language therapists. Those people who were unable to verbally communicate were offered different foods to see if they liked these. There was a pictorial menu which was clearly displayed. The cook maintained a list of each person’s likes and dislikes to ensure menu’s included food that everyone would enjoy.

People who required support to eat their meals discreetly supported by staff in a manner which was respectful and dignified. The care and support during lunchtime was at the eye level of the person staff were supporting. Mealtimes were not hurried which promoted dignity and respect. People were supported to have cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. The home was inspected by Swale Council during our inspection and was awarded a five star

rating. Food was appropriately stored and staff were aware of good food hygiene practices. Weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

A healthcare professional told us, “The service do well at managing people with changing needs particularly end of life. They have a good relationship with the local GP surgery and with the hospice team”. People received medical assistance from healthcare professionals when they needed it. One person was supported to attend their GP surgery to have a blood test during the inspection. We observed nursing staff contacting the GP surgery to request advice and pass on information about people’s health. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. Records evidenced that staff had contacted healthcare professionals including, epilepsy nurses, consultants, GPs, community learning disability nurses, mental health services, respiratory nurses, social services, community psychiatric nurse and relatives when necessary. Records also evidenced that people received treatment regularly from the chiropodist, dentist and had regular opticians appointments. People received effective, timely and responsive medical treatment when their health needs changed.

Is the service caring?

Our findings

Some people were unable to verbally tell us about their experiences. We observed that staff interacted with people in a respectful, polite and engaged manner which was person centred. Life story books had been developed to support people's interaction and involvement. One person told us they were supported to be independent. They told us, "I do what I want to do and I can talk to people when I want".

Relatives told us that staff treated their family member with kindness, dignity and respect. Relatives said, "Staff seem very caring"; "Staff are dedicated, he [family member] has two keyworkers, they are kind and caring". One relative shared how they had received a birthday present from their relative, staff had supported them to purchase this, which they had found really thoughtful.

Staff treated people with dignity and respect. Staff gave practical examples of how they respect people's dignity, such as explaining how they covered people with a towel whilst supporting them to wash or shower. Staff explained how they respected people's privacy by knocking before entering rooms. However, we saw one example in the two days of inspection where privacy was not always respected. One staff member walked into two people's rooms without knocking or letting the person know that they were there.

Interactions between people and staff was positive and caring. People responded well to staff and engaged with them in activities such as writing, reading, music and having a conversation about what they had done that day and what was planned for them at the weekend. There was lots of laughter and banter between staff and people, which gave the home a friendly, relaxed feel.

Staff spent time actively listening and focussing on people and responding accordingly. People were encouraged to take things at their own pace and were not hurried or rushed. Some people liked to hug or hold hands, staff encouraged and embraced this to meet people's needs.

Staff demonstrated their ability to communicate with people using different methods of communication to meet people's needs. They used hand signals and tapping with one person, Makaton sign for another person and vocal clicks with another person. This showed how staff supported people to make choices, have control and enabled staff to gain consent. An agency staff member told

us how staff were good at communicating and respectful. They went on to say, "This is my favourite place to work, staff treat residents well, it's a home within a home. It is lovely and feels different from a nursing home". Staff members told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach. One staff member gave us examples of what made them happy and what made their job enjoyable. For example, "[Person] laughing makes me happy" and "[Person] wanting to spend time with me".

People and their relatives had been involved with planning their own care. People were involved in their care through the development of pictorial materials and life story work. There was evidence of this within care files. Where people had made decisions about their lives these had been respected. People's bedrooms had been decorated to meet their individual needs. Each room was unique, they had themes such as Star Trek, Doctor Who and one person's bedroom was decorated with ceiling to floor action figures. Staff were planning to decorate another person's room during the inspection. The person was unable to tell them about their likes but staff had observed the person and had read about the person's likes and dislikes and planned to meet these by decorating their bedroom in their favourite football clubs colours. They were also exploring ways that they could design the flooring to look and feel like a football pitch.

Staff described the importance of advocates to support people and how individuals from the advocacy service have become familiar with the clients. Advocacy information was available and on display in the home.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. Confidential information was not displayed in communal areas of the home. Staff were aware of the need for confidentiality. We observed they were careful when discussing personal information. They evidenced that they followed the confidentiality policy. Nursing staff ensured that the office door was closed prior to making or answering phone calls. One nurse ensured that they asked a relative for their consent before closing a bedroom door in order to discuss her family member's treatment.

Is the service caring?

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere. Relatives described the home as homely.

Is the service responsive?

Our findings

Some people were unable to verbally tell us about their experiences. People were encouraged to participate in activities to keep them active and stimulated. One person told us, “We went for a walk in the woods, which I really enjoyed. We also went to an event in Chatham Dockyard where we dressed up” and “I like to sing musicals, my favourite is Elaine Paige”. Another person was supported to go out on a planned activity to the bowling alley. They were smiling and happy when they returned and told us they had been out and had a good time.

Relatives told us that the activities on offer met their family member’s needs. Relatives knew how to raise concerns and complaints if they had any. One relative said, “There’s plenty of entertainment. He also goes out to have his haircut and went ice skating on his birthday”. Another relative told us, “Activities are brilliant” and explained that their family member gets out in the community a lot. They explained that the activities centre provides “Singing, games, cake making, there’s always something”.

People took part in a number of activities based on their individual preferences. There was a team of three staff employed specifically to support people to take part in meaningful activities. We observed that people were supported to take part in activities which were planned. Staff ensured people had enough space, choice and activities to enable freedom of expression. They mostly worked in the day but also worked evenings to facilitate events. On the day of our inspection, a fire work party was planned but this had to be abandoned due to very heavy rain and strong winds. So that people were not disappointed, the activities staff arranged for a disco instead. The cook had prepared a bonfire night meal and treats.

There were meaningful and positive relationships which were formed between people and staff. Staff provided enough support to enable people without taking over. One person who loved to sing using a microphone was encouraged to do so. The staff member supported the person while singing, but did not intrude into their performance.

There were communal events and individual activities which were clearly evidenced during the time of the

inspection, through photographs. There were arrangements in place for special activities during the Christmas period, such as theatre productions and carol services, which were tailored to individual preferences.

The activities staff provided a flexible approach to activities to meet people’s needs. They recognised that people may not always be well enough to participate in group activity so varied activities daily. Activities staff explained how they provided activities and engagement both in the activities centre (located in the grounds) and in the home. This ensured that people could choose to be in a quieter environment or a noisy environment, this ensured that people’s preferences could be met in a person centred manner.

One staff member said, “We make sure people are not restricted in rooms when they have additional needs. It is important that people participate as they want to. It is their home”. The activities centre had a sensory room which had been newly decorated and fitted to meet people’s sensory needs. Staff had carried out events to fundraise for the equipment, such as quiz nights and a sky dive. One staff member said, “There was a need for the activities centre to be more than a place. It had to be used and have fun, something that people wanted to come to and relax and be themselves. That is why we raised money for the sensory room and new furniture, to make it owned by people, not just used”. Staff described people’s reactions to the different equipment, which evidenced they really enjoyed the experience. One person told us, “I like the sensory room”. Activities were person-centred. We heard staff talking about activities they had tried with people, describing their reaction to doing something new. Staff were genuinely keen to explore new activities and people had been empowered and enabled to access a wider range of activities. People were able to express their wishes and choices though their interests, photographs were taken to capture feedback from people who were not able to verbally express their views.

People receiving care and support in bed were included in activities to meet their needs. People listened to music, had aromatherapy, looked at books and massage and spent time with staff actively engaging. At regular intervals throughout the inspection, we observed staff spending

Is the service responsive?

time with people who were not well enough to spend time out of bed. Staff supported people by singing, playing people's favourite music, offering choices with DVD's to watch and encouraging interaction.

Nursing staff explained that people were supported by staff to attend GP appointments at their local GP surgery rather than requesting the doctor to visit them at home. This meant that people were encouraged to be active members of the community. The appointment was treated as an activity to involve, enable and encourage independence. People had access to adapted vehicles which enabled them to access the local community.

Photograph albums and pictures showed community activities. Such as people attending a war time event they had went to. The photographs showed that staff and people had dressed in period costume to really get involved. Staff went out of their way to provide positive experiences for people and supported people to be actively engaged with life. Staff volunteered extra time to support people to have a good day. One example of this was an off duty staff member supporting a person to go out shopping, have lunch and go to the park.

Relatives were encouraged to provide feedback about the service provided to their family members. We viewed a completed feedback questionnaires, which showed that relatives were satisfied with the service their family received. Comments included, 'We cannot find fault with any aspect of [persons] care. All staff are always so friendly and welcoming, [person] could not be in a better place'; 'I was very happy with the way my sister was supported during her recent hospital stay and the way I was updated'; 'Any concerns I have had been addressed quickly' and '[Person] is provided with everything for his needs and comfort'.

Each person's individual care plan was based on a detailed profile of the person and assessment of their needs. This provided in depth information about the person's background and social history, relationships that were

important to them, their abilities and methods of communication. People's support needs and how to meet them were set out in a written plan that described what staff needed to do to make sure personalised care was provided. This included detailed guidance about how to communicate with the person, how to understand how the person communicated and how to support the person to eat and drink. There were detailed activity plans and guidance about the person's choices and preferences in relation to routines and activities of daily life. There were clear and detailed instructions for staff about how to protect each person's dignity and how to support them to move around, at the service and outside in the community.

People's care packages were reviewed regularly by nursing staff. The acting manager told us these were reviewed three monthly or sooner if people's needs changed. Records showed that some had been updated monthly and some had been updated and reviewed within a three month period.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. All staff were aware of the complaints procedure and how to support people and their relatives to complain about the service if required. The complaints procedure was on display within the foyer of the home. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. There had not been any formal complaints about the home since our last inspection.

The service had received several compliments. One read, 'We cannot thank you enough for the way you looked after [person] during her stay with you. It has been a privilege to get to know you all'. The acting manager explained that the home had relatives meetings once a year. Relatives told us they would approach the office if they had any concerns. One relative said, "Management are very approachable".

Is the service well-led?

Our findings

Some people were unable to verbally tell us about their experiences. We observed that people knew staff and the acting manager.

Relatives told us that the service was well run. They knew the management team and felt confident that their family members were well supported. They had been informed of changes within the management team and detailed that they had confidence in the acting manager. One relative said, “I feel the service is very well run”. Another relative commented, “I am perfectly happy with the service”.

Healthcare professionals told us, “Fynvola always approach our team for support and guidance on complex issues and as a result our team has frequent involvement with the home” and “The service works well with professionals. In the past they have acted quickly in ensuring the appropriate equipment was purchased for individuals from recommendations made, and have been very proactive in making referrals to OT [occupational therapy] and the wider team”.

Management of the home was overseen by a board of Trustees. We saw that information about how to contact the trustees was displayed for staff, visitors and people. Trustees visited the home regularly. They were able to engage with people and monitor the management and operation of the home. One of the trustees was a registered nurse which meant they could provide clinical support to the acting manager and nursing staff. Trustees carried out a regular audit of the home. We viewed the audit which had been completed in June 2015, this evidenced that the trustees had checked the building, grounds, health and safety, confidentiality, complaints, odour, atmosphere and staff issues. The audit showed the trustee had not checked the staffing files. Therefore they had not picked up the areas of concern we found during the inspection.

There were quality assurance systems in place. Nursing staff and the management team carried out audits of infection control, health and safety, medicines and care files on a monthly basis.

Audits records seen showed that the management team had identified gaps in some files. Actions had been taken immediately, messages had been left for relevant staff to ensure they completed the work. The health and safety audit completed in September 2015 had not identified that

one hoist had not been serviced and checked since 2013. This hoist had been missed in each of the six monthly hoist checks. Audit forms had been ticked off to show that hoists were serviced frequently, this evidenced that the person carrying out the audit had not checked the equipment whilst they were completing the audit. We reported this to the acting manager who took immediate action. On the second day of our inspection, a contractor arrived at the home to service the hoist and all of the other hoists and slings to ensure they were working correctly.

Records were mostly well made and recorded, they detailed the care and support required and the care and support people had been given. However, some people’s care plans, risk assessments referred to males as her and females as him. One person’s care plan had not been updated to evidence advice given by a dentist.

The examples above evidence that systems to monitor quality and safety were not always operated effectively and records were not always accurate and complete. This was a breach of Regulation 17(1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to. The acting manager said they felt the culture was an open one, staff discussed things openly with them. We observed staff doing this in practice. Staff meeting records evidenced that staff discussed a range of subjects and felt confident to ask questions and make requests. Staff meeting minutes showed that the acting manager took time to thank staff for working hard.

Staff told us they felt valued and they understood the vision and values of the organisation. One staff member said, “It’s a home, we’re a family, treat people how you want to be treated”. They felt there was an open culture at the home and they could ask for support when they needed it. The provider has detailed on their website, ‘Our residents are valued and treated as individuals. Staff provide excellence in the quality of nursing care and unique programmes of activities for each resident to maintain health, nutrition, quality of life and fun in a happy and lively environment that will meet each individuals needs and level of ability’. We observed that the staff had embedded these values in to their work.

Is the service well-led?

Staff told us that communication between staff within the home was good and they were made aware of significant events. Handovers were thorough included all relevant information such as changes in people's health that needed to be monitored. Nursing staff used a communication book which enabled them to record changes to medicines so that all nursing staff responsible for administering medicines were aware of the changes.

The provider had carried out a staff survey in 2015. The results were in the process of being collated. Survey results showed positive feedback from staff regarding their roles. The survey results showed that staff had feedback about their preferred learning styles and training environments. One staff member had commented, 'I am happy to be part of Fynvola and finding my role to be very fulfilling'. The acting manager explained that they had started to investigate other training packages as a result of listening to staff feedback about preferred learning.

A staff member told us there was a lot of community participation and we saw evidence of this in the number of activities people took part in. They accessed a range of activities as well as taking part in local events.

The acting manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and Deprivation of Liberty Safeguards (DoLS), as these had been made in a timely manner. The acting manager had completed the relevant notification to advise CQC that the registered manager had left, the provider was in the process of arranging for an advert to be placed to fill the vacant role.

Policies and procedures were in place for staff to refer to. The policies and procedures were up to date and current. The acting manager was in the process of reviewing and updating some policies to ensure they gave very clear guidance to staff, such as the whistleblowing procedure to ensure it had clear telephone numbers for staff to use should they need to. Staff were aware of the whistleblowing procedure and voiced confidence that poor practice would be reported. Effective procedures were in place to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicines had not been properly managed.

Regulation 12 (1) (2) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems to monitor quality and safety were not always operated effectively and records were not always accurate and complete.

Regulation 17 (1) (2) (a) (b) (c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not established and operated effective recruitment procedures.

Regulation 19 (2) (a) (3) (a)