

Mr Reshad Nahoor

Fabee Nursing Home

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: Fabee Nursing Home is a residential care home that was providing personal and nursing care for up to 17 older people. People living at the home had a range of needs. Some were associated with old age and frailties associated with old age. Other people had more complex health needs which included diabetes and stroke. Some people were living with a dementia type illness.

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

People's experience of using this service:

- We found some improvements were needed to people's records to ensure they contained all the information about people and fully reflected their care and support needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, information about how decisions had been made had not been recorded. We identified this to the provider as an area that needs to be improved.
- Improvements were needed to some aspects of the audit and monitoring system. As improvements to people's records and information about people's capacity had not been identified by the provider.
- Other aspects of the audit system identified areas for improvement and these were addressed in a timely way.
- People and their relatives told us they felt safe at the home. Staff had a good understanding of the risks associated with the people they supported. Risk assessments provided further information for staff about individual and environmental risks. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout.
- People were supported to receive their medicines when they needed them. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.
- People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them. Staff received training that enabled them to deliver the support that people needed. Staff received support from the provider and their colleagues. People's dietary needs were assessed and people received the support they needed with their meals.
- Nurses completed clinical training which reflected the needs of people in the home. Nurses also

completed revalidation with the Nursing and Midwifery Council (NMC) to help demonstrate they maintained their knowledge and skills.

- People were supported by staff who treated them with kindness, respect and compassion. Staff understood people's needs, choices and histories and knew what was important to each person. People were enabled to make their own decisions and choices about what they did each day.
- People received support that was person-centred and met their individual needs, choices and preferences. People's engaged in a range of activities that they enjoyed and were meaningful. Complaints had been recorded, investigated and responded to appropriately.

Rating at last inspection:

- Requires improvement. (Report published 20 March 2018). At our last inspection, there were four breaches of the regulations. The provider sent us an action plan and told us how they would address these issues.
- At this inspection we found these regulations had been met. However, improvements were needed in the key question well-led. The overall rating for the service is now good.

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always 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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Fabee Nursing 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. 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:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Fabee Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Fabee Nursing Home accommodates up to 17 people in one adapted building. At the time of the inspection there were 12 people living there. People living at the home had a range of needs. Some were associated with old age and frailties associated with old age. Other people had more complex health needs which included diabetes and stroke. Some people were living with a dementia type illness.

The service had a manager registered with the Care Quality Commission. The manager was also the provider and is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day of this inspection was unannounced.

What we did:

Before the inspection:

- We reviewed the information, we held about the service and the service provider.
- The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
- We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection:

- We reviewed the records of the home. These included three staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.
- We looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.
- We spoke with seven people who lived at the home, three visitors and ten staff members, this included the provider. We also spoke on the telephone to three people's relatives and one healthcare professional.
- We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

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.

At our last inspection in February 2018, this key question was rated "requires improvement." This was because improvements were needed to ensure fire safety and infection control were maintained to good standards. Some aspects of medicines management were not safe and arrangements for recruiting new staff were not always robustly carried out to ensure potential employees were suitable to work at the service.

At this inspection, we found improvements had been made. Therefore, the rating for this key question has improved to Good.

Assessing risk, safety monitoring and management:

- Following the previous inspection in February 2018, a fire risk assessment had been undertaken and recommended works had been identified and the majority of these had been completed. Work was ongoing to ensure all areas were addressed.
- Regular fire checks and fire drills were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.
- Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment.
- People told us they felt safe living at the home. One person said, "I have felt safe since coming here." A visitor told us, "We are absolutely happy with the care she gets here, she is safe, they look after her really well."
- Risk assessments provided guidance for staff to follow. These contained information about individual and environmental risks.
- Risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. This included information about mobility, falls and skin integrity. Staff used this information to support people to move around the home safely.
- Staff understood the risks associated with people's care and support and told us how they supported people to minimise the risks, for example support with mobility and pressure area care.

Staffing and recruitment:

- Following the previous inspection in February 2018, improvements had been made to the recruitment process. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.
- Checks had been made to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

- There were enough staff working to ensure people received support in a timely manner. One person told us, "I think there are enough staff, they come as quickly as they can when you ring." A visitor said, "There seems to be enough staff with the right skills."
- Throughout the day we saw staff were busy, however they attended people in a timely way. The provider told us they constantly monitored the workload and would ensure more staff were deployed if people's needs were not being met.

Using medicines safely:

- Following the previous inspection in February 2018 improvements were made to the medicine systems.
- There were systems in place to ensure medicines were ordered, stored, administered and disposed of safely.
- Protocols were in place for people who had been prescribed 'as required' (PRN) medicine. People only took this when they needed it, for example if they were in pain. Some PRN protocols did not contain all the information staff may need for people who may not be able to express themselves verbally. This was addressed during the inspection. This did not impact on people because staff knew them well and were able to tell us how they would know when a person was in pain, for example through discussion and body language.
- All staff completed medicine training but only the nurses gave medicines. There was guidance in place and nurses had a good understanding of people, the medicines they had been prescribed, and how they liked to take them.
- We saw people received their medicines when they needed them. One person said, "I get my medication on time and I understand them."

Preventing and controlling infection:

- Following the previous inspection in February 2018, improvements had been made to ensure all areas of the home, including soft furnishings were clean and tidy. Regular checks were completed to ensure the standards were maintained. People told us the home was clean and a visitor said, "It's always clean and tidy here."
- Improvements had also been made to the laundry room to help minimise the risk of infection through cross-contamination. There were appropriate systems and equipment to clean soiled linen and clothing.
- Staff used Protective Personal Equipment (PPE) such as aprons and gloves. Adequate hand-washing facilities were available throughout the home.

Systems and processes to safeguard people from the risk of abuse:

- People were protected against the risk of abuse and harm, staff knew what steps to take if they believed someone was at risk of harm or discrimination. One person told us, "I feel safe here because nobody hurts me."
- Staff received safeguarding training, they understood their own responsibilities and could tell us what actions they would take if they believed someone was at risk. They told us how they would report their concerns to the most senior person on duty, or if appropriate, to external organisations.
- When safeguarding concerns were raised, the registered provider worked with relevant organisations to ensure appropriate outcomes were achieved.

Learning lessons when things go wrong:

- Information about safeguarding concerns and outcomes were shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence. One staff member told us, "We're such a small team everything is always shared so we know what's going on."
- Accidents and incidents were documented and responded to appropriately to ensure people's safety and well-being were maintained. The provider told us how they monitored accidents and incidents to analyse any trends or patterns which may indicate further actions were needed to prevent any reoccurrences.

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. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have been met, however improvements are needed.

At our last inspection in February 2018, this key question was rated "requires improvement." This was because the environment needed improvement to ensure it met people's diverse care and support needs, especially those living with dementia. Improvements were also needed to ensure the dining experience was a social occasion for people. At this inspection we found improvements had been made and the regulations had been met.

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.
- Each person had a mental capacity assessment completed, but for people that lacked capacity these were not specific for each decision. For example, agreeing to having their photograph taken or receiving personal care.
- Decisions had been made about people's support needs in their best interest and were as least restrictive as possible. These had not been recorded to demonstrate they had been made in people's best interests, and were as least restrictive as possible. For example, some people shared bedrooms but there was no information recorded about how this decision had been made and how it was in the best interest of each person.
- Consent forms for some people, in relation to having their photograph taken and the use of bedrails, had been signed by their relatives. There was no evidence these relatives had the legal authority to do so. The provider told us about discussions that had taken place which demonstrated these consent forms had been signed as part of discussions and decisions had been made in people's best interests
- Although improvements were needed to the records the provider and staff were able to tell us about people's mental capacity and how they made decisions and choices. The provider could tell us how decisions had been made in people's best interests. He could tell us about discussions that had taken place to make these decisions.
- Throughout the inspection we saw staff offering people choices and asking their consent before they were offered care and support.
- 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. DoLS applications had been submitted for people who were deemed not to have capacity and were under constant supervision. Copies of the DoLS applications and authorisations were available to staff.

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

- Following the previous inspection in February 2018 improvements had been made to the environment. Communal areas had been re-decorated and maintenance had taken place throughout the home.
- There was pictorial signage on some doors to help guide people around the home. At the time of the inspection everybody needed support from staff to move safely around the home.
- The menu, daily activities and the day, date and weather were displayed and informed people what was happening throughout the day.
- There was a lift and which provided level access throughout. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.

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

- At the previous inspection in February 2018 we found the mealtime experience was not a sociable occasion and improvements were needed. At this inspection we found people enjoyed the mealtime experience and it reflected their individual needs and choices.
- People told us they enjoyed the food and were offered choices. One person said, "Food is pretty good, we get a choice of two things, I think they could offer something different (if person didn't like either of the choices). We have snacks in-between and plenty to eat and drink, I eat in the lounge, my choice, I enjoy mealtimes."
- People were asked at each mealtime where they would like to eat their meals. People were also asked, in feedback surveys, about the mealtime experience. People consistently chose to eat in the lounge or their bedrooms.
- People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day to meet their individual nutritional needs and reflect their choices and preferences.
- People's weights were monitored and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. When nutritional concerns were identified specialist advice was sought through the GP. Specialist diets such as thickened fluids and soft meals were provided appropriately.
- Where people required support at mealtimes this was provided. People were supported to maintain their independence through the use of specialised plates, cups and cutlery.

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

- People's care records and showed support was planned in line with best practice guidance and reflected professional's involvement.
- People's needs were assessed before they moved into the home. This helped ensure their needs could be met and staff had the appropriate knowledge and skills to look after them effectively.
- Information from the pre-assessment was used to develop the person's care plan and risk assessments.
- Care and support was delivered in line with current legislation and evidence-based guidance. For example, people's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. Action was then taken, which included, appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses and regular position changes.

Staff support: induction, training, skills and experience:

- Staff had the knowledge, skills and experience to support people effectively. People told us staff knew how to support them. One relative said, "I think the staff have the right skills, I think it is the best home in Hastings."
- People were supported by staff that had ongoing training that was relevant to their roles. The provider told us, and records confirmed, all staff had received mandatory training, which included, medicines, safeguarding and moving and handling.
- Nurses completed clinical training which reflected the needs of people in the home to ensure they had the appropriate knowledge and skills to support people. Nurses also completed revalidation with the Nursing and Midwifery Council (NMC) to help demonstrate they maintained their knowledge and skills. They told us if they identified any training need this would be provided.
- Staff were encouraged to study for further 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 had one to one meetings with the provider three times a year to discuss their care practices and development opportunities. Staff told us they were supported in their roles. They said they could discuss any concerns with the provider or senior staff. They told us because it was a small team more frequent supervision was not needed. They said that if concerns were identified or support needed these were addressed immediately. One staff member told us, "We talk all the time and sort things as they happen. There's no point waiting for a supervision, I want to know straight away if I can improve."

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

- People were supported to maintain and improve their health. They received on-going healthcare support and could see their GP when they wished and when there was a change in their health.
- Records showed and people and staff told us people were supported to access health care professionals when their needs changed.
- Where appropriate staff arranged and attended health appointments with people, if they wished for this support. Where staff were concerned about people or recognised a change in their health, referrals would be made to the appropriate professionals.
- People received healthcare support from chiropodists and opticians. Where people had specific health needs they received support from appropriate healthcare professionals, for example the diabetic clinic and speech and language therapists.

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; respecting equality and diversity:

- People were supported by staff who were kind and caring. One person told us, "I like it here because they are kind; they are all ever so kind." Another person said, "It's very nice here, you couldn't fault the staff, they're very kind and caring." A relative told us, "It's so caring here it's amazing, the staff watch out for (relative). If you have to ask for something the staff are horrified that you have had to ask and they hadn't noticed."
- There was a calm and relaxed atmosphere at the home and staff supported people with patience and compassion. One person said, "I am quite happy here, if I wasn't I would not be here, this is my home now." One visitor told us, "The atmosphere here is like a family." "I know the manager well; I have no worries whatsoever about (relative's) care here." Another visitor said, "It is calm and homely here which is what (relative) likes." □ □
- Staff knew people really well. They were able to talk to us about people's physical, emotional and health needs, their likes and choices and what was important to each person. Staff could tell us about the people they cared for, their personal histories and how this affected people on a day to day basis.
- Staff had a good understanding of dignity, equality and diversity. They were aware of the need to treat people equally. This was demonstrated throughout the inspection. People were supported to maintain their spiritual and religious choices. Staff knew what was important to each person, about how they spent each day and the way they liked to dress.

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

- People were supported to express their views and choices. They were involved in making decisions about what they done each day.
- People told us they could make their own decisions about what they did each day. One person said, "I get up and go to bed when I like." The provider told us that enabling people to make their own decisions and choices was an essential part of their care and support.
- One relative told us that through positive engagement with staff their loved one had, "Come out of themselves" and enjoyed living at the home.
- People and their relatives were involved in developing their care plan as much as was possible.
- Throughout the inspection staff offered people choices about what they would like to do and their choices were respected.

Respecting and promoting people's privacy, dignity and independence:

- People told us, "Staff treat me with dignity and respect, they knock on my door." A visitor said, "Staff are

very kind and caring, always treat (relative) with dignity and respect."

- Some people needed to be transferred to armchairs by staff and the use of a mechanical hoist. When this happened in communal areas, such as the lounge, the door to the room was closed and screens were placed around the person.
- People were helped to maintain their own personal hygiene and wear clothes that were well laundered and of their own choice. Bedrooms were personalised with individual's possessions such as photographs and mementos and arranged in a way that suited each person. One person said, "I like my room, it is full of my things, and loads of my own stuff."
- People were supported to maintain their independence. We observed one person who was eating their meal at an angle that did not look comfortable. We discussed this with the staff who explained that due to the person's health condition, having their meal in this position enabled them to eat their meal independently. We saw this person ate their meals with minimal support from staff.
- People were supported to maintain relationships with family and friends who were important to them. One person told us, "I have a friend who visits, and she is made welcome." Another person told us, "I go to Church Coffee mornings regularly with my friend which I really enjoy." A visitor told us, "I visit whenever I like, I'm always made welcome and offered a cup of tea."
- During the inspection visitors were made welcome at the home. Through observations and discussions, we saw staff were caring towards visitors. They understood what was important to each family. The provider told us about one person who had been unwell and had shown an improvement in their speech. The provider contacted the person's family to inform them of this. This demonstrated a caring attitude to everybody who was involved with the service.

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.

At our last inspection in February 2018, this key question was rated "requires improvement." This was because meaningful activities were not always available.

At this inspection, we found improvements had been made. Therefore, the rating for this key question has improved to Good.

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

- Since the last inspection the provider had employed an activities co-ordinator who worked at the home five afternoons. The activities co-ordinator had a good understanding of people's interests and what they liked to do. They told us and records confirmed that every day they ensured everybody had the opportunity to engage in an activity they enjoyed. This may be an individual or a group activity.
- People told us they enjoyed the activities and had enough to do during the day. One person said, "We have activities in the afternoon, she does different things, games and painting are good, we sit in the garden in the summer in the front and people talk to you when they walk past." Another person told us, "Some of the activities are good fun, the girl comes round every day and does different things."
- There was an activity programme but we were told this was flexible and adapted each day in response to what people enjoyed. This included, games, art, chair exercises, quizzes, reminiscence fun quiz, music and bingo. There was also a visiting dog which people liked.
- Activities were developed to be meaningful to each person. The activities co-ordinator told us as well as activities people enjoyed, they ensured people were provided with both physical and cognitive stimulus.
- Some people were living with dementia and did not engage very much with other people or staff. We saw them playing skittles, they were fully involved with what they were doing and clearly enjoying themselves. Another person who at times did not appear happy was seen to be thoroughly enjoying the singing session and was later fully absorbed in listening to music.
- Some people did not participate in group activities. One person said, "I don't like too many activities, I like good TV and music if it is good not naughty, my friends also come to see me."
- People received personalised support specific to their needs and preferences. Staff had a good understanding of seeing each person as an individual. They knew their preferred daily routines, likes, dislikes and wishes.
- Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example staff monitored and recorded position changes for people who were at risk of developing pressure wounds. For those who needed it they recorded the fluid and food people consumed.
- Nurses had a good understanding of people's needs in relation to their health, such as diabetes. One relative told us their loved one's health condition had improved since living at the home and they no longer needed medication for this condition. They told us this was due to the care received at the home.

- Care plans contained information about people's needs in relation to personal care, mobility, pressure area risks, nutrition, mental and physical health. These were regularly reviewed. People were not able to tell us about their care plans but relatives told us they were involved with their development and review.
- Care plans were not always written in a person-centred way however, this did not impact on people because staff knew them well and understood their individual needs.
- All organisations that provide adult social care are legally required to follow the Accessible Information Standard. 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.
- Whilst staff had not received any specific training on the accessible standards, there was guidance in care plans, and staff had a good understanding, about the support people needed to communicate. One relative told us how the staff supported their loved one with understanding and patience to improve their speech.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and the records reflected complaints received were recorded, investigated and responded to.
- People told us they did not have any complaints but would report them if they did. One person said, "I would go to the lady in a blue uniform (nurse) if I was not happy." A visitor told us, "I would go to the manager if I was not happy with any aspects of (relative's) care, never had to complain about anything." A relative said, "The provider has always made it clear we can bring up any concerns with him."
- One person told us they had made a complaint in the past. They said, "I have complained and they sorted it out."
- Where people had raised concerns, that were not formal complaints we saw these were documented and responded to appropriately.
- Information from complaints and compliments were shared with staff.

End of life care and support:

- As far as possible, people were supported to remain at the home until the end of their lives. Staff were aware of the support people needed to keep them comfortable in their last days.
- Care plans showed that people's end of life wishes had been discussed with them and their families. These wishes were respected.

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:

The service was well managed and well-led. However, improvements were needed because aspects of record keeping needed to be improved. Leaders and the culture they created promoted high-quality, person-centred care. Regulations have been met.

At our last inspection in February 2018, this key question was rated "requires improvement." This was because issues identified at that inspection had not been recognised during the auditing and monitoring process.

At this inspection we found improvements had been in areas identified at the last inspection. Although improvements had been made to the auditing process this had not identified the shortfalls we found in people's records. Therefore, the rating for this key question remains "requires improvement." This is the second time this key question has been rated "requires improvement."

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

- Some aspects of record keeping needed to be improved. Care plans could be more person centred as they did not include all the information staff may need to support and care for people. They did not reflect the level of care and support we observed. For example, the position people liked to sit to eat their meals.
- Some care plans could be more detailed. Not all information about people's health needs had been recorded. There was information about low blood sugar levels for a person living with diabetes, but no information about what to do if the levels were higher.
- Some information was not easy to find. There was limited information about a person's catheter, about when it should be changed or when the bag should be changed. A nurse showed us how this had been recorded in the daily notes, and in the office diary, to show when the next change was due.
- Mental capacity assessments for specific decisions and best interest decisions had not been recorded. People's care plans did not include information about how they were able to make decisions and choices about what they done each day.
- It had not been identified through the auditing and monitoring process the shortfalls we found in relation to consent and The Mental Capacity Act 2005. There was no oversight of who could consent on a person's behalf or whether best interest decisions were needed.
- This lack of information was considered to have minimal impact on people. Staff knew people well, they understood their individual needs and preferences. There was a small staff team and communication amongst staff was good. However, the lack of detailed information meant people could be at risk of receiving care and support that was not consistent or appropriate. The provider told us they would address this.
- The provider had identified people's food and fluid charts were not always fully completed. We also found

this during the inspection. Staff had been reminded about completing them. Following discussions with the provider they told us these charts would be added to the daily check list to ensure they were fully completed. This did not impact on people as some information about what people had eaten and drunk was recorded in daily notes. Staff told us they were aware of people's intake during the day and this was communicated with their colleagues at handover.

- People's daily notes were detailed. They included information about what people had done each day, their health and their mood.
- There was a clear management structure in place. The provider was supported by the clinical lead, registered nurses and his wife.

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

- There was a positive culture at the home. People and their relatives spoke highly of the provider. One person said, "I know the manager, he is often around and talks to me." A relative told us the provider interacted positively with their loved one. They were impressed with this and with all the staff. They said, "We feel a lot happier now (relative) is living here. It's made a tremendous difference to us because we know (relative) is settled." A visitor told us, "It's always positive here, never feel like you are in the way."
- Staff told us they were supported by the provider and were able to raise any concerns with them.
- The provider and his wife worked at the home most days. They had a good overview of the service and knew people well. They were committed to making the home a place where people wanted to live and get the care and support they needed. The provider told us, "Fabee is a small home, with a little family. We all know each other well." A health care professional told us the provider and staff went "over and above" to ensure people were well looked after.
- The provider was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

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

- The provider told us they did not wish to have a manager / staff relationship with staff, they wanted everyone to work together as a team, and this is what we observed.
- People were given opportunities to provide feedback about the service. The provider had identified that people did not engage in large meetings. Therefore, individual meetings were held with each person to gather their feedback and identify any concerns. Discussions included meals and activities. People's responses were written, using their own words.
- Relatives completed quality assurance surveys. These showed relatives were positive with the care and support their loved ones received, and improvements to the décor of the home had been noted.
- Staff completed feedback surveys and formal staff meetings were held throughout the year. The provider and staff told us, because of the small team meetings took place frequently to inform and update staff but these were not always recorded.

Continuous learning and improving care; Working in partnership with others:

- There was a quality assurance system which helped to identify areas that needed to be improved and developed. Where areas were identified for improvement they were ticked to show when they had been completed, for example a floor repair in one room.
- Accidents and incidents were logged, and action had been taken to reduce the likelihood of the event

occurring. However, the provider and staff provided us with more detailed information than what had been recorded. We discussed with the manager about recording all this information to better reflect the learning and improvements that had taken place.

- The provider and staff worked in partnership with other services, for example GP's, social workers and speech and language therapists to ensure people's needs were met in a timely way.