

St. Fillan Healthcare Limited







St Fillans Care Centre

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?		Good	

Overall summary

St Fillans Care Centre is a care service for up to 71 older people who may be elderly, have nursing needs or be living with dementia. At the time of our inspection there were 51 people who lived in four separate units over two floors.

At the time of our inspection there was a manager in post who had applied to be registered. That process has been completed and the manager is now registered. 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.

At the last inspection of the service on 28 May 2013 there was a breach of Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulations, relating to the care and welfare of people who used the service. This was judged to have a moderate impact on people. There was also a breach of Regulation 22 of the Health and Social care Act 2008 (Regulated Activities)

Summary of findings

Regulations, relating to staffing levels. This was judged to have a minor impact on people. The provider sent us an action plan to say what they were going to do to improve and improvements had been made.

People had their needs assessed and received safe care that met their assessed needs. Where risks were identified to people's health or wellbeing they were supported in ways that reduced the risk without placing undue restrictions on the person's freedom. There were procedures in place to support people to take their prescribed medicines safely.

There were sufficient staff with the knowledge and skills necessary to provide people with correct care and support. There were processes in place to manage staff's training and support needs so that they received the information they needed to meet people's diverse and changing needs. Staff morale was high and they felt valued.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The service was meeting the requirements of the DoLS. The manager had a good understanding and up-to-date information about MCA and DoLS legislation. Where people did not have the capacity to make a particular decision correct procedures were followed to make a decision in the person's best interests.

People were treated with care and compassion and staff understood the things that people enjoyed or disliked. Staff treated people with respect and protected their dignity when providing care and support.

Communication between staff and people who lived in the service was good. When people were unable to use make their views known verbally, staff understood the different ways that they communicated their needs and feelings and supported them in ways that reduced their anxieties.

People were encouraged to take part in activities that interested them and were supported to maintain contacts with the local community so that they could enjoy social activities outside the service.

The manager demonstrated the qualities of good leadership and encouraged staff to feel empowered; staff morale was high and they felt valued.

There was an open culture and the manager and staff provided people with opportunities to express their concerns and did what they were able to reduce people's anxiety. People understood how to make a complaint and were confident that actions would be taken to address their concerns.

The provider had systems in place to assess and monitor the quality of the service. The manager implemented a system of checks and audits and took relevant actions to drive up the quality of the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.

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 safe.

There were sufficient staff with the correct skills who understood how to minimise risks and provide people with safe care.

There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people could be assured they would receive their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff received effective support and training to provide them with the knowledge to carry out their roles and responsibilities.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good



Is the service caring?

The service was caring.

Staff treated people well and provided care and support with kindness. Staff understood how to support people in ways that reduced their anxieties.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive and thoughtful in their interactions with people.

People were supported to maintain important relationships and relatives were consulted about their family member's care and were involved in making decisions.

Good



Is the service responsive?

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and supported them to take part in activities that were meaningful to the individual.

People were encouraged to build and maintain links with the local community.

Good



Summary of findings

Is the service well-led?

There was an effective and capable manager in post. The manager was approachable and demonstrated a commitment to providing the best possible service. The manager promoted an open culture and provided opportunities for people to raise issues.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

Good



St Fillans Care Centre

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.

The inspection took place on 4 November 2014 and was unannounced. The inspection team consisted of an 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.

Before the inspection, the 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 reviewed all the information we had available about the service including notifications sent to us by the provider.

This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other professionals, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with ten people who used the service, 12 relatives and a health professional about their views of the care provided. We also spoke with four care staff, two domestic and kitchen staff and the registered manager.

We spent time observing care in communal areas. We used the Short Observational Framework for Inspectors (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We looked at three people's care records and also looked at information related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

At the last inspection of the service on 28 May 2013 there was a breach of Regulation 22 of the Health and Social care Act 2008 (Regulated Activities) Regulations, relating to staffing levels. The provider sent us an action plan to say what they were going to do to improve and we saw at this inspection that improvements had been made.

During our inspection we saw that there were sufficient staff and people's needs were attended to promptly. People told us that when they needed anything they never had to wait long. One person said, "Staff are very good and on the whole they come fairly quickly. Another person told us, "I used the buzzer once and they came immediately. It was at night and I did it by mistake." Relatives were satisfied with staffing levels and one relative told us, "There are plenty of staff."

The manager told us that the biggest challenge they had was recruiting nurses and at the time of our inspection they needed to recruit two more nurses. In the interim period they were covering with agency staff. When agency staff were required the manager requested specific staff who knew the service and in that way they maintained consistency of care. The manager discussed how they assessed staffing levels to ensure there were sufficient staff and explained how they used staff flexibly, for example by adding one other member of staff on a 'twilight shift' to provide additional support at what could sometimes be a busy time. The manager said they were prioritising recruitment and we saw that interviews for care staff were being conducted during our inspection. There was a robust recruitment process in place and relevant checks were carried out as to the suitability of applicants. There were clear procedures in place for dealing with disciplinary issues with staff. We discussed these with the manager and saw evidence in staff files of how the procedures were followed and recorded.

People told us that they felt safe. One person said, "I cannot fault it. There are masses of amenities and I am more than safe." Another person said, "It is as safe as possible here and the care is very good. Relatives also told us that they believed their family members were safe. One relative told us, "It is very good and I think that it is safe" and another said, "I would say it was safe. People aren't mistreated."

Members of staff understood how to keep people safe. One member of staff spoke confidently and with understanding about how to keep people safe. They understood the different kinds of abuse and the processes for reporting abuse or poor practice. They told us that they had had "in-depth safeguarding training."

We saw that there were processes in place to assess people's needs and identify any areas of risk. Members of staff demonstrated a good understanding of people's care needs and associated risks. For example, a staff member described how they needed to support one person who was at risk due to falling. They explained what specific support the person required and how important it was to record all relevant information in the person's notes and hand over to the team leader so that they could monitor any changes.

We saw that the provider had suitable arrangements in place for the management of medicines. Medicines were stored safely for the protection of people who used the service and medicines administration records examined were in order. There were checks and audits in place to identify whether correct procedures were being followed. Staff administering medicines during our inspection followed safe practices and ensured that medicines were not left unattended. They checked the medicine was being given to the correct person and offered them a drink.

Is the service effective?

Our findings

At the last inspection of the service on 28 May 2013 there was a breach of Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulations, relating to the care and welfare of people who used the service. There were gaps in people's care records, particularly relating to repositioning of people who were at risk of pressure ulcers. The provider sent us an action plan to say what they were going to do to improve and we saw at this inspection that improvements had been made.

A health professional told us the staff were skilled and experienced, in particular they were impressed about the way staff were managing pressure area care. They told us that staff were managing these well and no new pressure areas were developing.

Relatives were confident that their family member's health needs were met promptly by relevant health professionals. A relative told us, "If [our family member] is unwell they (staff) call the doctor straight away." Another relative said, "The doctor saw [our family member] last week for a check-up."

The manager explained the system for monitoring and reviewing people's care needs, including health conditions. There was a review for one person with a medical professional during our inspection and relatives were included in the review process. We saw evidence that, when people had identified health needs, input was sought from relevant health professionals. People told us that they received visits from the chiropodist and optician. Records confirmed that advice had been given by specialist nursing and health professionals including the community matron and continence advisor.

There was a process in place to record staff training and identify when updates were required. Training records confirmed that training was well managed. Staff told us they felt the training they received gave them the knowledge to carry out their role and they were able to give us examples of good care. Throughout our inspection we observed staff following good practices when supporting people. For example, we watched two members of staff supporting someone to transfer from their chair to a wheelchair. They spoke calmly to the person, explaining what they were going to do and their movements were gentle and supportive.

The manager explained that staff supervisions had not been happening as frequently as they should, but that issue had now been addressed and supervisions were up to date. A member of staff told us that they got, "Loads of support" and that they had supervisions. Another member of staff said, "I do enjoy it here. I have supervision with my team leader and I go to [them] with any worries or to the Unit Manager."

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected.

The manager understood the process for making DoLS referrals where required and members of staff were able to explain about people's capacity to make decisions and demonstrate that they understood about DoLS.

Staff understood that they needed to respect people's decisions if they had the capacity to make those decisions. We saw a member of staff update a colleague on a person's decision not to do something. The member of staff told their colleague, "We've got to respect their choice."

Where people did not have the capacity to consent to care and treatment an assessment had been carried out. Relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person.

People told us they enjoyed the meals. One person said, "The food is very nice. Just normal food, you can choose what you like." A relative told us, "The food seems lovely."

A relative told us that their family member did not have a good appetite but staff were aware of this and they were, "Trying to promote food." They explained, "We have seen staff sitting and eating lunch with [our family member]. They talk about football and encourage [them] to eat. They also encourage [them] to be as independent as possible." Another relative told us that staff went out of their way to find things that their family member might like to eat.

When people required assistance to eat, this was given sensitively and good practices were followed. For example, at lunch we saw a member of staff support someone who was unable to eat independently. The member of staff

Is the service effective?

explained what each spoonful was and checked if the person liked the food. The lunch experience was unhurried and some people chose to sit for some time after they had finished eating, staff continued to check if they were all right.

Relatives told us that there had been changes to the catering staff and they felt the standard of food was better.

Staff told us that snacks were available at all times, “Not just biscuits, but cake, fruit and things like cheese and biscuits.” Staff also said that there was a store of cereals and juices in the kitchen that people could have at any time during the day or night. Throughout the course of our inspection we saw that staff asked people if they needed anything and routinely offered drinks.

Is the service caring?

Our findings

People told us that staff treated them well. One person said, “Staff are ever so kind, I feel they’re very, very caring.”

Relatives were complimentary about how staff treated their family members. One relative said, “It is excellent here. [My family member] is treated beautifully, staff are so caring.” and another told us, “I haven’t any concerns about how any of the carers treat our [family member].” One relative described the way a member of staff spoke to their family member by saying they had, “Kindness and gentleness in their voice.”

The care and support that the inspection team observed throughout the day was consistently good and delivered calmly and with kindness. One relative told us, “Staff show a lot of concern and sympathy” and another said the service was, “Friendly from the minute you walk in the door.” A relative told us that all the staff were good and many of them went the extra mile. They told us, “Staff are approachable and very pleasant. Some are exceptional.”

We saw a member of staff discuss with someone where they would prefer to sit for lunch and who they would prefer to sit with. The member of staff gave the person plenty of time to decide and then made sure they were comfortable. Staff checked if someone wanted to go to the bathroom before lunch. The member of staff spoke very quietly, getting close to the person so that the conversation was discreet.

Throughout our inspection we saw numerous small interactions that showed us how staff made people feel valued and gave them quality time. For example, a member of staff stopped what they were doing to sing a song for a person. The person’s face lit up and they moved in time to the music. When the member of staff stopped singing, the person applauded. We also saw a member of staff reading

a greetings card for someone and having a discussion about it. A relative told us about how staff had made a cake for a special wedding anniversary and made it a really special day for them.

Staff were able to demonstrate that they knew people well and understood how to relieve any anxieties a person may have. We saw a member of staff respond quickly to one person who became anxious about an item of clothing. The member of staff spoke calmly to the person to reassure them and immediately went to the laundry to locate the item. Another person appeared confused about where they wanted to go and a staff member supported the person to walk in the direction they were indicating. When the person appeared to be tired, the member of staff pulled up a chair and stayed with them until they got their breath back then resumed their walk. The member of staff supported the person in a relaxed manner, displaying kindness and gentle patience. One relative told us, “I almost feel [my family member] is the only person in here, the staff give them so much attention.”

On the day of our inspection one person and their family were meeting to discuss wishes for the person’s end of life care. Another relative told us they were consulted about their family member’s end of life wishes as their family member was no longer able to contribute. They told us that these were difficult things to discuss but the issue was approached sensitively.

Throughout our inspection we observed many examples of good interactions between people and staff. Staff listened to people’s concerns and engaged with them in social conversations. We saw a member of staff ask someone if they wanted to help out at a Bonfire Night party that was planned for the following weekend. Another member of staff sat down next to someone to look at a magazine with them. When we spoke to staff they were able to tell us about the things that individuals liked to do. Staff understood that engaging with people was important and they saw it as an integral part of their role.

Is the service responsive?

Our findings

Relatives told us that they had been involved in providing information during the assessment process before their family member moved in. Pre admission assessments and the care plans that were developed from the assessments gave detailed information about the person's needs, preferences and history. The care plans focussed on what was important to the person. Some people said they made some contribution to the care planning process and others told us that they were happy to let their family members speak on their behalf. Relatives said they were invited to take part in care reviews when there were changes to their family member's care and support needs.

A relative said communication was good and they were always kept informed. "If there are any changes they are on it straight away." There were care plans and risk assessments in place setting out how each person's individual needs were to be met. Staff had the skills and knowledge of people's individual needs so that they could provide appropriate support in ways that the person preferred. A relative said that their family member did not like anything "loud" and staff were all aware of this so they always spoke softly. They told us, "Sometimes [our family member] swears but staff understand and know what to do. They back off and give them time to calm down then they come back."

When people or their relatives raised concerns or complaints they were managed following the provider's complaints procedures. We saw from records of concerns that issues people had raised were dealt with promptly. All the relatives we had discussions with said they were confident that they could raise any concerns. One relative said, "If we had any concerns we would tell them." Several concerns had been notified to us prior to this inspection. We saw evidence that the issues raised by relatives had been addressed and the manager demonstrated a commitment to continue to work with families to address any further issues.

One person explained that they had not really wanted to move to a care service, but circumstances had made it necessary. They told us sometimes they felt it was, "quite tough" but explained how they were supported to carry on

doing the things they liked. They told us that most days they went to the coffee shop at a local supermarket and agency staff came three times a week to support them to visit the gym and also go to the cinema.

Relatives told us they felt the lifestyle for their family members was good. They praised the support provided by care staff and were complimentary about staff attitude. One relative said, "Staff have a laugh with [our family member]." Another relative said, "Care staff take [people] to the shops and last week three of them went to a local garden centre to have coffee and bought hyacinths and then they planted them when they came back here."

People were not restricted by the routines within the service. Staff told us that one person had refused breakfast and chosen to stay in bed that morning. When they woke up mid-morning they said they were hungry and staff brought them some freshly made scrambled eggs and bacon. Staff offered support but the person chose to eat independently. We saw that staff went back to check if they were all right. Another person told us they had decided to stay in bed because they had felt a little under the weather, so staff were going to bring them lunch in bed.

People told us they enjoyed social events; one person said, "We came to a harvest celebration. They were playing all the old songs and staff were singing." During our inspection there was some organised entertainment from a singer in one of the lounges. Twelve people chose to take part and we saw that some people were singing along and someone was dancing with a member of staff. The atmosphere was jolly and people were smiling.

As well as organised events and activities, people were supported to do things that they wanted to do on an individual basis. A member of the housekeeping staff told us that one person liked to help with bed-making and there were five other people who liked to get involved with the washing up. Some people told us they liked to listen to music or watch films and we saw people watching a music channel on television.

People told us that they felt their concerns were listened to. One person told us that they had raised some concerns about not being able to sleep because they heard the person in the next room who was restless at night. They explained that they had spoken to the team leader and they had looked at another room which they liked so they were going to move there.

Is the service responsive?

A relative explained that this was their first experience of using a care service and their family member had not been happy to have to move in to a care service. However, they accepted that they could not manage independently any

longer. They told us that the manager and staff listened to their concerns and they were happy with how things had turned out. They said, "I can walk out the door and feel [my family member] is safe and happy here."

Is the service well-led?

Our findings

We received numerous positive comments about the manager and how she had made improvements since she came to the service. One relative told us, “The manager is a keeper. She has a positive attitude and her door is always open.” People all commented that the manager was available and had an “open door”. One relative told us, “[The manager] has brought in order and leadership. She is approachable and has put things right.”

Members of staff were also complimentary about how the service was managed. One member of staff said, “Since the new manager came it’s a better place. “The manager is personally approachable and always takes time to speak to staff.” A member of staff told us, “I feel very supported by the Manager.” They explained how they had been assisted to change their shift patterns and move from night shifts to days and this gave them more opportunities to interact with people and their relatives. Another member of staff explained that they had asked to vary their shift pattern to include nights so that they could get a better overview of people’s needs throughout the night as well as during the day.

During our inspection the manager was visible throughout the day. She explained that she carried out daily walks around the home and told us she held a weekly surgery for relatives. A relative of someone recently moved to the service said, “I have met the manager and she has good ideas for improvement and I could not have better care for [my family member].”

The manager demonstrated that it was important to raise staff morale and this would also improve care practices. Staff explained that they felt, “more valued.” There were two members of staff who were continence champions and two who were infection control champions, whose roles were to promote good practice amongst staff. One member of staff told us, “After six months here I got an award for outstanding contribution and there was a big party and I received a diploma and a voucher and it keeps me motivated.” This showed that the manager recognised the different strengths of her staff team and good performance was recognised and celebrated.

A visiting health professional told us that under the new manager, “The care is better and staff are now building a

team and the care is coming back in.” They said, “The manager has changed many things since she started and appears to have [people’s] best interests at heart and is accessible for relatives, residents and staff alike.”

The manager explained about the audit processes that were now in place to monitor the quality of the service. A daily audit was carried out that covered staffing, skill mix and staff training. Spot checks were carried out on care practices, medication processes and how infection control was managed. Records were also audited to ensure people’s care records were completed appropriately and reviewed regularly to reflect any changing needs.

The provider used a range of methods to get the views of people, relatives and friends. We saw that surveys were sent to people and when they were completed and returned the information was collated in a report which recorded the positive feedback and identified areas for improvement. Where people had raised issues or made suggestions actions were taken to make improvements. For example, comments about the food were addressed by implementing a new menu in consultation with people and ensuring finger food, snacks and fresh fruit were available at all times.

Feedback forms were readily available for visitors to give their views and visitors were encouraged to complete these. We saw seven completed feedback forms and letters complimenting the service. One person was complimentary about the staff who organised a special birthday celebration with, “Special thanks to the chef for making such a lovely birthday cake.” Another relative thanked staff for printing off a photograph of an anniversary celebration. They said, “It is a lovely photograph that I shall treasure.”

A range of meetings were held, including relatives’ meetings and meetings for people who lived at the service. At a meeting the previous month, there were discussions about staffing and volunteers as well as fundraising and how monies in the amenity fund that had already been raised would be used to provide benefits for people at St Fillans Care Centre. After a recent relatives’ meeting, two people volunteered to become more involved and to organise events.

The manager explained how they promoted links with the local community. One initiative involved visits from children from a local primary school who shared their

Is the service well-led?

reading books or took part in art activities with people. In a monthly newsletter the head teacher from the school wrote that the children enjoyed the visits, particularly listening to people's experiences of their school lives many years before.