

Care And Support Partnership Community Interest Company

Fessey House

Inspection report

Fessey House
Brookdene
Haydon Wick
Swindon
SN25 1RY
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Website: www.seqol.org

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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

Fessey House provides accommodation and personal care for up to 39 older people. At the time of our inspection there were 37 people living there. The bedrooms are arranged over two floors and divided into four units. Two of the units provide long-term care and support to people living with dementia. The other two are discharge to assess units and offer short term care and support. People on these units are there for a period of assessment to either assist them to move back to their

own homes with some rehabilitation or support them to move to more suitable accommodation. There are communal lounges and a dining area on each floor with a central kitchen and laundry. The home is part of SEQOL, a social enterprise which is a business with a social purpose to provide quality care and support to adults living in Swindon and the surrounding areas.

Summary of findings

The inspection took place on 1 and 2 July 2015. This was an unannounced inspection. During our last inspection in September 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

A registered manager was employed by the service. 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.

We looked at four care plans and found that some guidance did not always identify how care and support should be provided. This meant that people were at risk of not receiving the care and support they needed.

People told us they felt safe living at Fessey House and they were well looked after. Systems were in place to protect people from abuse. Staff knew how to identify if people were at risk of abuse and what actions they needed to take to ensure people were protected.

Care staff we spoke with demonstrated a good understanding of people's care needs, important people and significant events in their lives. Staff were also knowledgeable of people's daily routines and preferences.

People were supported to eat a balanced diet. There were arrangements for people to access specialist diets where required. There were snacks and drinks available throughout the day during our inspection.

Staff managed medicines safely and ensured people received their medicines as prescribed.

There were effective systems in place to reduce the risk and spread of infection. Staff we spoke with were clear about their responsibility in regard to infection control.

Staff said they felt confident to raise any concerns with the management team and would feel supported and their concerns listened to and acted upon. There was a positive open culture between management and staff.

Health and social care professionals spoke positively about the care and support people received and praised the management team.

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?

This service was safe.

There were systems in place to keep people safe from harm. Where required the provider had reported incidents to the appropriate authorities and carried out the necessary investigations.

Suitable numbers of staff were employed to meet people's needs. Safe recruitment practices were in place.

Arrangements were in place for keeping the home clean and hygienic and to ensure people were protected from the risk of infections.

Good



Is the service effective?

This service was effective.

We found the service met the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards.

People were cared for by staff who had received appropriate training to meet their individual needs.

There were arrangements in place to ensure staff received regular supervision and appraisal.

People received sufficient food and drink and their health needs were met.

Good



Is the service caring?

This service was caring.

People and their relatives spoke positively about the care they received. All commented that staff were friendly and helpful.

We saw staff were caring and spoke with people using the service in a dignified and respectful manner.

People were supported to maintain their independence as appropriate. There were opportunities for people to make day to day choices, such as what meals they wished to eat and participation in activities.

Good



Is the service responsive?

This service was not always responsive.

We looked at four care plans and found that some guidance did not always identify how care and support should be provided. This meant that people were at risk of not receiving the care and support they needed.

Staff spent time with people to make sure they received care that was responsive to their needs.

Requires improvement



Summary of findings

People and/or their relatives said they were able to speak with staff or the managers if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.

Is the service well-led?

This service was well-led.

Staff were motivated, caring and received training appropriate to their role. Staff we spoke with were positive about the support they received from management and other colleagues.

There were systems in place for monitoring the quality of the service to ensure people received a high standard of care and support.

The service had a clear set of values which included treating people with dignity and respect and promoting independence.

Good



Fessey House

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 1 and 2 July 2015 and was unannounced. One inspector carried out this inspection. During our last inspection in September 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used a number of different methods to help us understand the experiences of people who use the service. This included talking with seven people and five relatives about their views on the quality of the care and support being provided. We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with the registered manager, the team leader, seven care workers, housekeeping staff, the catering manager and the second chef. We also spoke with two visiting health professionals. Before the inspection we contacted health and social care professionals the home worked alongside and received responses to our questions from six people.

Is the service safe?

Our findings

People who use the service told us they felt safe. Comments included “The staff always check on me which helps me feel safe” and “I feel safe here, it’s a real home from home.”

There were processes in place to protect people from abuse and keep them free from harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. Any concerns about the safety or welfare of a person were reported to the manager or team leader who investigated the concerns and reported them to the local authority safeguarding team as required.

Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. For example the provider had carried out risk assessments in relation to falls prevention, malnutrition and the moving and handling of people.

Safe practices for the administering and storing of medicines were followed. Only staff who had completed a medicines administration course were able to administer people’s medicines. We observed medicines being administered during our inspection. If people needed assistance to take their medicines they were helped. This was done in a calm manner and people were not rushed. The staff member ensured people had a drink to help with tablets and they checked tablets had been swallowed before they signed the MAR chart. People using the service who self-administered their medicines independently signed to say they took responsibility for this. Lockable cabinets were available for people to store their medicines in their bedroom.

All medicines were stored safely and in locked cupboards or trolleys. Medicines stored in the fridges such as eye drops had been dated and signed to indicate when they had been opened in line with the manufacturer’s guidance. Topical creams and lotions were signed for by the staff who applied them. Medicines that were no longer required were disposed of safely and in line with the provider’s procedure. Systems were in place for auditing and controlling stock of medicines.

People who were on the discharge to assess units had their medicines reviewed each week at the multi-disciplinary team meeting. This was part of the discharge process to ensure people were receiving the correct medicines before leaving Fessey House.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider’s recruitment policy. Records we looked at confirmed this. We looked at six staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person’s past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults.

There was enough qualified, skilled and experienced staff to meet people’s needs. The team leader explained they were responsible for completing the roster to ensure there were always sufficient staff members on duty. We looked at the home’s roster which indicated there was a consistent level of staff each day. Staff said there were sufficient staff to meet the needs of the people they were supporting and that cover for staff sickness and annual leave was always provided.

Measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which all housekeeping staff followed to ensure all areas of the home were appropriately cleaned. We found bedrooms and communal areas were clean and tidy. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. People we spoke with were happy with the standard of cleanliness in the home. One person told us “it’s excellent here, my room is always clean.”

Is the service effective?

Our findings

People and/or their relatives told us they or their relative were well cared for. Comments included “We get looked after very well” and “It’s very nice here, they know I’m new and take their time with me.” We saw that staff communicated with people effectively and explained to them at all times what would be happening next or later in the day. A relative spoke positively about the care and support their family member received. They said “They have a way of communicating with him that we don’t have. They get so much out of him.”

People’s healthcare needs were regularly monitored. There was evidence of regular consultations with health care professionals where needed, such as dentists, doctors and specialists. Concerns about people’s health had been followed up and there was evidence of this in people’s care plans. A healthcare professional we spoke with explained there was a weekly meeting in Fessey house where the care staff and nursing rehabilitation staff attended to discuss all the people in the discharge to assess beds. This was also attended by Doctors who reviewed the health needs of people using the service. All people had a care plan which was multidisciplinary in nature and allowed changing needs to be communicated to staff and other healthcare professionals.

People had access to food and drink throughout the day and staff supported them when required. People told us they enjoyed the food provided by the home. Comments included, “The food is nice here, always plenty to eat” and “I enjoy the food here and can choose something different if I don’t fancy what’s on offer.” It was very hot on the first day of our inspection and we observed people were encouraged to drink plenty of fluids throughout the day. Jugs of juice and water were available in communal areas for people to access. People were also offered ice lollies to also support fluid intake and help keep them cool.

We observed lunchtime on both days of our visit. Staff were patient and polite when supporting people. Staff checked that people had enough to eat and asked people if they wanted any more when they had finished.

People had nutritional assessments within their plans and their weight was monitored regularly. When required, action was taken to address weight loss. For example, one

person who had been refusing to eat had been monitored and their health discussed with health professionals. Now that the person was eating better they no longer required monitoring but staff said they still kept “A watchful eye.”

The catering manager and second chef told us they received information from staff about people’s dietary requirements. They would also go and chat with people and their relatives about their menu preferences. People had access to specialist diets such as pureed and soft food where required.

Newly appointed care staff went through an induction period which included shadowing an experienced member of staff. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. They were able to describe people as individuals. Staff knew about people’s likes, dislikes and preferences. People using the service spoke highly of staff. Comments included “They are always cheerful and helpful” and “The staff are excellent. They are more like friends”.

Staff were aware of their roles and responsibilities. Staff told us they received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety. Training records confirmed this. Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. The meetings were also an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported by both the registered manager and team leader. They said they could approach them at any time to seek guidance and support.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a ‘Supervisory Body’, the appropriate local authority, for authority to do so.

Is the service effective?

During the inspection, the registered manager told us they were in the process of making applications for DoLS authorisations. Applications had been submitted by the provider to the local authority and they were awaiting a response. Assessments of capacity were completed by social workers prior to people coming to Fessey House.

Staff understood how to gain consent to care and treatment. Staff gave good examples of how they achieved this; for example one staff member told us how they had to respect one person's decision around their pressure care. Whilst their decisions were not always wise they said they supported the person's choice and tried to encourage them to follow the guidance offered.

Is the service caring?

Our findings

People and relatives spoke positively about the care and support they or their relative received. Comments included “This is an excellent place. Staff will have a joke and make me laugh.” “The staff are great. More like my friends” and “Staff always have time for me. It’s the best move I’ve ever made.” A relative told us “The care is consistently good and I feel they really care about people.” Another relative said “I know he’s well looked after. I have confidence in staff and they know how best to support him.”

People were supported to make choices and decisions about their daily living. Staff were knowledgeable about the care and support people required. For example if people preferred a bath or shower or what clothes they liked to wear. People and their families confirmed they were involved in the planning and review of care. One staff member explained that it was important to involve people in their care so they were aware of what was going on. They said “The service is very good at making sure people’s voices are heard.”

We observed breakfast on our second day of inspection in one of the units for people living with dementia. As people came into the dining room they were greeted by the member of staff with a “Good morning X. How are you today?” They then asked the person where they preferred to sit for their breakfast. People were offered a choice of cereal and toast for breakfast or if they preferred they could ask for something cooked. The atmosphere was calm and people ate their breakfast at their own pace. Staff chatted to people and shared jokes. People smiled and laughed with staff which showed they were relaxed in their presence. One person who had not eaten their chosen cereal was offered an alternative or some toast which was promptly made for them.

Staff were respectful and caring in their approach to supporting people. Where people needed assistance staff sought their permission before assisting them, explained what they were doing and offered reassurance throughout the task. We observed one person who was distressed being reassured by staff. They explained it was lunch time and offered to support the person to the dining area. They asked the person where they would like to sit and stayed until they were settled. Staff did not rush people and

responded when they asked for assistance as quickly as they could. Staff supported people to move around the home and this was done at the person’s pace. Staff chatted with people as they supported them.

It was very hot on the first day of our inspection. Staff explained how they were encouraging people to wear cool clothing and to also drink plenty of fluids. We observed one person who had put on their coat. Staff explained it was too hot to wear a coat and asked if they could help the person take the coat off. The person agreed and the staff member said they would take it back to the person’s bedroom so they knew where it would be. This reassured the person of the whereabouts of their coat.

People were supported to be independent and were encouraged to do as much for themselves as possible. Some people used equipment, such as walking frames, to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it.

People told us their relatives were able to visit whenever they wanted. Relatives told us staff were friendly and welcoming when they visited. One relative said “There are no restrictions on visiting. I am always made to feel welcome.”

Health and social care professionals were complimentary about the care people received. One professional said, “When I visit Fessey House I am always impressed with the care provided to the residents. Residents are considered to be people with their own lives and I am frequently surprised at the level of knowledge the staff have of patient’s previous lives and wishes.” Another professional told us “I have always witnessed staff caring for residents respectfully, doors are closed when personal care is given, residents are offered choice and are able to have private space to see visitors when they choose to.”

When people were nearing the end of their life they received care which was compassionate and supportive. People, those who are important to them and appropriate health and social care professionals contributed to their plan of care so that staff knew their wishes and made sure the person had dignity, comfort and respect at the end of their life. Where necessary people and staff were supported by palliative care specialists.

Is the service responsive?

Our findings

During our inspection we looked at four people's care and support plans and identified that some information on how people should be supported was missing. For example, in one person's care plan it stated their diet was that of a diabetic but not what type of diabetes they had nor what their diet should involve. It also stated the person required two people to support them with personal care and that due to the person's anxiety, one staff member needed to hold their hands. It was not clear how staff should be holding the person's hands. When speaking with staff they had described how giving the person a towel during personal care distracted them and took away the need to hold their hands. However this was not documented in their care plan.

We saw one person wearing a neck pillow for support. We could find no guidance of when staff should use this pillow or how it was to be used in conjunction with their specialist chair.

Another care plan detailed the person's end of life care. It stated that end of life medicines were in the building but did not include guidance on when and who should administer these medicines. When we spoke with staff about this they told us that they would call the district nurse to administer the medicine should the person be in discomfort. This had not been included in the care plan so staff would know who to contact and when.

We found that the registered person had not designed care and treatment to reflect people's preferences and ensure that support plans reflected people's care and support needs because accurate and appropriate records were not maintained. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had access to a number of activities and interests organised by the staff on each unit. This included events and entertainment, or time spent with people on an

individual basis. Activities included cooking, card games, arts and crafts and musical entertainment. People told us it was their choice to join in activities but they were always given the opportunity. Records of activities people had taken part in were recorded in their daily notes. One relative told us "Dad always gets involved in the activities. He enjoys a good sing-a-long." On the second day of our visit there was a musical entertainer in the large communal area which people joined in with if they wished to.

People who were working towards moving on from the discharge to assess units also had a daily programme of activities devised by physiotherapists and occupational therapists. This included daily exercises to support people with their mobility and independence. A health professional told us "Staff encourage residents to undertake the life skills that they retain and will give time and patience for residents to achieve this in order to retain their independence."

The registered manager had done a review of how staff were allocated, taking into account peak times when support was most needed and staff skill mix. Rosters had been changed to ensure that staff were able to respond to the needs of the people they were supporting. This had resulted in staff being allocated to each unit for consistency of staffing. Staff supported the changes and told us this had allowed them to understand the needs of the people they were supporting and build relationships. People told us that they knew the staff who were supporting them and liked not having too many changes.

There was a procedure in place which outlined how the provider would respond to complaints. People and their relatives told us that whilst they had not needed to make a complaint they knew what to do if they were unhappy with any aspects of care they were receiving. They said they felt comfortable speaking with the manager or a member of staff. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's procedure.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a team leader. People and their relatives knew the management team and told us they felt comfortable speaking with them. Staff told us their managers were approachable and they felt part of a team. They said they could raise concerns with their managers and were confident any issues would be addressed appropriately. Staff told us they felt well supported in their role and that they did not have any concerns. They gave examples of the registered manager and team leader working alongside them, so they could experience how things were in reality. Comments from staff included “It’s a nice bunch of people here. We are a good team” and “I really enjoy working here. I feel supported in my role.”

Staff were aware of the organisations visions and values. They told us that their role was to maintain people’s dignity, treat them with respect and promote independence. The registered manager and team leader told us they encouraged openness among staff. Concerns or issues could be discussed in staff’s one to one meetings or raised at team meetings. All staff spoken with provided positive feedback about the management team.

Staff were supported to question the practice of other staff members. Staff had access to the company’s Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Health and social care professionals spoke positively about the open management culture and staff. One professional told us “I have worked directly with the manager and her deputy on a number of issues and we have looked thoroughly and openly at care practice, processes and procedures. Staff are keen and willing to learn and the senior team are keen to learn from any arising concerns and put actions in where there is ever learning from incidents.”

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by the registered manager, team leader and senior management. The audits covered areas such as infection control, care plans, the safe management of medicines and health and safety. We saw records of recently completed infection control and managers monthly audits. The audits showed that the service was meeting the standards at the time of our inspection and that no actions had been identified. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

Staff members’ training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles. They said that if they felt they required additional training then they could request this from the registered manager.

The registered manager and team leader attended the local provider’s forum. This gave them the opportunity to meet with other providers to share best practice and discuss challenges they may be facing with service delivery. They also met with other registered managers to share experiences. They attended best practice conferences such as the ‘National Care Home’ conference.

People and their family were regularly involved with the service and their feedback was sought by the provider and the home manager. Relative and resident meetings were held periodically throughout the year. People who were on the discharge to assess units when discharged were encouraged to fill in a questionnaire about their experiences.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire. There was a contingency plan in place to cover emergencies such as loss of utilities, flooding or insufficient staffing and offer.

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 9 HSCA (RA) Regulations 2014 Person-centred care

We found that the registered person had not designed care and treatment to reflect people's preferences and ensured that support plans reflected people's care and support needs because accurate and appropriate records were not maintained. (3) (b) (d)