Barchester Healthcare Homes Limited

Ford Place

Inspection report

Ford Street
Thetford
Norfolk
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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

Ford Place is registered to provide accommodation and nursing care for up to 49 people some who may be living with complex nursing needs and/or dementia. They were 31 people living in the home at the time of the inspection. The accommodation is over two floors which is served by a passenger lift.

This unannounced inspection took place on 11 August 2016.

At the last comprehensive inspection on 27 July and 4 August 2015the overall rating for the home was requires improvement. With improvements needed to make the home safer, effective, responsive and well led. We asked the provider to take action to make improvements to the assessment and monitoring of the service. During this inspection whilst we found improvements had been made we need to see this is sustained.

There was no registered manager in post at the time of this inspection. 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.

Not all staff had felt well supported due to lack of a stable management team. An operations manager and a regional director have been providing additional support to the home over the last few weeks.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

People were provided with a good choice of meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

Staff had received training, which was regularly updated in order to enable them to provide care in a way which ensured people's individual and changing needs were met. Staff knew how to manage any identified risks and provided the care needed as described in each person's care record. Peoples health needs were supported as they had access to a range of visiting health and social care professionals. .. Clear arrangements were also in place for ordering, storing, administering and disposing of people's unused medicines.

The provider had a recruitment process in place and staff were only employed after all essential safety

checks had been satisfactorily completed.

Staff treated people with dignity and respect.

The regional director had carried out regular audits to assess what improvements needed to be made. Action plans had been put in place as needed.

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.

Staff knew how to keep people safe from harm and knew the correct procedures to follow if they thought someone was at risk.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Good

The service was effective.

People were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time.

Is the service responsive?

Good

The service was responsive.

Staff were aware of people needs and were knowledgeable about the people that they supported.

People were encouraged to maintain hobbies and interests and join in the activities provided at the home and in the community.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager and the high turnover of managers meant that staff did not always feel supported.

People were enabled to make suggestions to improve the quality of their care.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Ford Place

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 unannounced inspection took place on 11 August 2016. It was undertaken by two inspectors 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. Their area of expertise was in caring for older people and those living with dementia.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During our inspection we spoke with 11 people. We also spoke with the operations manager, regional director and eight staff who worked at the home. These included a nurse, housekeeper, administrator, chef, daily activities co-ordinator and four care staff.

We looked at four people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Good

Is the service safe?

Our findings

People we spoke with all told us they felt safe. One person said, "There's always somebody here to help" but that "sometimes you have to wait a while." Another person told us they had felt unsafe when another person kept entering their room and then went on to say, "They [maintenance person] have now fitted a lock to my door." A third person said, "Yes I feel safe, they [staff] come when I push my bell, they are very good."

People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their weight loss, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Although people's views on staffing levels were mixed we found that there were enough staff on duty on the day of this inspection. One member of staff said, "There is not always enough staff." Another member of staff told us, "We have enough staff to meet the needs of the people here now." A third member of staff told us that they had a meeting recently with the regional director. During this meeting they were told that additional staff are being recruited. On the day of the inspection we found that call bells were responded to in a timely manner and people were not rushed. One person told us, "If you press the red button, [this is the emergency button] they [staff] all come, from everywhere." Another person told us, "Generally there is enough staff but there are moments when they could do with more." A third person said, "We are very busy and sometimes could do with more staff." A fourth person said, "It [the home] is very well run even when they are short of staff." A relative told us that staff come when needed, "There is a good response when I press the call button."

The operations manager and the regional director told us that they assessed regularly the number of staff required to assist people with higher dependency support and care needs. This was in line with their company's policy on staffing levels. Records we looked at confirmed this. This ensured that the correct levels of staff were on duty to meet peoples assessed needs.

Staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed us that they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "We look out for any changes in behaviour, appetite or mood, any unexplained bruising or if a person is not at ease when people are near to them. I would always tell the nurse my concerns." Another staff member said, "If I saw anybody speaking or shouting at a person, I would report to the nurse or the manager." There was information available to staff on safeguarding people from harm which included telephone numbers to ring with their concerns.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The regional director as part of the quality first visits ensures that the manager has audited incident and accident reports. They discussed with the nurse any identified action that should or has been taken to reduce the risk of recurrences. For example, where a person had had a number of falls they had been seen by the GP for a medication review.

Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. We noted that records of the interview undertaken by the registered manager had not been maintained. This ensured that only suitable staff were employed to look after people living in the home.

Staff who were responsible for the management of people's medicines were trained and assessed to be competent. People we spoke with told us about the medicines support they received. One person said, "The nurse sorts everything out and they always ask if I would like any pain relief." Another person told us, "The staff are very good; I have tablets regularly to control the pain." A third person said, "The nurse sorts all my meds out, she's very good. If I need pain relief I get it from the nurse." We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Nursing staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given. If people had been having difficulty with swallowing, GP advice was sought and liquid medication prescribed.

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed by the GP and any changes were actioned swiftly. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.

Good

Is the service effective?

Our findings

People we spoke with told us that their needs were met. One person said, "They're [staff] very good. The girls [staff] all make sure I am well cared for." Another person told us, "Oh yes. I am well looked after. The staff know what they are doing they always ask me before doing anything."

Staff members told us that they had the training to do their job. This included training on infection control; safeguarding; moving and handling and fire training. Staff were able to demonstrate how their learning was applied and how they supported people with their moving and handling needs. Especially when using a hoist and the different slings that were available for individual people. This meant that people were supported by staff who were correctly trained to support people's assessed needs.

Due to a lack of a registered manager staff had not received regular formal supervision. One member of staff said, "No I haven't received any formal supervision. Although I feel well supported by [name of the operations manager] who has recently started working here to support us whilst the manager is off sick. If I have any queries or problems [in the interim] I feel able to ask any questions." Another member of staff told us, "Any suggestions I may have about improving people's care I am able to discuss them with [name of operations manager]." The regional director told us that a plan was to be put in place for scheduling dates for staff to attend one-to-one supervision and appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager (prior to going on sick leave) had made several applications to the local authority when they believed a person was being deprived of their liberty. The applications were based on the assessments of people's capacity to make an informed decision. These included, for instance, decisions where the person was to live and how they were to be looked after. The operations manager and regional director told us that they were still waiting for a decision to be made by the authorising local authority.

Members of care staff told us that they had attended training in the application of the MCA and demonstrated an awareness of the application of this piece of legislation. One member of staff said, "[The MCA] is to protect people who are unable to make decisions for themselves. We can make [decisions for] them where it is their best interest." Another member of staff explained that some of the people were unable to make certain choices because they lacked mental capacity. However, they were aware that such people were looked after in their 'best interest.' This included, for example, having their medicines as prescribed.

People said that they liked the food and had a choice of what they wanted to eat. One person said, "Sometimes I have breakfast in bed, cereal and toast and sometimes if I feel like a fried breakfast." People had cold and hot drinks and these were placed within their reach. During mid-morning people were offered biscuits and drinks. When people needed help to eat and drink, they were given the encouragement and support with these needs. Cultural and specialist diets were catered for, which included vegetarian and soft food diets.

Menus were available although not in a picture format. This would help those people who had difficulty with the written word. We were told by staff that people would discuss the menus each day to decide what they would like to eat. One member of staff said, "I go around and ask people what they want to eat. People can have whatever they want." People's weights were monitored and the frequency of this monitoring was based on people's reviewed and up-to-date nutritional risk assessments. Dieticians' advice was obtained for people where they had been assessed as being at high risk of undernourishment.

We observed lunchtime in the dining room. People were asked if they would like to wear a tabard to protect their clothes. People were offered a wide choice of drinks and a choice of main course. The member of staff who was serving the lunch knew peoples choices although they still offered them a choice. They knelt down so they were level with the person when asking them what they would like to eat. When the food was served, one person was offered assistance but at the time declined, preferring to try to manage on her own. Later, the staff saw the person was not managing and offered them some assistance again and on this occasion this was accepted. Specialist equipment was available such as plate guards. These allowed people to eat without assistance.

We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist, opticians and therapists. People told us, that the doctor came in on Tuesdays and Fridays. One person said, "But if I was really, really ill they [staff] would call the doctor out."

Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

People told us they knew the staff well and that the staff were all very were caring. One person said, "They [staff] do what they can to help. I can't say a bad word about them." Another person said, "I'm happy enough here, they [staff] look after me well."

Staff knew people by their preferred name, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care people wanted and needed.

The operations manager and regional director also knew people and we observed people interacting with them and all the staff team openly. Communications between staff and people were warm and friendly with lots of laughter and chatting about the day and the things they liked to do. One person told us, "I like a paper to read in the morning. There are two particular ones I read and I get these here. It's great." Another person added, "The staff are very caring. They are gentle and make sure I am comfortable before they leave me."

Staff checked and asked people for their consent before they provided any kind of personal care or assistance. Staff explained the support they were going to give before providing it to people. If people declined the help offered, staff respected the person's wishes and retuned to offer the support again at a time when the person was ready to accept it.

When staff were supporting people with their personal care they gave people time to do what they were able to do for themselves. Staff quickly noticed and offered any support needed if people required assistance to move from one room to another. For example they gave people instructions in how to use their frame to enable them to move safely. Rather than making any assumptions staff always asked people where they would like to be and where they would like to sit.

We saw a staff member gently speak to and walk with one person who had chosen to walk around the lounge. This person told us, "I like company and the staff are great at just being there when I need them and having the time to spend with me when they get the time." All of the people we spoke with said when they wanted to spend time in their rooms, their privacy was respected. Whilst we saw staff knock on the doors not all gave people time to respond and would walk into the rooms before they received a response. We mentioned this to the regional director and they said that they would discuss this at the staff meeting to remind staff to give people time to answer. One person told us, "The staff follow my decisions and I am grateful because I like my own privacy." Staff ensured the doors to rooms and areas where personal care was being provided were closed when people needed any additional help with their personal care.

People's rooms had been personalised, with ornaments and pictures and some had small pieces of furniture that people had chosen to bring in with them.

Throughout the day and at lunchtime people were able to be as independent as possible with eating and drinking. People had access to aids such as straws to help them to drink. During lunch staff regularly

checked that people were enjoying their meals and offered additional help whenever the felt this might be needed. If people had chosen not to be assisted their wishes were fully respected. People were not hurried with their meals and the meal servings were only changed when people had completed their meals and had said they had eaten enough. When people had made the choice to have their meals in their rooms their wishes had been carried out. We saw staff had also ensured people in their rooms had the same access to utensils to help them eat and drink independently and that they also had access to condiments to add any additional preferred flavours to their meals.

Staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. One person told us they were supported to open their own mail and correspondence and that if they needed any help reading any information they received staff provided this in private. Another person told us, "The staff are very respectful and keep anything I tell them and don't want sharing confidential." The provider had a policy and guidance in place for staff to follow regarding retaining information and disposing of confidential records and information. Staff confirmed staff had access to this and understood how it should be applied.

Peoples' care records were stored securely in the nurse's office but staff could access them as required. These arrangements helped ensure people could be assured that their personal information remained confidential.

The operations manager and regional director were aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

Pre admission assessments had been undertaken. This helped in identifying people's support needs and care plans were then developed stating how these needs were to be met. Some people were able to tell us they had been involved with their care plans. Whilst others were not aware of their care plans. Staff told us that where people lacked the mental capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning. One person said, "They [staff] know me very well and know how I like to be cared for. I couldn't ask for better."

Care records that we saw contained information about people's preferences, routines and some also contained life history information. The deputy told us that people's care plans were based on pre-admission information. They added that new care plans were developed over a short period of time, when the person's needs were being continually assessed and reviewed.

We observed the staff members interactions with people using the service. We found that the interventions described in the care plans were being followed by staff. We saw detailed information in the care records which showed us that staff had spent time listening to people. For example, staff were able to tell us about people lives and what their occupation had been and about members of people's families. This helped staff when starting a conversation with people.

Care plans had been reviewed regularly so that any changes to people's needs had been identified and acted on. Records showed that when people's needs had changed, staff had made appropriate referrals to healthcare professionals. Examples included referrals to a dietician, dentist and an optician. We saw that the care plans had been updated accordingly.

People said that staff met their care needs. One person said, "Absolutely. They take great care of me." Another person said, "The staff are always around. They usually come fairly quickly when I call, but I have to wait till members of staff are free." People showed they were happy with lots of smiles, chatter and laughter. People on the whole confirmed they were well looked after.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. There was one person whose sole responsibility was to support people with social activities. These included trips to local places of interests as well as group and individual activities at the home.

A timetable was available to people showing the regular activities that take place during week days. These included religious services, visit from a therapy dog, word quizzes and scrabble. One person told us, "I enjoy the quizzes and the service on a Friday [but] there isn't much to do on the weekend and I do get a bit bored." A relative of a person who is cared for in bed told us, "In five years, there had only been one occasion when someone had been sitting and talking to [family member] when I have arrived to visit." (They told us they visit often and at various times of the day) Another person said, "If I get bored, one of the carers will take me round the garden." The person told us, "I can go out shopping and I can go out for a meal." A third person

told us there had been a garden party the week before which they had enjoyed. Photographs of the event were on show in the home.

People we spoke with told us they would be confident speaking to a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff." Another person told us, "I [would] go and speak to any member of staff if I was not happy with the care provided. They do listen to me."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time at this home. There was a complaints procedure which was available in the main reception area of the home. From the complaints log we saw the complaints had been responded to in line with the policy. When we asked one person if their views were taken into account. They said, "There's a choice and they listen to me and what I want."

Requires Improvement

Is the service well-led?

Our findings

Following our inspection in July 2015 we asked the provider to make improvements to the assessment and monitoring of the service. They provided us with an action plan detailing the action they would take to improve. .At this inspection we found some of the improvements had been made, but that further improvements were required

There were quality assurance systems in place that monitored people's care. We saw that the regional director had completed a recent 'quality first visit' which monitored the safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where they had identified action was required, these were followed up to ensure people's safety. This demonstrated the service had improved its approach towards achieving a culture of continuous improvement in the quality of care provided. Although we need to see this is sustained.

Staff told us that there had been a recent staff meeting during which staff were given an update on the management and staffing situation at the home. They were given information on the improvements that were to be made. These improvements included developing effective teamwork. .

Not all staff were clear who they could escalate their concerns to as they were not clear about the management arrangements. The regional director said they would address this at the next staff meeting.. The operations manager and regional director were available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, the staff working here are kind and treat people well. The manager takes action if they are told that a staff member is not treating people right." Another member of staff said, "Yes I know about whistleblowing but I have reservations in using it as it is a Barchester telephone number." They were unaware that they could also use external numbers such as CQC.

There was no registered manager in post at the time of this inspection. Staff we spoke with had mixed views about the support they received and one staff member told us, "I can't tell you how many managers we have had there has been so many. There has not been any stability for a while now. I only stay because the residents [people who use the service] are lovely. It can be hard when there is not enough staff especially when staff go off sick. It will be better when the manager returns, which is very soon." Another member of staff said, "The atmosphere in the home is 'dull' as we don't have consistent management. Being short staffed at times doesn't help." A third member of staff said, "It's [management] so frustrating as we don't have any stability. There have been many changes in management. There is no continuity; there is a low morale in the team." A fourth member of staff said, "Since the operations manager and the regional director have been coming in the support has got better. The manager is due to return and hopefully the management of the home will be more stable then. They [manager] are wonderful." (There have been four registered managers in the last four years).

Staff felt there was some good teamwork at the home. One of them said, "We [staff] all get on well together and help each other out." Another staff member said, "It can be difficult on the team when not everyone is pulling their weight. You sometimes feel very frustrated when you are trying to meet everyone's needs when they call you. You sometimes need to tell them you will be back as soon as you can." We did see an example at lunchtime where a member of staff was stood waiting for some time whilst a person's meal was being served up whilst the other member of staff was rushing around serving those in the dining room. On another occasion we saw staff talking in corridors whilst others were busy dealing with peoples care and support needs

People told us they were given opportunities to influence the service that they received through residents' and relative meetings. People told us they felt they were kept informed of important information about the home and had a chance to express their views. One person said, "I've mentioned one or two things and they've listened." Another person told us, "They [staff] do listen to me."

A training record was maintained detailing the training completed by all staff. This allowed the training manager to monitor training completed to date and to make arrangements to provide refresher training as necessary. Staff told us that the nurses sometimes work alongside them to ensure they were delivering good quality care to people.

Records and our discussions with the operations manager and regional director showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered managers had an understanding of their role and responsibilities.