

Fynvola Foundation

Lady Dane Farmhouse

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 04 July 2017. The inspection was unannounced.

Lady Dane Farmhouse is a purpose built nursing home providing accommodation and nursing care for up to 15 people with a learning disability. The service is provided by the Fynvola Foundation, which is a registered charity. The home is a two storey building with a passenger lift to rooms on the first floor. There is a separate building in the grounds used as an activities centre by the people who live in the home. There were 11 people living at the home when we inspected.

The service had a registered manager in post who supported us during the 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.

At our previous inspection on 03 and 05 January 2017, we found breaches of Regulation 9, Regulation 12, Regulation 17, Regulation 19 and Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider had not properly managed people's medicines. Risk assessments were not effectively managing risks to people's safety. Safe recruitment procedures were not in place to make sure staff were suitable to work with people. The provider had failed to effectively meet people's healthcare needs. The provider had failed to ensure that care plans were in place for all aspects of people's assessed needs. The provider had failed to establish and operate effective systems and processes to monitor the quality of the service and failed to secure confidential records. The provider had failed to display the rating of the last inspection. The provider had failed to notify CQC about events and incidents. We asked the provider to take action to meet Regulation 9, 12, 19 and 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also asked the provider to take action to meet Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. We served a warning notice on the provider in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and told the provider to meet the regulation by 14 March 2017.

The provider sent us an action plan on 10 March 2017 which showed they planned to make the changes and meet regulations by 30 April 2017. The registered manager provided a follow up action plan received at the end of March 2017 which showed they planned to make the changes and meet regulations 31 May 2017.

Relatives told us their family members received safe, effective, caring and responsive care and the service was well led.

Risks to people's safety and wellbeing were not always managed effectively to make sure they were protected from harm. Risk assessments did not always detail how to minimise the risk of harm.

Staff had received training in relation to the Mental Capacity Act (MCA) 2005. However, mental capacity assessments did not follow the principles of the MCA 2005.

There were quality assurance systems in place. The registered manager and provider carried out regular checks on the home. Action plans were put in place and completed quickly. The audits hadn't identified the issues in relation to risk and mental capacity. We made a recommendation about this.

Medicines were well managed; they had been stored and administered appropriately. One person received covert medicine; there was a lack of documentation to evidence who had agreed this. We made a recommendation about this.

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

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner. Feedback from healthcare professionals was positive.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the home was calm and relaxed. Staff treated people with dignity and respect. Information about people was treated confidentially.

People's care was person centred. Care plans detailed people's important information such as their life history and personal history and what people can do for themselves.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People's views and experiences were sought through surveys and meetings. People were listened to. Relatives knew how to raise concerns and complaints.

People had choices of food at each meal time. People who did not want to eat what had been cooked were offered alternatives. People with specialist diets had been catered for.

There were suitable numbers of staff on shift to meet people's needs. A nurse was allocated on each shift. Dependency levels were assessed to check the level of support each person needed.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

Nurses and care staff had received appropriate training, supervision and support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and some had been approved. The registered manager had a tracking system in place to enable them to monitor these.

The service had been well maintained, clean and tidy.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift took place to make sure all staff were kept up to date.

Staff showed us that they understood the vision and values of the organisation; we observed practice to show that staff had embedded this into their work.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

Effective recruitment procedures were in place. There were enough staff deployed in the home to meet people's needs.

Medicines were mostly administered following the prescribers instructions.

Checks and maintenance on the building been completed, repairs were completed in a timely manner.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Mental capacity assessments were undertaken however, they did not follow the principles of the Mental Capacity Act (2005).

People had choices of food and where they wished to eat their meals.

Most nurses and care staff had received appropriate training to carry out their roles.

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

Is the service caring?

Good ●

The service was caring.

Staff knew people well and there were positive interaction between people and staff.

Staff treated people with kindness and understanding. Staff

made time to talk with people whilst going about their day to day work.

Staff were careful to protect people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and gave staff clear details about how staff should meet people's needs.

A variety of activities were on offer for people within the home. People were encouraged to take part in their local community.

Relatives knew who to contact if they had a complaint.

Is the service well-led?

Good ●

The service was well led.

Systems to monitor the quality of the service were mostly effective.

The provider had reported incidents to CQC in a timely manner. The provider had displayed the rating from the last inspection in the home and on their website.

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

Staff were extremely positive about the support they received from the management team.

Lady Dane Farmhouse

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 July 2017 and was unannounced.

The inspection team consisted of one inspector and a specialist advisor who was a trained nurse with a background of general nursing.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR, within the set time scale. We also reviewed previous inspection reports, information from whistle blowers and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine staff including support workers, nurses, the cook, the head of care and the registered manager.

People were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We spoke with two relatives by telephone after we inspected.

We contacted health and social care professionals including the local authorities' quality assurance team, care managers, Continuing Healthcare nurse assessors and Speech and Language Therapists (SaLT) to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included all 11 people's care records, medicines records, risk assessments, staff rotas, three staff recruitment records, meeting minutes, quality audits, policies and procedures.

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

Is the service safe?

Our findings

At our last inspection on 03 and 05 January 2017, we identified breaches of Regulation 12 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not properly managed people's medicines. Risk assessments were not effectively managing risks to people's safety. Safe recruitment procedures were not in place to make sure staff were suitable to work with people. We asked the provider to take action to meet the regulations.

The provider sent us an action plan on 10 March 2017. The registered manager provided a follow up action plan received at the end of March 2017 which showed they had already made some improvements to medicines and planned to meet regulations by 31 May 2017.

At this inspection, we found that recruitment procedures and medicines practice had improved. Further improvements were required in relation to risk assessments.

People were unable to verbally tell us about their experiences. We observed that staff supported people to maintain their safety within the service, there was an air of calm and people were smiling and responding to staff interaction.

Relatives told us their family members received safe care. We asked relatives whether they felt their family members were safe in the home. One relative said, "Very much so. It's a place I come away from knowing she's safe".

At our last inspection, the provider had failed to adequately assess risks to people. At this inspection, we found that further improvements were required. Risk assessments were in place for each person in relation to their moving and handling needs, these assessments included what equipment was in place and how many staff were required to assist with each task. Each person had a personal emergency evacuation plan (PEEP) in place which detailed how they needed help from staff to evacuate the home in an emergency. However, risk assessments were not in place for all known risks. People's care plans listed specific care and treatment needs which should have had risk assessments in place to reduce or mitigate the risks to the person and or staff providing care and support. For example, people had been assessed as being at high risk of developing pressure areas due to spending long periods in the same position (either sitting or lying down). Some people did not have risk assessments in place in relation to reducing the risks.

The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines practice had improved. The medicines round was carried out by a nurse who had undergone relevant training. Medicines records were clear and accurate. We checked the medicines records for the month and found that people had received the medicines they had been prescribed. Each person's MAR included a photograph. Staff only signed the MAR once the medicine had been administered.

Protocols were in place to provide information and guidance for staff in relation to 'as and when required' (PRN) medicines. This guidance detailed how each person communicated pain, why PRN medicines were needed, the reason for administration, the frequency, and the maximum dose that could be given over a set period of time.

The medicines storage areas had been temperature checked by nurses daily to check that medicines were stored within suitable temperatures.

One person received their medicines covertly. Covert administration means when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. There were no records to evidence that a best interests meeting had taken place to agree that these could be given in this way. The purpose of this meeting is to agree whether administering medicines without the person knowing (covertly) is in the person's best interests. A best interests meeting should be attended by staff, relevant health professionals such as the GP and a relative or advocate who can communicate the views and interests of the person.

We recommend that the provider and registered manager follow good practice guidance in relation to managing medicines in care homes.

Individual incidents and accidents were fully recorded by staff. The registered manager had looked at the records and investigated each incident to see if they could be avoided in the future. Action had been taken when issues arose. One person had become trapped between their bedrail and mattress; different bumpers were purchased for the person to ensure that they could not get trapped again. Learning had taken place from previous accidents and incidents. For example, the activities centre had been linked to the main building through the alarm system so that if staff required help when they were working with people in the activities centre this would attract the attention of staff in the main building.

The service had been well maintained, clean and tidy. Systems were in place to protect people from the risks of fire. Fire tests had been carried out frequently. The service had been inspected by the fire officer employed by the fire service on the 27 June 2017. A list of actions had been produced, which the registered manager and provider were working their way through to improve fire safety in the home. Some work had already taken place such as purchasing evacuation mats to aid evacuation. The head of care arranged training for staff in relation to using the equipment during the inspection. Records showed that emergency lighting had been tested regularly. Any repairs required were generally completed quickly. Gas and electric installations had been checked. Hoists, slings and lifts had been serviced. Water testing had been carried out as well as regular legionella testing.

At this inspection we found that all of the staff recruitment records contained photographs of staff. References had been received by the provider for all new employees. Any gaps in people's employment had been discussed at the interview stage if they had not been recorded on their application form. Other checks on potential employees included obtaining a person's work and character references, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nurses were registered with the Nursing and Midwifery Council and the registered manager had made checks on their PIN numbers to confirm their registration status.

There were suitable numbers of staff on shift to meet people's needs. A nurse was allocated on each shift. On occasions this was reduced due to staff sickness, however staff were offered overtime to fill these hours. Agency nursing staff were deployed to fill nursing shifts when needed. There was a system in place to

calculate and review staffing levels to evidence that staffing levels changed when people's needs increased. The registered manager told us that staffing levels had reduced temporarily when the tool was implemented. However, staff gave feedback to say they were struggling and this was increased again.

People continued to be protected from abuse and mistreatment. Staff had completed safeguarding adults training. The staff training records showed that 32 out of 36 staff had completed training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

Is the service effective?

Our findings

At our last inspection on 03 and 05 January 2017, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to effectively meet people's healthcare needs. We asked the provider to take action to meet the regulations. We also made recommendations to the provider. We recommended that the provider reviewed systems and processes in relation to mental capacity assessments and DoLS. We recommended that the provider ensured that choices of meals available were communicated in a manner that people understood. We recommended that the provider reviewed the training plan to ensure all staff received training relevant to their roles. We recommended that the provider reviewed systems and process for induction in line with good practice guidance.

The provider sent us an action plan on 10 March 2017. The registered manager provided a follow up action plan received at the end of March 2017 which showed they had already made some improvements and planned to meet regulations by 31 May 2017.

At this inspection, we found that improvements had been made to meeting people's healthcare needs, training, induction and communication. Further improvements were required in relation to mental capacity assessments.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were in place.

There were procedures and guidance in place in relation to the MCA 2005 that included the steps staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Training records showed that 29 out of 35 staff MCA training and training in relation to DoLS. We found that staff had a good understanding of how to support people to make choices by offering a selection of items to choose from. Staff were knowledgeable about what to do if people refused care. We observed staff respecting people's decisions. For example, one person had chosen not to eat at a table in the dining room. The staff member supported them to move to another area of the home where they wanted to be and they then ate their meal with little support needed. The registered manager had a good system in place to track and monitor DoLS authorisations and applications.

Mental capacity assessments had been carried out. However the assessments had not been completed appropriately. The assessments had not been completed to evidence whether the person had capacity or

not to make each specific decision. We checked with the registered manager, they agreed that the assessments were unclear. The capacity assessment form stated, 'If on the basis of this assessment it is decided that the person lacks capacity to make the decision, a best interest determination should be undertaken using the best interest checklist and the decision recorded in the person's notes'. There were no records to show that this best interest stage had taken place. One relative told us they had been involved in decision making to decide where they should live, prior to their family member moving to the home. A health and social care professional told us, 'Limited knowledge of DoLS and the Mental Capacity Act'.

The failure to follow the principles of the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were unable to verbally tell us about their experiences. We observed that staff knew people well, this was evident by the way they confidently worked with people, understood when they were unhappy, anxious or happy and by the way they shared information with a new staff member who was shadowing experienced staff as part of their induction.

Relatives told us their family members received effective care which met their health needs. Relatives said, "I couldn't be happier. All the residents have many needs that I don't feel could be catered for anywhere else" and "They ring me if there are health issues or there is an appointment".

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. People were weighed regularly. Records were made of all food eaten and fluid drunk so that people's nutritional and hydration needs could be monitored by staff. We observed staff consistently encouraging people to drink to stay adequately hydrated. Staff recognised that it was a hot day and people needed to drink more. Care plans detailed people's food preferences. People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. People's dietary requirements were understood by the staff preparing, cooking and serving the food and the staff assisting people. People's preferences were met by staff who gave individual attention to people who needed it. The cook made pureed fruit pots to enable people to have a healthy snack in a way which met their needs.

We observed staff chatting to people whilst assisting them to eat; they were kind and considerate throughout. The dining room was a friendly and relaxed atmosphere. We observed staff prompting and encouraging people to eat, this was done in a non-hurried manner. Relatives told us, "They have to have special food, it is mashed"; "He's taken out for meal with the others" and "The menus are on the wall, I read them. They give her a good variety of food and plenty of fresh vegetables. They are good at making fruit pots. I think they are on the ball about knowing when people need a drink".

People had choices of food at each meal time and chose to have their meal in the dining room, hallway, lounge or their bedroom. Those people that were too sleepy to eat their meal were provided with their meal at a later point in the day when they were more alert and responsive. People were offered more food if they wanted it. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. Staff sat with people to assist them at meal times to encourage people to eat well. The food looked good. It was colourful and presented well. Menus were displayed for people to read, which included an easy to read menu to help people understand the choices available to them. A health and social care professional told us, 'Client's appear to enjoy their food. No notification of client's becoming unwell through lack of nutritional or fluid intake'.

At the last inspection, not all people had received timely medical assistance when they needed it. At this inspection, we found that people received medical assistance from healthcare professionals when they

needed it. Everyone was registered with a local GP. Relatives told us that staff were quick to notice changes in their family members and took action quickly. People had access to Speech and Language Therapists (SaLT), occupational therapists and other specialist services. Referrals had been made to SaLT and the dietician when people needed it. Records demonstrated that staff had contacted the GP, diabetic nurses, tissue viability nurse, occupational therapists (OT's), physiotherapists, the ambulance service, hospital, opticians, local authority care managers and relatives when necessary. Nursing staff had good communication systems in place to ensure nursing tasks were carried out. For example, nursing staff had tried and failed to take a blood sample from one person, to enable the GP to carry out tests. A clear message had been left for the next day for the nurse on shift. The next nurse successfully managed to get a blood sample. Feedback from a health and social care professional was positive. They said, 'I have put in place swallow guidance for a number of people in their care. These guidelines are in place where the staff feed the client. When I review guidance these are available in the file, when I assess new clients guidance from previous SaLT input is available for me to view on file. Both nursing and care staff support my requests for monitoring charts, these have been completed as requested and in detail that have enabled management strategies to be devised' and 'I am aware that the nursing staff are where necessary monitoring individual with various measure e.g. BP, Oxygen level, weight etc. I am always contacted by a nurse if a patient is unwell with a chest infection or suspected chest infection'. Another health and social care professional said, 'My client was treated appropriately and his needs were met well and they referred to other health professionals when needed. I was always communicated with effectively, either by being phoned or emailed, with regards to when there were changes for my client. For example, I was always informed when he had particular seizures and he received appropriate medical intervention and GP consulted. With regards to nutrition, there were always choices offered and individuals ate and had drinks when they wanted to'.

People were supported by staff who were qualified and trained to meet these needs. Registered nurses were available who had qualifications in adult nursing. Systems and procedures were in place to provide support to nursing staff in order to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. Systems were in place to support the nursing staff achieve revalidation. Specialised training courses were available to nursing staff to enable them to learn or refresh nursing tasks such as insulin administration and influenza vaccination administration.

The nursing team were made up of nurses who had a general nursing background, mental health backgrounds and learning disability nursing backgrounds. Most nurses and care staff had received appropriate training to carry out their roles. This included statutory mandatory training; moving and handling, safeguarding and equality and diversity training. Our discussions with staff and our observations of practice confirmed they understood people's care needs. For example, staff could describe which people were on specialised diets and thickened fluids. They were able to detail why people had to be positioned in a certain way and what may happen if they weren't.

Training records showed that training courses were still required for some staff (some of whom were new). Discussions with the registered manager and the head of care who was the nominated individual evidenced that courses were booked to ensure each staff member had the training they needed. Staff were supported to gain qualification relevant to their roles. This included care staff, nurses and the management team.

Staff supervision and annual appraisals had been recorded in their files. The head of care told us that they had changed the supervision process so that staff were offered individual supervision meetings on a regular basis and group supervisions occasionally. Staff told us they received regular supervision. One staff member said, "I have just recently had supervision with the new manager". Nurses received clinical supervision from the lead nurse. The registered manager and the lead nurse were supervised and supported by trustees.

New staff completed an induction which included reading the service's policies and shadowing a senior staff member to gain more understanding and knowledge about their role. We observed care staff and nursing staff supporting a new staff member that had started on the day of the inspection. The new staff member told us that everyone had been really friendly and they had been made to feel welcome. Staff were then started to work through the Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. We observed that staff interacted with people in a respectful and polite. Staff engaged with people in a person centred manner. People were smiling and looked at ease with the staff.

Relatives told us the staff were kind, caring and friendly toward their family members. Comments included, "They [staff] do everything they can for him [family member]. They are just wonderful, they have all the patience in the world"; "Staff are very nice, they seem very dedicated, they are very kind. They always talk to people about what they are doing" and "I really think the staff are fantastic, they have nice manners and are very helpful".

A health and social and care professional told us, 'All staff that I have contact with have shown great interest in the clients that I have observed them with. I noticed a recent story telling session where the carer took his time to sit with the client and calm them when they were distressed using this approach'. Another health and social care professional told us, 'The staff appear to treat the service users with respect'. Another health and social care professional told us, 'I was always very impressed with the staff and the service. Residents were always treated with respect and on a personal level'.

Staff treated people with dignity and respect. Staff told us they ensured people had choices and were involved in their care. Staff were clear that when they provided care to people they did so in a manner to respect the person such as closing doors and curtains, ensuring they had all the right equipment before they start, keeping the person warm and respecting decisions. We observed that all staff knocked on people's doors before entering their rooms.

We observed friendly and compassionate care in the service. Staff were happy and up-beat, they enjoyed their work and this was reflected in the care we observed them providing. Staff were respectful and caring towards people. One member of staff said, "It's a pleasure to work for Fynvola giving people with learning disabilities a good quality of life". We observed staff members coming on shift during the day and greeting each person by saying hello, calling their name and gaining eye contact and waving to say hello.

People were involved in their care and made choices about what they wanted, such as where they wanted to sit, clothes they wanted to wear, food and drinks and whether they wanted their personal care needs met. Staff explained to people what was happening and gave people time to process information. Where people had been asleep, staff gave them time to wake up before assisting them with meals, personal care and activities.

Staff built good relationships with the people they cared for. This resulted in people feeling comfortable and relaxed. People responded well to the quality of their engagement with staff. We observed one staff member greet a person and tell them "you look pretty", the person smiled and held the staff members hands. We observed one person asking for a hug from a member of staff, the staff member responded by hugging them and said how much they enjoyed hugs from the person.

Throughout the inspection, we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. Staff made time to talk with people whilst going about their day to day work. It was clear staff knew people well. We observed staff reassure people if they were anxious or upset. A staff member spent time reading story books to them in the hallway. This helped the person become calm and relaxed. Another member of staff went to the garden to collect the guinea pig which one person had chosen to purchase. The staff member supported the person to stroke and hold the guinea pig, the person smiled and said "I love him". The staff member recognised when the person had had enough, and removed the guinea pig from the person's lap. This meant that staff responded to people's needs and enabled people to make choices about their day to day lives.

People's bedrooms were personalised and individual to each person with items of personal interest. People's bedrooms were spacious which meant they had plenty of space to move around and plenty of room for equipment which helped with their care. One relative told us, "His bedroom is beautiful".

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere. One relative said, "I've noticed a different (improved) atmosphere when I visited".

Is the service responsive?

Our findings

At our last inspection on 03 and 05 January 2017, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that care plans were in place for all aspects of people's assessed needs. We asked the provider to take action to meet the regulations.

The provider sent us an action plan on 10 March 2017. The registered manager provided a follow up action plan received at the end of March 2017 which showed they had already made some improvements and planned to meet regulations by 31 May 2017.

At this inspection we found that people's care plans had improved and the provider was meeting the regulations.

People were unable to verbally tell us about their experiences. People were encouraged to participate in activities to keep them active and stimulated. This included in the home, in the activity centre on site and people were supported to go out into the community. Relatives told us that the service was responsive to their family member's needs. One relative said, "[Person] is happy to be in an environment with music, she likes the sensory room and likes to be with others. They have improved the activity centre".

Each person had a detailed activity plan, although these had been personalised to each person. Activities that took place during the inspection included making salt dough decorations, painting, reading, one person enjoyed spending time with the animals so they were taken outside to the garden to watch the chickens and guinea pigs. Another person enjoyed watching the tennis on television. We spoke with the activities staff who explained that the service had got involved with hatching eggs earlier in the year, people chose an egg and spent time watching it hatch, they then fed and reared the chicks, which people enjoyed. The service had kept a small selection of the chickens. The activities staff shared how they had reviewed and developed the activities to meet people's needs, recognising that people were less active as their health conditions progressed. The activities staff had attended a training course with other organisations in relation to activity planning. Activities staff recognised that many people really benefitted from sensory activities. One staff member said, "I am doing a lot of work in the sensory room, doing personal programs with sensory equipment. Some [people] react so well to this".

Care plans had improved since our last inspection. Improvements had been made to make the care plans more person centred, care files had an all about me section which gave good information about the person, their family and how the person communicated. We observed care was delivered to people as it had been described in the care plan. Staff knew people's likes and dislikes and care needs. Relatives commented, "She is always immaculately dressed and always clean. I couldn't wish for more" and "I don't worry about care at all". Care plans were reviewed monthly. Staff reported that whenever changes were identified in people's care plans they were updated and information was shared. We observed staff putting their updated knowledge into practice whilst working with people.

The service was responsive to people's changing needs. For example, the management team were working with one person and their relatives to move them to a ground floor room, which better suited their mobility needs.

Care plans had sections for end of life care. These had been completed with information obtained from relatives, as people were unable to verbally confirm their wishes and preferences. Information included whether people had pre-paid funeral plans in place.

Assessments were carried out by the head of care and the lead nurse when referrals were received. This ensured that people's health and care needs were assessed and taken into account when they moved into the home.

A daily records check was completed each day by the management team; this checked that each person's daily records had been appropriately filled out, such as food and fluid charts and handover records. This meant that adequate systems were in place to monitor people's health and wellbeing.

Relatives knew who to complain to if they were unhappy about the service they received. One relative told us, "I would speak to the manager or trustees if I was unhappy". There had not been any complaints since we last inspected the service. The complaints procedure gave information about who to if a person was not happy with the complaint from the provider, which included the local authority and Local Government Ombudsman (LGO) and detailed the timescales for acknowledgement and investigation. There was also an easy to read guide about how to complain.

Records showed that the service had received a number of compliments about the care provided. One read, 'A belated thank you for the wonderful care you gave [person] it was amazing to have the memory book and photos of all the good times she enjoyed with you. I would also like to thank you for the support you gave me in the last months of her life. She was very fortunate to have been at Lady Dane'.

The registered manager and head of care had met with a small group of people on 26 May 2017 to have a 'residents meeting to enable people to be involved and share feedback if they were able to. The registered manager had met with one person individually as it was noted they didn't like groups.

Relatives confirmed that they regularly were asked to feedback about the care and support that their family member received. There had not been any surveys completed since the last inspection. The registered manager explained these were due to be sent out this month. Relatives were also able to attend the provider's annual general meeting (AGM). One relative confirmed that they had attended the AGM the previous week and the registered manager had shared how they were going to improve the review process more for people and their relatives. The relative explained that reviews were going to be held more often.

Is the service well-led?

Our findings

At our last inspection on 03 and 05 January 2017, we identified breaches of Regulation 17 and Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider had failed to establish and operate effective systems and processes to monitor the quality of the service and failed to secure confidential records. The provider had failed to display the rating of the last inspection. The provider had failed to notify CQC about events and incidents. We issued one warning notice in relation to establishing and operating effective systems to monitor and improve the quality of the service and told the provider to meet Regulation 17 by 14 March 2017. We asked the provider to take action to meet the Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The provider sent us an action plan on 10 March 2017. The registered manager provided a follow up action plan received at the end of March 2017 which showed they had already made some improvements and planned to meet the Regulations by 31 May 2017.

At this inspection we found, people's information was treated confidentially, they were accurate and complete, quality monitoring was taking place.

Some people were unable to verbally tell us about their experiences. We observed that people knew staff including the head of care and the registered manager. Relatives told us the service was well led. One relative said, "After the last registered manager left, the whole feeling through the place changed. Now they have two new people doing the role, it is back to normal". Another relative said, "I think the service has improved since [registered manager] has been on the scene".

At this inspection, we found that provider had audit systems in place within the home. The audits systems in place and monitoring checks were robust and covered a variety of areas, such as care plans, food intake charts, fluid intake charts, training, accommodation standards, complaints monitoring, documentation, audits of the premises and equipment, catering, laundry, housekeeping, accidents and incidents, infection control and fire audits. Any issues identified were added to action plans and completed in a timely manner. However, the audits and checks carried out had failed to identify the issues relating to risk assessments and mental capacity assessments that we found during the inspection.

We recommend that the provider and registered manager review and revise audit systems and processes to make them more robust.

Audit systems were in place. The management team had carried out regular audits of the service. There had been monthly audits of medicines, incidents, care plans, infection control, safety, care and welfare, food and hydration as well as quality. Audits were also undertaken by the nominated individual and by the quality team for the provider identified areas where improvements were required. Timely action had been taken to address the concerns. Trustees of the provider had also carried out regular monitoring and checks of the

service.

The management team had also been carrying out observations and spot checks of nursing and care staff practice. The registered manager planned to commence night spot checks as well.

The registered manager had developed improvement plans which they were working through to make further improvements to the home. The management team gained information about health and social care through links with organisations, CQC newsletter, policy updates from their policy provider, through forums and through utilising the internet for research. This kept the management team well informed. The head of care told us, "[Registered manager] knows what needs to happen, she knows the regulations, which makes me feel confident".

The maintenance staff member carried out daily checks of the service to check that fire escapes are not blocked and that everything is in good working order. They carry out a number of health and safety checks of the home in relation to equipment, fittings and the general environment.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager and the provider had notified CQC about important events such as, Deprivation of Liberty Safeguards (DoLS) authorisations, deaths, serious injuries, events that affect the running of the service and safeguarding events that had occurred since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had great confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us that communication between staff within the home was good and they were made aware of significant events. There were various meetings arranged for staff. These included daily shift hand over meetings. The staff meetings were recorded and shared. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the registered manager listened to them.

Staff told us they had lots of support from the management team. Staff said, "[Registered manager] is the best thing that's happened to this place in the last two years. She's brilliant at sorting things out. She's getting things done, sorting out training. She's not afraid to get her hands dirty"; "I feel I can approach [registered manager] at any time. Her coming here has been very good for the home"; "I do feel well supported by the registered manager and line managers", "This place is getting better, [registered manager] has made a big difference" and "The leadership is exceptional". Staff told us that the trustees visited the home regularly and were approachable.

Staff were all passionate and committed to their roles. Staff told us how happy they were and they enjoyed their jobs. One member of staff shared how they supported a person in hospital when they died. They had a genuine interest in the person and close connection. To help themselves with the grieving process and to celebrate the person's life they were arranging flowers for the person's upcoming funeral. One nurse told us, "We work at our best because we are valued and respected, we know our patients needs, likes and interests" and "Fynvola is a happy family".

The provider's aim was stated on their website, 'The Fynvola Foundation is dedicated to providing the highest quality of nursing and palliative care for people with Learning Disabilities. Our units offer a unique and much needed service to those who have nursing care needs and end of life care in a modern bespoke house that provides a safe, comfortable environment. All our residents are valued as individuals and are assisted to participate in planning their own care needs and activities. We welcome families and carers to remain part of the care and to continue to support the Fynvola Foundation'. We observed good practice from the staff providing care and support and saw that the values continued to be deeply embedded into their work.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to follow the principles of the Mental Capacity Act 2005 when undertaking capacity assessments. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that risks were managed to ensure people were safe from harm. Regulation 12(1)(2)(a)(b)