Mrs R Hind

# Faversham House Nursing Home

## Inspection report

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Date of inspection visit:
02 February 2016

Date of publication:
02 March 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 |

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 2 February 2016. We had previously carried out an inspection in August 2014 when we found the service to be meeting all the regulations we reviewed.

Faversham House is a nursing home registered to provide accommodation, nursing and personal care for up to twenty people. On the day of our inspection the home was fully occupied.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). 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. The registered manager was responsible for all the services delivered by the provider.

People who used the service told us they felt safe with staff who supported them. They told us staff were available to support them in the activities they wished to do. People were encouraged to make their own decisions and told us staff always promoted their independence. During the inspection we observed staff were caring and respectful in their interactions with people who used the service.

Recruitment processes were robust and should help protect people who used the service from the risk of staff who were unsuitable to work with vulnerable adults.

Staff had received training in the safe administration of medicines. The competence of staff to administer medicines safely was regularly assessed.

Systems were in place to help ensure the safety and cleanliness of the environment.

Staff told us they received the training and support they needed to carry out their role effectively. There were systems in place to track the training staff had completed and to plan the training required. All the staff we spoke with told us they enjoyed working in the service and felt valued by both the registered manager and the rest of the team. Staff felt able to raise any issues of concern in supervisions and in staff meetings.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005. We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and support. People who used the service had support plans in place. Records were stored electronically and were easily accessible by staff. Records reviewed showed that, where necessary, people were provided with support from staff to attend health appointments. People were also supported by staff to maintain a healthy diet as far as possible.

Care records we looked at showed people who used the service had been involved in developing and

reviewing their care and support plans. However some people's care records were not up to date.

All the people we spoke with told us they felt able to raise any concerns with the registered manager and were confident they would be listened to. We noted systems were in place to encourage people who used the service to provide feedback on the care and support they received.

## 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.

People who used the service told us they felt safe with staff who supported them. People's care records included information about any risks people might experience and the support strategies in place to manage these risks.

Staff had been safely recruited and there were enough staff to meet people's needs. Staff had received training in how to protect people who used the service from the risk of abuse.

Systems were in place to help ensure the safe administration of medicines.

### Is the service effective?

Good

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices.

People received the support they needed to help ensure their health and nutritional needs were met.

### Is the service caring?

Good

The service was caring.

People who used the service told us staff were kind and caring in their approach. During the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew people who used the service well. Staff advocated effectively on behalf of people who were unable to advocate for themselves.

## Is the service responsive?

Requires Improvement

The service was not responsive in all aspects.

We found people were offered a variety of activities which they said they enjoyed.

Most people's care records provided clear information to guide staff in the safe delivery of people's care however for some people important information was missing.

Systems were in place for reporting and responding to people's complaints
and concerns.

## Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They were supported in the day to day running of the service by a deputy manager. All the people we spoke with during the inspection told us the managers in the service were approachable.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and managers.

Systems to effectively monitor, review and improve the quality of service provided were in place to help ensure people received a good level of care and support within the home.

# Faversham House Nursing Home

**Detailed findings**

## Background to this inspection

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

The inspection team comprised of one adult social care inspector and a specialist advisor. A specialist advisor is a healthcare professional with relevant experience of the care setting being inspected; the specialist advisor on this inspection was a nurse.

Before the inspection we reviewed the information we held about the service including the last inspection report and notifications the provider had made to us. We also contacted the local authority contract monitoring team and the safeguarding team who made no comments regarding the service.

During the inspection we spoke with seven of the people who used the service and two visiting relatives. We carried out observations around the home and spoke with the registered manager, deputy manager, two nurses, two support workers and the chef. We looked at the care and medication records for seven people who were using the service. We also looked at a range of records relating to how the service was managed; these included seven staff personnel files, staff training records and policies and procedures.

Good

# Is the service safe?

## Our findings

People we spoke with and their families told us they felt safe and had no concerns about the care and support they received. One person told us, "It is really nice here, much better than where I have been before." And "yes I know [my relative] is safe here, I can go home and trust that she will be well cared for."

Staff told us, and records confirmed, they had received training in safeguarding adults. All the staff we spoke with were able to tell us of the action they would take to protect people who used the service if they witnessed or suspected abuse had taken place. Staff told us they would also be confident to use the whistle blowing procedures in place for the service if they observed poor practice from colleagues and were certain they would be listened to by the registered manager. One staff member told us, "We are a good team. We can challenge each other if necessary and [the registered manager] has very high standards which ensure people are safe."

We looked at seven staff personnel files to check if a safe system of recruitment was in place. The staff files contained proof of identity, application forms that documented a full employment history, a job description and at least two professional references.

Records we reviewed showed checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw that systems were in place to review any risks in relation to applicant's previous convictions to determine if they were suitable to work in the service.

People who used the service told us there were always enough staff available to support them to participate in any activities they wanted to do. One person commented, "We can go out if we want and we are asked if we want to join in activities at the home. Sometimes I do but if I don't want to that is also fine." All the staff we spoke with confirmed there were always sufficient numbers of staff available to provide people with the support they wanted.

Care records we reviewed included information about the risks people who used the service might experience and the support strategies staff should use to help manage these risks. We saw that risk assessments had been regularly reviewed and updated when people's need changed.

We saw the home had systems in place to manage risks in relation to cross infection and staff had access to appropriate personal protective equipment. We noted the home was clean, tidy and free from odour throughout the day. Comments from people we spoke with included, "Yes I am very happy with the cleanliness of the home, nothing is too much trouble."

We reviewed how medicines were managed in the service. We saw there were policies and procedures in place to help ensure staff administered medicines safely. Nurses were responsible for administering medicine within the home. We carried out an observation of a medicine round and saw it was done

efficiently and to the satisfaction of the people receiving their medicine. One person said, "I get my medicine at the right time each day, I have no complaints."

We reviewed the medication administration record (MAR) charts for all the people who used the service and noted these were all fully completed. This confirmed that people received their medicines as prescribed. Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal evacuation plans (PEEPS) had been completed for all people who used the service; these records should help to ensure people receive the support they require in the event of an emergency. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

Good

# Is the service effective?

## Our findings

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found there was detailed information in relation to nine people who had been assessed as lacking capacity to make their own decisions. We saw capacity assessments had been done and best interest meetings arranged to decide the appropriate level of support needed to keep each person safe. DoLS applications had been made to the local authority and four had recently been authorised. The provider had notified us that these applications had been authorised in line with their statutory duty. This meant the home was working within the principles of the MCA and people were protected from unsafe care.

We asked the deputy manager about the process for introducing people to the service. They told us there was an initial assessment undertaken by the registered manager to help ensure the service was able to meet the individual's needs. They told us that, following any admission, a trial period took place to ensure the service was appropriate to the person's needs. We noted throughout the inspection there was a good relationship between people living at the home. People who used the service told us, "it's like a big family here, it's lovely."

All the staff we spoke with told us they had received an induction when they started work in the service. New staff also attended mandatory training including equality and diversity, fire safety, food hygiene, safeguarding adults and record keeping. One staff member told us, "I did three days induction and then shadowed a more experienced staff member. I also spent time talking to people and finding out people's likes and dislikes by reading care files and plans." They told us they considered the induction had prepared them fully for their role in the service.

Staff we spoke with told us they received the training, support and supervision they required to be able to deliver effective care. Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance. We saw that each member of staff had a 'contract of supervision' which outlined to them what they could expect from their supervision session. This included frequency and length, confidentiality, rights and responsibilities of the supervisor and supervisee. This was a good way of ensuring commitment from staff in relation to their continued professional development.

We asked the chef and the assistant chef about how people's nutritional needs were monitored and met in the service. They showed us a list they had of the dietary needs of each person taking into account each person's food preferences. For example, we had lunch with three people who used the service. One person told us that they, "loved cheese on toast." We saw on the chef's record for that day that this person was being offered cheese on toast for tea as they knew this was something they liked. We also saw food stocks in the pantry contained foods which had been bought because the chef told us people had specifically asked for them. This meant the home ensured people's nutritional needs were met by offering a wide selection of good quality food in line with their personal preferences and taste.

The premises were clean and tidy and easily assessable for people using mobility aids and wheelchairs. The patterned carpet in the lounge area had recently been replaced with a plain coloured carpet. The deputy manager told us this would be better for people who were living with dementia as patterns in carpets and fabrics could often cause confusion and increase anxiety for some people. We noted there was signage around the home to help orientate people to their bedrooms and to bathrooms.

Good

# Is the service caring?

## Our findings

People who used the service spoke positively about the staff that supported them. One person told us, "Staff are kind. I get on with them very well. I feel respected." Another person told us, "If I have a problem staff will try to understand me. They know me well as we talk about things."

During this inspection we observed caring and respectful interactions between staff and people who used the service. We noted that people's privacy was respected by each individual having a key to their own room if they wanted it. Staff also respected people's privacy by not entering their rooms until invited to do so.

Staff we spoke with demonstrated a commitment to providing high quality care and support to people. One staff member told us, "I love it when I see people smiling, it makes my day. The people here deserve good care and I know they get that here. It's a good place to be."

Records we reviewed showed there was a stable staff team in the service. This meant people who used the service had the opportunity to develop caring and meaningful relationships with the staff that supported them.

We asked the deputy manager how they supported people who used the service to make decisions about the care they wanted at the end of their life. They told us they worked in line with Trafford Council's six steps end of life pathway. We saw that the registered manager was an end of life champion and there were clear records about what people wanted at the end of their lives. This meant people who used the service could be assured that the home knew and understood about what was important to them and that they would be supported in the way that they wanted at the end of their lives.

Everybody who needed it had access to advocacy services via an Independent Mental capacity Advocate (IMCA). IMCA's are a legal safeguard for people who lack the capacity to make specific important decisions including making decisions about where they live and about serious medical treatment options. People's care plans outlined that IMCA's had been used to support and represent the person at risk appropriately thus respecting the rights of the individual involved.

We also saw evidence of the home advocating on behalf of people who were unable to advocate for themselves. For example when new equipment was needed to ensure the health and wellbeing of the person using the service, the home had advocated on behalf of the person to ensure they received the equipment they needed. We found the home understood the importance of respecting and promoting the rights of people receiving support.

Visiting relatives told us, "this is an excellent home. My [relative] has been in previous homes but has never been cared for as well as she is in this home. The staff treat my [relative] like they would treat their own [relative]. It's like a family."

Requires Improvement

# Is the service responsive?

## Our findings

People we spoke with who used the service told us they always received the support they needed and wanted. They told us, "yes If I am unwell they know what to do, I am confident staff will respond in the correct way if I need them to."

People were able to choose where they wanted to spend their day. The home had two lounges which were connected by an archway and a large conservatory. The conservatory was used at mealtimes as well as for activities or relaxation. We noted all of the rooms were utilised at different parts of the day and people who used the service were actively involved in the things which were going on.

People told us they were able to access a wide range of activities which they enjoyed. Whilst speaking with people who used the service we were told about one person who was unable to communicate with us due to our limited understanding of their communication style. We were told about interests this person had including their favourite football team. Whist reviewing care plans we noted a trip had been arranged for this person to watch a football match. This was a good example of the home being responsive to support people to be involved in activities which were meaningful to them.

The home also employed a therapist who offered hand massages and other therapeutic techniques. The therapist was present during our inspection and spent time with all people throughout the day providing massage and conversation to people living at the home. We noted people were relaxed and seemingly enjoyed the one to one time they received during this therapy.

All the staff we spoke with were knowledgeable about the people they supported. They were aware of their life histories as well as their health and support needs. This enabled staff to deliver a more personalised and responsive service.

All the care records included information about each person's social and family history, their level of independence and how much support they needed from staff for day to day activities such as washing and dressing as well as mobilising from one place to another. The care records were stored electronically and were accessible by all staff. We saw staff regularly updating care plans throughout the day. The files were accessed by both nurses and care staff which meant everybody would be kept informed if any care need changed. Staff we spoke with confirmed this. They said, "yes care docs is a really good system, we can capture everything about a person and do summaries and reports when we need to."

We spoke with the deputy manager and the two nurses on duty and it was evident they knew about the care people needed and escalated concerns to other healthcare professionals when a risk or change in need was identified. We saw evidence of this within people's care files.
We observed that the physical health of the people using the service was good. We noted everybody was clean and well-presented and were offered fluids on a regular basis.

However, in two of the seven care plans we looked at, we noted that some information was missing or

incomplete. For example we found follow up information in respect to two people who were at high risk of falls were not consistently recorded with the level of detail required. We found that for one person records did not state that the doctor had been called out due to their increased number of falls. Incident forms in relation to two falls by this person were examined. Both were not fully completed with detailed 'follow up' information. This meant a contemporaneous record was not always kept and the risk scores for falls were inconsistent and did not match the person's level of risk. The person was assessed as 'completely independent' despite needing full assistance by two members of staff. This meant the home did not always ensure the risks to people were identified and monitored.

We raised this with the deputy manager who assured us this was an oversight and the lack of detail in the record did not reflect the level of care and support offered to the person involved.

It was evident that numbers of incidents such as falls were reviewed each month however, no detailed information was available for examination at the time of the inspection to provide assurance that these incidents were being monitored, discussed, or addressed and we considered improvement was needed in this regard.

We looked at the systems for managing complaints in the service. We saw that the service user guide contained information regarding the complaints process and was on display in the dining room. We looked at the log of complaints and saw that people who used the service were encouraged to approach staff with any concerns and that these were recorded and investigated. All the staff we spoke with demonstrated a commitment to encouraging feedback from people who used the service and using this feedback to continuously improve the support people received.

Good

# Is the service well-led?

## Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. At the time of our inspection the registered manager was on annual leave but we were able to speak with them via the telephone throughout the day. The registered manager was supported by a deputy manager who supported the inspection and accessed any information we needed.

All the staff we spoke with told us they enjoyed working in the service and found the registered manager to be approachable and always available for advice or support. One staff member commented, "I have really good support from [the registered manager]. Another staff member told us, "[The registered manager] wants the best for all the service users and the home. He is very passionate and supportive."

Staff we spoke with told us there was a transparent culture in the service and staff were always encouraged to raise any issues they had in staff meetings or in private with either the registered manager or another member of the team. Records we reviewed showed regular staff meetings took place at the home. We saw that these meetings were used as a forum to discuss service improvements

The home worked well in partnership with other services and agencies. This was confirmed via records within the care plans and through feedback from other professionals who visit the service. The visitors reported a very good working relationship with the home and described the service and the staff as caring and professional.

There were a number of audits and checks carried out within the service. We saw evidence of equipment and building maintenance checks, health and safety checks and medication audits

We found there were a number of quality assurance systems within the service, including a monthly audit undertaken by the registered manager. This audit included a review of records relating to the medicines people who used the service were prescribed as well as any incidents or accidents which had occurred; the audit also recorded when care and support plans and risk assessments had been reviewed and updated.

Records we reviewed showed the provider undertook an annual satisfaction survey with people who used the service. People using the service told us they were regularly asked if they were happy and satisfied with the service. A visiting family member told us, "Staff discuss things with me all the time; I am kept informed and encouraged to be involved. I am very satisfied."

Prior to the inspection we checked our records and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe.