Mrs Toni Stevens and Mr Iain Dunlop

Faith House Residential Home

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 and 19 August 2016 and was unannounced. This service was previously inspected in August 2015. At that time we found there were three breaches in regulations. Faith House provides accommodation for up to eight people. At the time of our visit there were eight people living at the service.

There was a registered manager in post. 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 also one of the two registered providers. For the purpose of the report we will refer to them as the registered manager.

People we spoke with had dementia. We kept questions simple and enjoyed general conversations with them; we also acquired evidence from observations and listening to interactions with staff. We did see smiling faces; people were conversing together and looked relaxed in each other's company and surroundings. One person told us, "I am very relaxed and happy thank you. I like to sit here and let the world go by".

A significant number of improvements were required across the service. The providers and registered manager had failed to monitor the service effectively to ensure people were cared for by staff who had the right skills and knowledge. Lack of specific training meant staff did not understand or have the insight in order to enhance people's lives and to provide meaningful, person centred care. People's dignity was not always promoted and protected.

Lack of specific risk assessments compromised safety and staff did not have clear guidance on how to manage some risks to people. Care plans did not contain enough detail to support people to receive individualised care. Plans were missing for essential diagnosis and needs; this particularly included those people with dementia.

Understanding on the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had increased, however improvements were required to extend this knowledge further.

Staff had an improved awareness of safeguarding policies and procedures and felt confident to raise any issues or concerns with the management team. People were supported by the recruitment policy and practices in the home. The registered manager and staff were able to demonstrate there were sufficient numbers of staff. Staff confirmed they were supported by the provider and the registered manager.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. 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 always safe.

Risks had not been appropriately assessed and staff did not have clear guidance on the management of identified risks. Appropriate safety measures were not always followed.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

There were enough staff on duty to support people safely. People were protected through the homes recruitment procedures.

People were protected against the risks associated with unsafe management of medicines.

Is the service effective?

Requires Improvement

The service was not fully effective.

We could not be satisfied people received care that met their needs because staff had not received appropriate training.

Further improvements were required to extend staff knowledge and understanding around mental capacity.

People had access to a healthy diet, taking into account their nutritional requirements and personal preferences.

The service sought advice and support from community health and social care professionals, although improvements were required to widen their knowledge on resources and expertise that was available.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not always treat people with dignity and respect.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Improvements were required to ensure the support people received was person centred and meaningful. Care plans were not always in place for identified health care needs and people's emotional well-being had not been considered.

People were encouraged to join in activities. Activities and stimulation for people with dementia needed to be further explored.

People were listened to and staff supported them if they had any concerns or were unhappy

Is the service well-led?

Requires Improvement

The service was not always well led and improvements were required.

Quality monitoring systems were not always effective and had not identified the improvements that were required in the service provision.

Staff felt supported by the registered manager and communication systems were effective.

Faith House Residential 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in August 2015. At that time we found there were three breaches in regulations. This inspection took place on 18 and 19 August 2016 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

During our visit we met and spent time with all eight people living in the home and we spoke individually with four. We spent time with the registered manager and spoke with three staff on duty. There were no visitors present during our visits.

The service was being monitored and supported by various health and social care professionals following previous safeguarding concerns which were raised about people's well-being. We have referred to the intelligence reports we have received from those that visit the service and from multi-agency meetings we have attended.

We looked at three people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. At the inspection of August 2015 we found the level of detail in risk assessments for and moving and handling tasks required improvements. At this inspection we found some improvements had been made in this area and also for those risks associated with weight loss and maintaining skin integrity. However we could not be satisfied that people were protected against potential risks to their health and that they received care from staff who took steps to protect them from unnecessary harm. One person who was at risk of choking when eating and drinking did not have a risk assessment in place. People's records did not provide staff with enough information about risks and the action staff should take to reduce these. This included information regarding a person who was an insulin dependent diabetic. Further improvements were required.

This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our visit we spent time looking around the home and viewed the health and safety checks and records that were completed for the premises. One person who required continuous oxygen did not have the relevant safety signage on their bedroom door to alert others that oxygen was in the room.

The service is required to check hot water temperatures at the point of delivery in the bedrooms, toilets and bathroom facilities. We saw from the records that the temperatures were averaging at 46 degrees, three degrees above the required 43 degree temperature. We used the home's digital thermometer and checked the water temperature in four of the bedrooms, the main bathroom and a toilet facility. The temperatures were recording between 48 and 50 degrees and people were at risk of scalding. There were no signs alerting people the water was hot. We raised these concerns with the registered manager who made arrangements that evening to rectify this.

These were breaches of regulation 15 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. These breaches have now rectified.

Staff confirmed they had recently attended safeguarding training updates and this had helped refresh their knowledge and understanding. The registered manager recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority and CQC.

Staff understood their roles for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped to identify any trends to help ensure further reoccurrences were prevented. The registered manager told us how they monitored for signs of infection as a possible cause and reviewed medication with the GP. If a person had fallen they reviewed the environment to see if risks could be

eliminated for example moving furniture and reviewing walking aids and footwear.

During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded to people's requests for support. The registered manager spoke with us about staffing levels. Levels did not alter if occupancy reduced and if people's needs increased in the short term due to illness or in the longer term due to end of life care, the levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments.

The registered manager or deputy were supernumerary on each shift and available to offer support, guidance and hands on help should carers need assistance. Everyone covered vacant shifts rather than use agency staff and this helped promote continuity and consistency of care. The registered manager and deputy were on call after 5pm weekdays and every weekend.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures and records were in place to help ensure safe management of medicines. Records of medicines entering and leaving the home were maintained. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on medicine rounds until they felt confident and competent to do this alone.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. Improvements were required to ensure training equipped staff with the skills and knowledge they needed to support and care for people effectively. We saw certain practices that questioned their understanding around areas of dignity and respect, person centred care and dementia awareness. The effectiveness of any training that staff had received in these areas needed to be reviewed.

Staff knowledge and insight into people's medical conditions and subsequent health care needs was insufficient. One person who required continuous oxygen therapy and was an insulin dependent diabetic was receiving support from community district nurses. Although staff had received some guidance on managing and monitoring this persons needs from the nurses, they had not received any formal training.

The registered manager had training planned over the next six months for dementia awareness, management of diabetes and promoting a person centred approach to care. This however had not been planned and delivered in a timely manner to ensure staff had the knowledge and skills required. The registered manager told us that six people either had a diagnosis of dementia or some form of cognitive impairment. Some of them had been living in the home for many years and yet staff had not received training to date.

This was a breach of Regulation 18 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

At the inspection of August 2015 we found the registered manager and staff had limited understanding about the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This had been particularly around completing capacity assessments and making appropriate DoLS referrals where necessary. Concerns had also been raised during recent safeguarding investigations regarding the registered manager's understanding of MCA and DoLS.

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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

Following the August 2015 inspection additional training had been sought. When we had attended recent safeguarding meetings where the registered manager had been present, we found their understanding had improved. We spoke with the registered manager during this inspection and mental capacity assessments had been completed for those people who required them and where DoLS applications were required, these had been made. We were given an example where a best interest meeting had taken place with regards to a person moving to a bedroom on the ground floor due to increased confusion, poor mobility and increased

risks of falling. The person, an independent advocate and the GP had been involved in the decision making process and the move had been a positive one.

Although improvements had been made around the understanding of the principles of the MCA and DoLS further support and guidance was required. This was being provided by the local authority safeguarding team. This was particularly in relation to consent, managing financial affairs and understanding power of attorney.

The service had a small, steadfast group of staff. Staff told us they felt supported on a daily basis by the registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis. Staff had the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any training they would like to explore. Everyone attended staff meetings as an additional support.

We spoke with a group of three people before lunch and they asked us what was on the menu. They all appeared happy with poached fish in sauce, a selection of vegetables and potatoes. They told us they liked the food and they had a choice each day. One person said, "The breakfast is always good". The kitchen/dining room was popular with people and they seemed to enjoy the social atmosphere of dining together.

People received a nutritious diet and staff supported people when they needed to gain or lose weight. Menus reflected seasonal trends and meals that people had chosen were traditional favourites. In addition to morning coffee and afternoon tea, beverages and snacks were available to people throughout the day.

If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to GP's and dieticians when there were concerns regarding people's food intake and weights.

We did see some evidence where the registered manager and staff recognised the importance of seeking expert advice from community health and social care professionals. This included GP services, district nurses, dentists and opticians. One person whose dementia had deteriorated had become resistant to receive personal care and a psychologist had been involved to review medication in order to help relieve the person's anxiety levels. However visiting health professionals had told us that on occasions this was a reactive response rather than a proactive one, and that the registered manager and all staff were not always aware of the expertise available to them in the community.

The provider had made some improvements to the environment this year which had a positive impact for people both living and working in the home. A stair lift had been installed to help assist those with restricted mobility and carpets had been replaced in the hallway, landing and stairs. One of the bathrooms had also been refurbished.

Some areas of the home and gardens still required improvement. Windows at the back of the home were in poor repair. The garden looked neglected. The flower beds, plants and shrubs had not been maintained, garden furniture was dirty and looked unkempt. The kitchen and communal toilets looked tired and required updating. The registered manager told us there were plans to complete this over the coming year. We will revisit these areas at the next inspection.

Requires Improvement

Is the service caring?

Our findings

The registered manager and staff had failed to recognise where certain areas in the home and some practices compromised people's dignity and respect. We could not be satisfied that promoting dignity and respect was fully understood. We saw one staff member ask a person if they would like the television on in the lounge, the person replied 'no thank you' and yet the member of staff turned the television on. We observed a person being transferred from a wheelchair to a lounge chair via a hoist; this was completed in a safe way, however the member of staff did not engage with the person throughout the whole transfer. We found some of the terminology written in a person's care records was subjective in nature and reflected a personal opinion from staff. The tone of the accounts did not reflect a sense of compassion or sympathy and evidenced a lack of knowledge and understanding around this person's health condition and needs.

Other concerns where there were shortfalls around aspects of dignity and respect included the environment. Some bedrooms were very personalised, bright and busy and it was evident those people liked to spend time there. People had been supported by their families to bring in belongings and personal effects that were precious and important to them. Some bedrooms however lacked a feeling of homeliness and a personal sanctuary for people to relax and have some private time. These rooms looked tired, institutionalised, in need of updating including the furniture and soft furnishings and there was a musty odour. One of the toilets people used had a window that faced out into the communal garden. The window did not have obscured glazing or alternative screening for example a blind. This was particularly important when it was dark outside and the light was switched on because people using the toilet could be seen from outside.

One person told us, "The staff are ok but some are nicer than others". We didn't feel welcomed by all staff we met over the two days of our visit and they didn't seem engaged with our presence. It was difficult to determine whether they were nervous. Although we smiled and encouraged conversations there seemed to be an uncomfortable atmosphere in the home. Interactions with people living in the home seemed at times abrupt and dismissive. There was a lack of evidence to support that staff were there for the benefit of the people they were supporting. There was a sense that staff were often going through the motions, rather than looking at ways to enhance the lives that people lived. Similar experiences and concerns had been had been shared with us by health and social care professionals who visited the service.

We discussed our observations with the registered manager who thought it was possible staff could be nervous in our presence. However it was agreed that the identified areas around the lack of training in person centred care, dignity and respect and dementia awareness would also contribute to a lack of understanding and the subsequent standard of care practices we found in the home.

There was a lack sympathy and understanding for those people with dementia, particularly when a person might unintentionally present with certain behaviours for example, resisting personal care and support. We read a written account in the minutes of a meeting held with staff in August 2016. The registered manager had stated there was an 'urgent need to obtain dementia training for all staff'. They wrote, "Staff must step back and not take what is being said by residents personally". It appeared that it was more important to

offer reassurance to staff rather than to understand the person with dementia and why they might be anxious and refusing care.

These were breaches of Regulation 10 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

There was some evidence that staff knew about the people living in the home and how they liked to spend their day and be supported. We spoke with two staff members who described personal preferences including what people liked to wear, what they liked to eat and what time they wanted to get up and go to bed. One staff member told us how they supported and reassured one person who often became tearful because they missed family members. This included spending time with them, looking at photographs and reminiscing about 'happy times, growing up and significant family events'. They also told us about two people who liked a 'cuddle' before they went to bed.

Staff told us about friends and family members who remained important to people and how this was encouraged and supported. People kept in contact through telephone conversations and staff helped them send cards when celebrating special occasions. Visitors were welcome any time and spent time in the privacy of their own rooms or in communal areas. Family and friends were also invited to join in any celebrations or events at the home.

Requires Improvement

Is the service responsive?

Our findings

The registered manager or deputy completed an assessment for those people who were considering moving into the service. The information gathered should contain enough detail to support the registered manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs can be fully met. The assessments we saw did not contain enough detail. When a person moved into the service the information in the pre-admission assessments would be used to develop care plans based on the individual's needs. We looked at care files for three people living in the home. Care plans did not capture a holistic approach to care and did not include the support people required for their emotional and social well-being. Plans had not been developed to help guide staff on how to manage people's health conditions. Six people who had dementia did not have care plans to support their needs associated with this illness. They were not personalised and did not include enough information on people's likes, dislikes and personal preferences.

This was a breach of Regulation 9 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

At the inspection of August 2015 we found there were not enough activities available for people. Some improvements had been made. Staff were responsible for arranging and providing activities on a daily basis. There were some activities people really enjoyed and included arts and crafts, board games, quizzes, exercise classes, jigsaws and reminiscence therapy. Staff also arranged movie days and beauty therapy sessions. Musical and theatre entertainers were booked every two weeks.

The local church held a day centre facility twice a week and people enjoyed the social aspect of meeting new people. A church also provided a service at the home every three weeks.

When staff were not supporting an activity people did not have access to resources that would engage them, calm or relax them, excite or interest them. We spoke with the registered manager about simple solutions for example memory/rummage boxes, adult colouring books, reminiscence objects, and photograph albums. Activities for those people with dementia had not been given enough consideration.

We recommend that the service seek advice and guidance from a reputable source, about providing meaningful activities and stimulation for those people living with dementia.

The service had a complaints and comments policy in place and people and their families were given a copy on admission. The registered manager encouraged people to express concerns or anxieties so they could be dealt with promptly. This approach helped prevent concerns escalating to formal complaints and relieved any anxiety that people may be feeling. They also spent time around the home and saw people every day to see how they were. Small things that people may be worried about or made them unhappy were documented in the daily records and provided information about how they had been dealt with. This information was also shared with staff in shift handovers. More formal concerns were documented in the complaints folder. The registered manager spoke with us about two complaints they had dealt with this year

and these had been dealt with effectively.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. The arrangements in place to ensure the service was well led were unsatisfactory. The registered manager struggled with the management of the whole service and there was an inconsistency in the management approach. This compromised essential aspects in service provision. Evidence of breaches in regulations throughout the inspection demonstrated that there had been a failure to identify and manage risks for people across the home. Lack of strategies and forward thinking meant that the risks were not minimised. This was particularly around providing prompt access to suitable training to equip staff with the right skills to provide safe, good quality care.

The providers and registered manager did not always have people's best interests at the heart of their service. They had received various amounts of support, guidance and advice from community and health and social care professionals over recent months. They were receptive to this however it was evident that they were reactive to improve the service they provided rather than being proactive. There was a lack of insight and vision as to how they intended to improve the service they provided and to make continued plans to enhance people's experiences. Monitoring the quality of care and systems in place were not robust enough and the overall improvements we identified had not been recognised.

This is a breach of Regulation 17 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

The registered manager sought the views of people who used the service and relatives by providing questionnaires. Family members, friends or staff supported people with these if required. This year's results had not been collated at the time of our inspection. The registered manager told us they had been disappointed in recent years with the numbers completed and returned and the lack of written comments and feedback. We discussed changing the content of the questions to encourage people to use them. They were looking at developing a format to send to staff and health and social care professionals who visited the service.

Staff felt supported by the registered manager, deputy and fellow colleagues. Comments included, "I think we work well as a team and support each other", "The manager is happy to help if we ask", "If we need anything we only have to ask" and "I find the manager and deputy approachable".

The registered manager promoted effective communication between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These records informed staff about what had happened each day and were particularly useful for those staff who had been absent during holiday leave or sickness absence.

Additional systems were in place to monitor and evaluate services provided in the home. The registered manager reviewed complaints, incidents, accidents and notifications. This was so they could identify trends and risks to prevent re-occurrences and improve quality.

The provider had considered people living in the home and staff when making plans to improve the premises and they had a plan to continue with other home improvements over the coming year.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans were not person centred and were not always in place for identified health care needs. Regulation 9 (1) (a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect. Regulation 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks had not been appropriately assessed and staff did not have clear guidance on the management of identified risks. Regulation 12(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality and safety monitoring systems were not always effective and had not identified the

	improvements that were required in the service provision. Regulation 17 (2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We could not be satisfied people received care that met their needs because staff had not received appropriate training. Regulation 18 (2)(a)